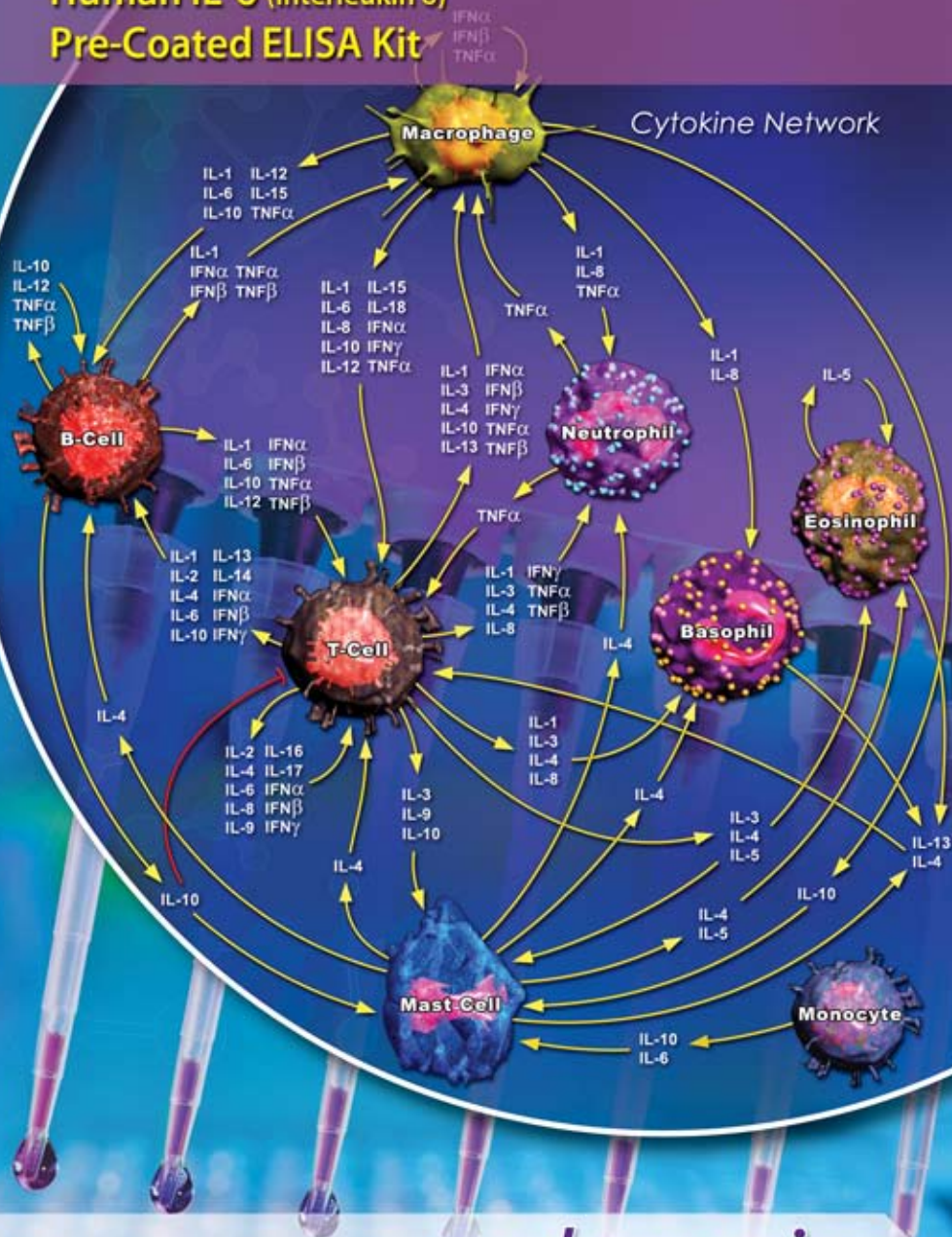


Human IL-6 (Interleukin 6) Pre-Coated ELISA Kit



USER MANUAL

abeomics
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Human IL-6 (Interleukin 6) Pre-Coated ELISA Kit

Catalog No: 90-2094

1 × 96 well Format (96 tests)

Detection Range: 15.6 – 1000 pg/ml

Sensitivity: < 9.4 pg/ml

This immunoassay kit allows for the in vitro quantitative determination of Human IL-6 concentrations in serum, plasma and other biological fluids.

This kit is for Research Use Only. Not for use in diagnostic/therapeutics procedures.

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I. BACKGROUND

IL-6 (Interleukin-6), an important pro-inflammatory cytokine, is a multifunctional protein principally involved in the genesis and maintenance of the inflammatory response. Besides, it also plays an important role in the regulation of metabolic, regenerative, and neural processes. In classic signaling, IL-6 stimulates target cells via a membrane bound IL-6 receptor, which upon ligand binding associates with the signaling receptor protein gp130. Gp130 dimerizes, leading to the activation of Janus kinases and engagement of phosphatase Src homology domains containing tyrosin phosphatase-2 (SHP-2) and activation of the Ras/ Raf/ Mitogen-activated protein (MAP) kinase (MAPK) pathway. IL-6 is secreted by monocytes, endothelial cells and fibroblasts, and is able to stimulate B and T lymphocytes and induce fever. Some studies have indicated that IL-6 may play a key role in the inflammatory response to microbial invasion. High IL-6 level was associated with increased severe sepsis mortality and risk.

IL-6 gene polymorphisms at positions -174 and -572 might increase the risk of gynecological malignancies, including cervical Cancer cells exposed to IL-6 or which secrete the cytokine as an autocrine factor, show malignant features, such as an enhanced capacity to invade the extracellular matrix and an increased drug resistance. In addition, various lines of evidence suggest that there is a compelling role for IL-6 to underlie the pathogenesis of schizophrenia. Based on the rich body of studies on biological activities of IL-6 and its pathological roles, therapeutic strategies targeting the IL-6 pathway are in development for cancers, inflammatory and autoimmune diseases.

II. OVERVIEW

This assay employs an antibody specific for Anti-humanIL-6 coated on a 96-well plate. Standards and samples are pipetted into the wells and IL-6present in a sample is bound to the wells by the immobilized antibody. The wells are washed and biotinylated anti-humanIL-6 antibody is added. After washing away unbound biotinylated antibody, HRP-conjugated streptavidin is pipetted to the wells. The wells are again washed, a TMB substrate solution is added to the wells and color develops in proportion to the amount of IL-6 bound. The Stop Solution changes the color from blue to yellow, and the intensity of the color is measured at 450 nm.

III. ADVANTAGES

Multiple samples can be analyzed in a low volume, high-throughput format.

Full analysis can be complete in 4 hours.

IV. STORAGE

Kit can be stored in 4°C, if you are using within a week.

If you are using within 6 months, lyophilized standard can be stored in -20°C and other components at 4°C.

Kit Components

Item	Specifications	Storage
96 well Strip ELISA Plate	8 X 12 well	4°C
Lyophilized Standard	2 vials	-20°C
Sample and Standard Dilution Buffer	20 ml	4°C
Biotinylated Detection Antibody for hIL-6	120 µl	4°C
Antibody Dilution Buffer	10 ml	4°C
HRP Conjugated Streptavidin	120 µl	4°C
Streptavidin Dilution Buffer	10 ml	4°C
TMB Substrate	10 ml	4°C
Stop Solution	10 ml	4°C
25X Wash Buffer	30 ml	4°C
Plate Sealer	5 pieces	
Product Manual	1	

Material Required, (Not Supplied)

Microplate Reader

37°C Incubator

Plate Reader

Multi Chanel Pipette and disposable tips

Eppendorf Tubes

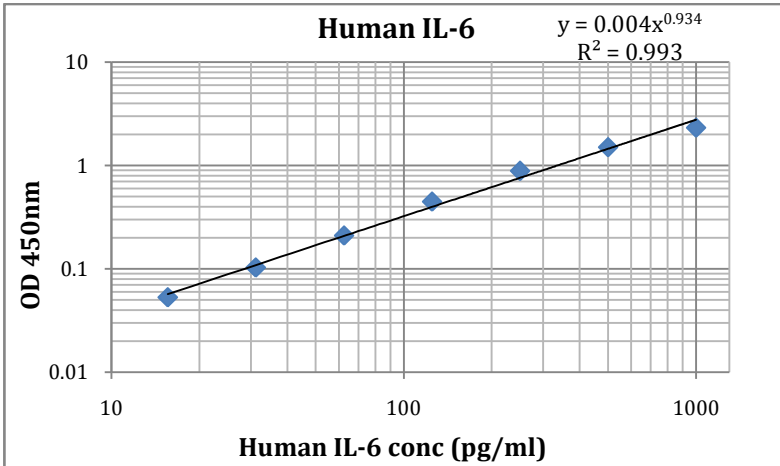
Deionized Water

V. PRECAUTIONS FOR USE

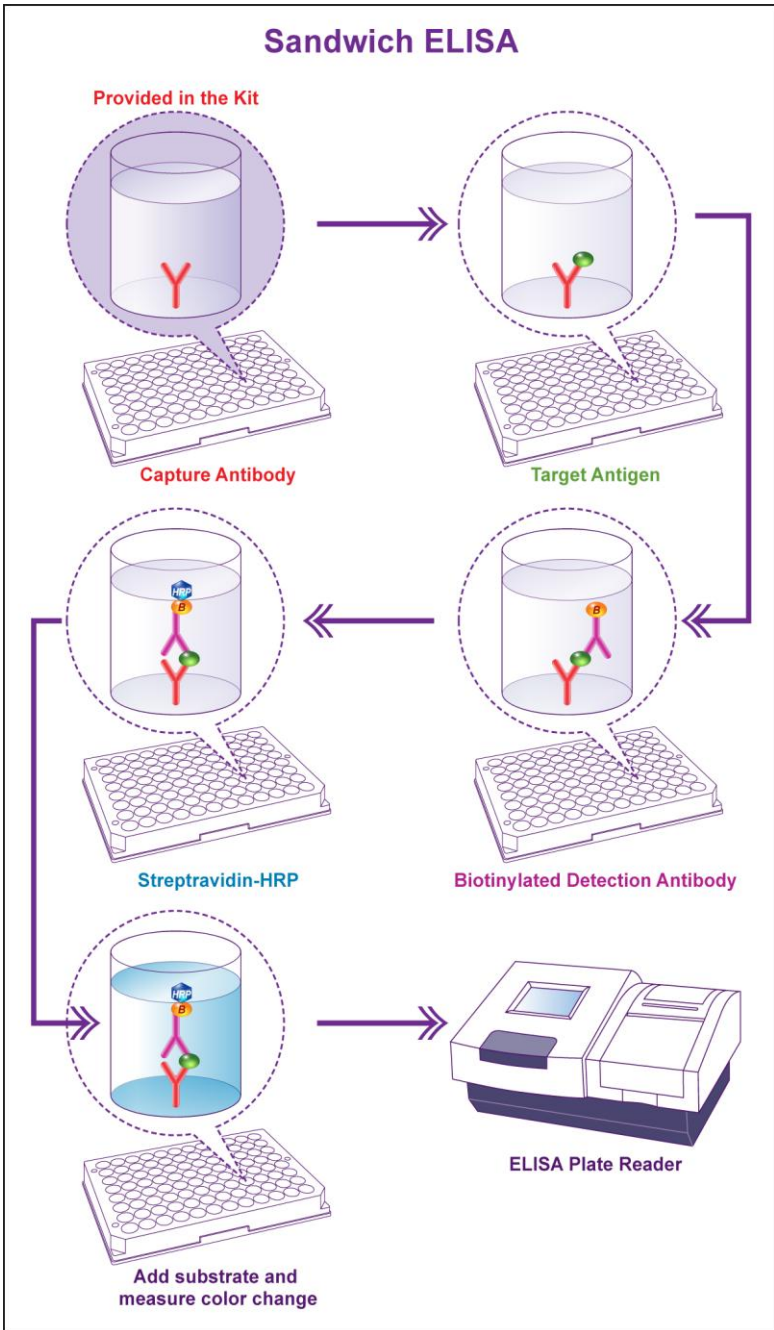
1. To inspect the validity of experiment operation and the appropriateness of sample dilution proportion, pilot experiment using standards and a small number of samples is recommended.
2. After opening and before using, keep plate dry.
3. Before using the Kit, spin tubes and bring down all components to the bottom of tubes.
4. Storage TMB reagents avoid light.
5. Washing process is very important, not fully wash easily cause a false positive.
6. Duplicate well assay is recommended for both standard and sample testing.
7. Don't let Micro plate dry at the assay, for dry plate will inactivate active components on plate.
8. Don't reuse tips and tubes to avoid cross contamination.
9. Avoid using the reagents from different batches together.

VI. STANDARD CURVE

Human IL-6 Standard Curve is shown below.



X	pg/ml	1000	500	250	125	62.5	31.2	15.6	0
Y	O.D.450	2.4	1.587	0.965	0.528	0.291	0.184	0.134	0.081



VII. REAGENT PREPARATION AND STORAGE

Included buffers and reagents are optimized for use with this kit. Substitution with other reagents is not recommended and may not give optimal results.

1. **Prepare Standard Curve:** One hour before the experiment.
 - a. Quick spin down one vial of lyophilized standard. (**DO NOT dilute standard directly on the plate**). Add 1ml of sample/standard dilution buffer into one of the standard tube. Incubate at room temp. for 10 min. Mix thoroughly by vortex. Stock Standard concentration is 1000 pg/ml.
 - b. Label 6 eppendorf tubes with 500 pg/ml, 250 pg/ml, 125 pg/ml, 62.5 pg/ml, 31.2 pg/ml, 15.6 pg/ml respectively. Add 0.3 ml of sample/standard dilution buffer into each tube. Add 0.3 ml of stock standard (500 pg/ml) into 1st tube and mix thoroughly. Transfer 0.3 ml from 1st tube to 2nd tube and mix thoroughly. Transfer 0.3 ml from 2nd tube to 3rd tube mix thoroughly, and so on.

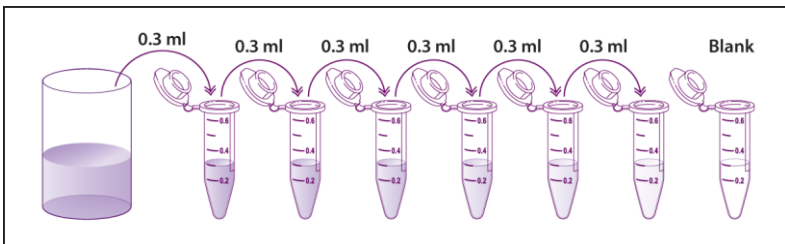


Fig-1: Dilution tubes

Note: Standard Solutions are best used within 2 hrs. Standard solution should be stored at 4°C for up to 12 hrs. or store at -20°C for up to 48 hrs. Avoid repeated freeze-thaw.

2. **Sample Preparation and storage:** Test samples should be collected, analyze immediately (within 2 hrs.) or aliquot and store at -20°C for long term. Avoid multiple freeze-thaw cycles.
 - a. **Cell culture supernatants:** Centrifuge to remove precipitate, analyze immediately or aliquot and store at -20°C.
 - b. **Serum:** Coagulate the serum at room temp about 1 hr. Centrifuge approximately 1000 × g for 15 min. Analyze serum immediately or aliquot and store at -20°C.

- c. **Plasma:** Collect plasma with heparin or EDTA as the anti-coagulant. Centrifuge for 15 min at 2-8°C at 1500 × g within 30 min of collection. For eliminating the platelet effect, suggesting that further centrifugation for 10 min at 2-8°C at 10,000 × g. Analyze immediately or aliquot and store frozen at -20°C.
- d. **Tissue Homogenates:** For general information, hemolytic blood may affect the results, you should rinse the tissues with ice cold PBS (0.01M, pH 7.4) to remove excess blood thoroughly. Tissue pieces should be weighed and then minced to small pieces. This will be homogenized in PBS in a cold glass homogenizer. (*Volume depends on the weight of the tissue, 1gram of tissue requires 9 ml of ice cold PBS with protease inhibitor*). To further break the cells, you can sonicate the suspension with an ultrasonic cell disrupter or subject it to freeze- thaw cycle. Homogenates are then centrifuged for 5 min. at 5000 × g to get the supernatant.

Note: *Samples to be used within 5 days may be store at 4°C, otherwise sample should be stored at -20°C (< 1 month) or -80°C (< 2 months) to avoid loss of bioactivity and contamination. Hemolyzed samples are not suitable for use in this Assay.*

- e. End user should estimate the concentration of the target protein in the test samples first, then select proper dilution factor to make the diluted target protein concentration falls the optimal detection range of the kit. Dilute the samples with the provided dilution buffer. Several trials may be necessary in practice. The test sample should be well mixed with the dilution buffer. Standard curve and sample should be made before the experiment.

High target protein concentration 10-100 ng/ml: Dilute 1:100 (add 1 µl of sample into 99 µl of sample/ standard dilution buffer).

Medium target protein concentration 1-10 ng /ml: Dilute 1:10 (add 10 µl of sample into 90 µl of sample / standard dilution buffer).

Low target protein concentration 15.6-1000 pg/ml: Dilute 1:2 (add 50 µl of sample into 50 µl of sample / standard dilution buffer).

Very low target protein concentration < 15.6 pg/ml: Do not dilute, use 100 µl of sample.

- 3. Preparation of Biotin detection antibody working solution:** Prepare within one hour before the experiment. Calculate total volume working solution required. (0.1 ml/ well × number of wells. Add 100-200 µl extra).

Dilute Biotin detection antibody with antibody dilution buffer at 1:100 and mix thoroughly. (*i.e.* add 1 µl of Biotin conjugated detection antibody into 99 µl of antibody dilution buffer).

- 4. Preparation of HRP-Streptavidin Conjugate (SABC) working solution:** Prepare within 30 min before the experiment. Calculate total volume working solution required. (0.1 ml/well × number of wells. Add 100- 200 µl extra).

Dilute SABC with SABC dilution buffer at 1:100 and mix thoroughly. (*i.e.* add 1 µl of SABC into 99 µl of SABC dilution buffer).

- 5. Preparation of 1 X Wash buffer:** Prepare 1 X Wash buffer by diluting 25X Wash buffer in sterile water. Diluted Wash buffer may be stored at 4°C, however we recommend preparing fresh 1X wash buffer for each experiment.

For example: 10 ml of 25X Wash buffer in 240 ml of sterile water.

VIII. ASSAY PROCEDURE

Before starting the experiment, equilibrate the SABC working solution and TMB substrate for at least 30 min at room temp. When diluting samples and reagents, they should be mixed completely and evenly. It is recommended to plot a standard curve for each test.

** If not all microplate strips will be used, remove the excess strips by pressing up from underneath each strip. Place excess strips back in the foil pouch with the included desiccant pack and reseal.*

1. Set standard, test sample and blank (control zero) wells on the pre-coated plate and then record their position. It is recommended to measure each standard and sample in duplicate. **Note:** Wash plate twice before adding standard, sample and blank into the well.

2. Add 0.1 ml of standard (500 pg/ml, 250 pg/ml, 125 pg/ml, 62.5 pg/ml, 31.2 pg/ml, 15.6 pg/ml, 7.8 pg/ml, control zero dilution buffer) into standard well.
3. Add 0.1 ml of diluted samples into test sample wells.
4. Seal plate with a cover and incubate at 37°C for 90 min.
5. Remove the cover and discard samples and standard solution by tapping plate on an absorbent paper. **Note:** *DO NOT let the wells completely dry any time. DO NOT wash plate.*
6. Add 0.1 ml of Biotin-detection antibody working solution into the above wells (Standards, control zero and samples).
7. Seal plate with cover and incubate at 37°C for 60 min.
8. Remove the cover, and wash plate 3 times with 1X wash buffer.
9. Add 0.1 ml of SABC working solution into each well. Cover the plate and incubate at 37°C for 30 min.
10. Remove the cover and wash plate 5 times with 1X wash buffer. Each time let the wash buffer stay in the well for 1-2 min.
11. Add 90 µl of TMB substrate into each well, cover the plate and incubate at 37°C in dark within 15-30 min. (**Note:** *This incubation time is for reference use only. The optimal time should be determined by end user*). The shades of blue can be seen in the first 3-4 wells, only on most concentrated standards. Other wells show no obvious color.
12. Add 50 µl of stop solution into each well and mix thoroughly. Color will change into yellow immediately.
13. Read O.D. absorbance at 450 nm in a micro-plate reader immediately after adding the stop solution.
14. Calculation: Relative O.D. 450 = O.D. for each well – O.D. 450 control zero well. The Standard curve can be plotted as the relative O.D. 450 of each standard solution in Y axis vs. the respective concentration of the standard in X axis. Concentration of the samples can be incorporated from the standard curve. If the samples were diluted, multiply the dilution factor to the concentration.

Table-1

	Standard 1	Standard 2	3	4	5	6	7	8	9	10	11	12
A	1000pg/ml	1000pg/ml										
B	500pg/ml	500pg/ml										
C	250pg/ml	250pg/ml										
D	125pg/ml	125pg/ml										
E	62.5pg/ml	62.5pg/ml										
F	31.2pg/ml	31.2pg/ml										
G	15.6pg/ml	15.6pg/ml										
H	0	0										

IX. REFERENCES

1. The pro- and anti-inflammatory properties of the cytokine interleukin-6.
PMID: 21296109
2. Association between IL-6-174G/C polymorphism and the risk of sepsis and mortality: a systematic review and meta-analysis.
PMID: 25734339
3. Stratification analysis and case-control study of relationships between interleukin-6 gene polymorphisms and cervical cancer risk in a Chinese population.
PMID: 25227842
4. Association of interleukin-6-572C/G gene polymorphism and serum or cerebrospinal fluid interleukin-6 level with enterovirus 71 encephalitis in Chinese Han patients with hand, foot, and mouth disease.
PMID: 25081498

5. Interleukin-6 and pro inflammatory status in the breast tumor microenvironment.
PMID: 25881039
6. Relationship between Interleukin-6 gene polymorphism and hippocampal volume in antipsychotic-naïve schizophrenia: evidence for differential susceptibility?
PMID: 24787542

X. TROUBLE SHOOTING

Problem	Probable Cause	Suggestion
No signal	Forgot to add all components.	Prepare check list and add the components in the correct order.
Low signal	Not enough lysates per well.	Check the protein concentration. Add more lysates.
High background	Washing is not sufficient.	Wash plates thoroughly after incubation with Streptavidin-HRP secondary



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