

 LDN Labor Diagnostika Nord GmbH & Co. KG
Am Eichenhain 1, 48531 Nordhorn
Telefon: +49-5921-8197 0
Telefax: +49-5921-8197 222
e-mail: info@ldn.de
Internet: <http://www.ldn.de>

LDN[®]

Instructions for use

Corticosterone ELISA

REF

MS E-5400



IVD

CE

Corticosterone EILSA

Introduction

The **Corticosterone Enzyme Immunoassay Kit** provides materials for the quantitative determination of Corticosterone in serum and plasma.

This assay is intended for *in vitro* diagnostic use only.

Corticosterone is a glucocorticoid secreted by the cortex of the adrenal gland. Corticosterone is produced in response to the stimulation of the adrenal cortex by adrenocorticotrophic hormone (ACTH) and is the precursor of aldosterone. Corticosterone is a major indicator of stress since stress increases the production of corticosteroids. Studies involving corticosterone and levels of stress include impairment of long term memory retrieval¹, chronic corticosterone elevation due to dietary restrictions² and in response to burn injuries³. In addition to stress levels, corticosterone is believed to play a decisive role in sleep-wake patterns^{4,5}.

PRINCIPLE of the test

The Corticosterone ELISA Kit is a solid phase enzyme-linked immunosorbent assay (ELISA), based on the principle of competitive binding.

The microtiter wells are coated with a polyclonal antibody directed towards an antigenic site on the Corticosterone molecule. Endogenous Corticosterone of a patient sample competes with a Corticosterone-horseradish peroxidase conjugate for binding to the coated antibody. After incubation the unbound conjugate is washed off.

The amount of bound peroxidase conjugate is reverse proportional to the concentration of Corticosterone in the sample. After addition of the substrate solution, the intensity of colour developed is reverse proportional to the concentration of Corticosterone in the patient sample.

Precautions

1. This kit is for *in vitro* diagnostic use only. For professional use only.
2. All reagents of this test kit which contain human serum or plasma have been tested and confirmed negative for HIV I/II, HBsAg and HCV by FDA approved procedures. All reagents, however, should be treated as potential biohazards in use and for disposal.
3. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
4. The microplate contains snap-off strips. Unused wells must be stored at 2 °C to 8 °C in the sealed foil pouch and used in the frame provided.
5. Pipetting of samples and reagents must be done as quickly as possible and in the same sequence for each step.
6. Use reservoirs only for single reagents. This especially applies to the substrate reservoirs. Using a reservoir for dispensing a substrate solution that had previously been used for the conjugate solution may turn solution colored. Do not pour reagents back into vials as reagent contamination may occur.
7. Mix the contents of the microplate wells thoroughly to ensure good test results. Do not reuse microwells.
8. Do not let wells dry during assay; add reagents immediately after completing the rinsing steps.
9. Allow the reagents to reach room temperature (21 °C to 26 °C) before starting the test. Temperature will affect the absorbance readings of the assay. However, values for the patient samples will not be affected.
10. Never pipet by mouth and avoid contact of reagents and specimens with skin and mucous membranes.
11. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.
12. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents or specimens may give false results.
13. Handling should be done in accordance with the procedures defined by an appropriate national biohazard safety guideline or regulation.
14. Do not use reagents beyond expiry date as shown on the kit labels.
15. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microtiter plate readers.
16. Do not mix or use components from kits with different lot numbers. It is advised not to exchange wells of different plates even of the same lot. The kits may have been shipped or stored under different conditions and the binding characteristics of the plates may result slightly different.
17. Avoid contact with *Stop Solution* containing 0.5 M H₂SO₄. It may cause skin irritation and burns.
18. Some reagents contain Proclin 300, BND and/or MIT as preservatives. In case of contact with eyes or skin, flush immediately with water.
19. TMB substrate has an irritant effect on skin and mucosa. In case of possible contact, wash eyes with an abundant volume of water and skin with soap and abundant water. Wash contaminated objects before reusing them. If inhaled, take the person to open air.
20. Chemicals and prepared or used reagents have to be treated as hazardous waste according to the national biohazard safety guideline or regulation.
21. For information on hazardous substances included in the kit please refer to Material Safety Data Sheets. Material Safety Data Sheets for this product are available upon request.

Kit Components

Contents of the Kit

■ 96

MS E-5431 Microtiterwells

12x8 (break apart) strips, 96 wells; Wells coated with an anti-Corticosterone antibody (polyclonal).

Standards

	Cat. no.	Standard	Concentration	Volume/Vial
CAL 0	MS E-5401	Standard 0	0 nmol/L	1 ml
CAL 1	MS E-5402	Standard 1	5 nmol/L	1 ml
CAL 2	MS E-5403	Standard 2	15 nmol/L	1 ml
CAL 3	MS E-5404	Standard 3	30 nmol/L	1 ml
CAL 4	MS E-5405	Standard 4	60 nmol/L	1 ml
CAL 5	MS E-5406	Standard 5	120 nmol/L	1 ml
CAL 6	MS E-5407	Standard 6	240 nmol/L	1 mL
CONTROL 1	MS E-5451	Control 1	Refer to vial labels for expected value and acceptable range!	1 mL
CONTROL 2	MS E-5452	Control 2		1 mL

Conversion: 1 nmol/L = 34.646 ng/dL = 0.34646 ng/mL

Contain 0.3% Proclin as a preservative; ready to use

CONJUGATE-CONC 250X

MS E-5440 Enzyme Conjugate, 250X Concentrate

1 vial, 0.150 mL, Corticosterone conjugated to horseradish Peroxidase, see „Preparation of Reagents“.

CONJUGATE-DIL

MS E-5461 Conjugate Diluent

1 vial, 25 mL, ready to use.

SUBSTRATE

SA E-0055 Substrate Solution

1 vial, 25 mL, ready to use; Tetramethylbenzidine (TMB).

STOP-SOLN

FR E-0080 Stop Solution

1 vial, 14 mL, ready to use; contains 0.5M H₂SO₄.

Avoid contact with the stop solution. It may cause skin irritations and burns.

WASH- CONC 40X

FR E-0030 Wash Solution

1 vial, 30 mL (40X concentrated); see „Preparation of Reagents“.

Note: Additional Standard 0 for sample dilution is available on request.

Equipment and material required but not provided

- A microtiter plate calibrated reader (450±10 nm)
- Calibrated variable precision micropipettes.
- Absorbent paper
- Distilled or deionized water
- Timer
- Semi logarithmic graph paper or software for data reduction

Storage and stability of the Kit

When stored at 2-8°C unopened reagents will retain reactivity until expiration date. Do not use reagents beyond this date.

Opened reagents must be stored at 2-8°C. Microtiter wells must be stored at 2-8°C. Once the foil bag has been opened, care should be taken to close it tightly again.

Preparation of Reagents

Allow all reagents and required number of strips to reach room temperature prior to use.

Wash Solution

Dilute 30 mL of concentrated Wash Solution with 1170 mL deionized water to a final volume of 1200 mL.
The diluted Wash Solution is stable for 2 weeks at room temperature.

Enzyme Conjugate

Dilute Enzyme Conjugate concentrate 1 + 250 in *Conjugate Diluent*.

This solution should be prepared freshly.

If the whole plate is used, dilute 100 µL Enzyme Conjugate with 25 mL *Conjugate Diluent*.

If the whole plate is not used at once prepare only the required quantity of Enzyme Conjugate.

Disposal of the Kit

The disposal of the kit must be made according to the national regulations. Special information for this product is given in the Material Safety Data Sheets.

Damaged Test Kits

In case of any severe damage of the test kit or components, the manufacturer has to be informed written, latest one week after receiving the kit. Severely damaged single components should not be used for a test run. They have to be stored until a final solution has been found. After this, they should be disposed according to the official regulations.

SPECIMEN

Serum or EDTA plasma can be used in this assay.

Do not use haemolytic, icteric or lipaemic specimens.

Please note: Samples containing sodium azide should not be used in the assay.

Specimen Collection

Serum:

Collect blood by venipuncture (e.g. Sarstedt Monovette for serum), allow to clot, and separate serum by centrifugation at room temperature. Do not centrifuge before complete clotting has occurred. Patients receiving anticoagulant therapy may require increased clotting time.

Plasma:

Whole blood should be collected into centrifuge tubes containing anti coagulant and centrifuged immediately after collection (e.g. Sarstedt Monovette for EDTA plasma).

Specimen Storage

Specimens should be capped and may be stored for up to 24 hours at 2-8°C prior to assaying.

Specimens held for a longer should be frozen only once at -20°C prior to assay. Thawed samples should be inverted several times prior to testing.

Specimen Dilution

If in an initial assay, a specimen is found to contain more than the highest standard, the specimens can be diluted with *Standard 0* and reassayed as described in Assay Procedure.

For the calculation of the concentrations this dilution factor has to be taken into account.

Example:

- a) Dilution 1:10: 10 µL Serum + 90 µL *Standard 0* (mix thoroughly)
- b) Dilution 1:100: 10 µL dilution a) 1:10 + 90 µL *Standard 0* (mix thoroughly).

Test Procedure

General Remarks

- All reagents and specimens must be allowed to come to room temperature before use. All reagents must be mixed without foaming.
- Once the test has been started, all steps should be completed without interruption.
- Use new disposal plastic pipette tips for each standard, control or sample in order to avoid cross contamination.
- Absorbance is a function of the incubation time and temperature. Before starting the assay, it is recommended that all reagents are ready, caps removed, all needed wells secured in holder, etc. This will ensure equal elapsed time for each pipetting step without interruption.
- As a general rule the enzymatic reaction is linearly proportional to time and temperature.

Assay Procedure

Each run must include a standard curve.

1.	Secure the desired number of Microtiter wells in the holder.
2.	Dispense 20 µL of each <i>Standard, Control</i> and samples <u>with new disposable tips</u> into appropriate wells.
3.	Dispense 200 µL Enzyme Conjugate into each well.
4.	Thoroughly mix for 10 seconds. It is important to have a complete mixing in this step.
5.	Incubate for 60 minutes at room temperature.
6.	Briskly shake out the contents of the wells. Rinse the wells 3times with diluted Wash Solution (400 µL per well). Strike the wells sharply on absorbent paper to remove residual droplets. Important note: The sensitivity and precision of this assay is markedly influenced by the correct performance of the washing procedure!
7.	Add 100 µL of <i>Substrate Solution</i> to each well.
8.	Incubate for 15 minutes at room temperature.
9.	Stop the enzymatic reaction by adding 50 µL of <i>Stop Solution</i> to each well.
10.	Read the OD at 450±10 nm with a microtiter plate reader within 10 minutes after adding the <i>Stop Solution</i> .

Calculation of Results

1. Calculate the average absorbance values for each set of standards, controls and patient samples.
2. Construct a standard curve by plotting the mean absorbance obtained from each standard against its concentration with absorbance value on the vertical(Y) axis and concentration on the horizontal (X) axis.
3. Using the mean absorbance value for each sample determine the corresponding concentration from the standard curve.
4. Automated method: The results in the IFU have been calculated automatically using a 4 PL (4 Parameter Logistics) curve fit. 4 Parameter Logistics is the preferred method. Other data reduction functions may give slightly different results.
5. The concentration of the samples can be read directly from this standard curve. Samples with concentrations higher than that of the highest standard have to be further diluted or reported as < 240 nmol/L. For the calculation of the concentrations this dilution factor has to be taken into account.

Below is listed a typical example of a standard curve with the Corticosterone ELISA. The following data is for demonstration only and **cannot** be used in place of data generations at the time of assay.

Standard	Optical Units (450 nm)
Standard 0 (0 nmol/L)	2.31
Standard 1 (5 nmol/L)	1.69
Standard 2 (15 nmol/L)	1.35
Standard 3 (30 nmol/L)	1.10
Standard 4 (60 nmol/L)	0.87
Standard 5 (120 nmol/L)	0.63
Standard 6 (240 nmol/L)	0.48

Expected values

It is strongly recommended that each laboratory should determine its own normal and abnormal values.

In a study conducted with apparently normal healthy adults, using the Corticosterone ELISA the following values are observed:

N	5% Percentile	95% Percentile
74	6.53 nmol/L	31.09 nmol/L
	226.24 ng/dL	1077.14 ng/dL

The results alone should not be the only reason for any therapeutic consequences. The results should be correlated to other clinical observations and diagnostic tests.

Assay Characteristics

Assay Dynamic Range

The range of the assay is between 1.63 – 240 nmol/L.

Specificity of Antibodies (Cross Reactivity)

The following substances were tested for cross reactivity of the assay:

Component	Crossreactivity
Corticosterone	100 %
Progesterone	7.4%
Deoxycorticosterone	3.4%
11-Dehydrocorticosterone	1.6%
Cortisol	0.3%
Pregnenolone	0.3%
Other steroids	<0.1%

Analytical Sensitivity

The analytical sensitivity was calculated from the mean minus two standard deviations of twenty (20) replicate analyses of *Standard 0* and was found to be < 1.631 nmol/L.

Precision

Intra Assay Variation

The within assay variability is shown below:

Sample	n	Mean (nmol/L)	CV (%)
1	12	108.62	2.77
2	12	79.17	2.44
3	12	24.28	4.08

Inter Assay Variation

The between assay variability is shown below:

Sample	n	Mean (nmol/L)	CV (%)
1	26	104.42	6.14
2	26	74.83	6.35
3	26	25.17	5.54

Accuracy

Quality Control

Good laboratory practice requires that controls be run with each calibration curve. A statistically significant number of controls should be assayed to establish mean values and acceptable ranges to assure proper performance.

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results. Use controls at both normal and pathological levels.

The controls and the corresponding results of the QC-Laboratory are stated in the QC certificate added to the kit. The values and ranges stated on the QC sheet always refer to the current kit lot and should be used for direct comparison of the results.

It is also recommended to make use of national or international Quality Assessment programs in order to ensure the accuracy of the results.

Employ appropriate statistical methods for analysing control values and trends. If the results of the assay do not fit to the established acceptable ranges of control materials patient results should be considered invalid.

In this case, please check the following technical areas: Pipetting and timing devices; photometer, expiration dates of reagents, storage and incubation conditions, aspiration and washing methods.

After checking the above mentioned items without finding any error contact your distributor or the manufacturer directly.

Recovery

Samples have been spiked by adding Corticosterone solutions with known concentrations.

The % Recovery has been calculated by multiplication of the ratio of the measurements and the expected values with 100.

Sample	Endogenous (nmol/L)	Added (nmol/L)	Measured Conc. (nmol/L)	Expected Conc (nmol/L)	Recovery (%)
1 Serum	12.20	0.00	12.50		
		60.00	68.70	72.20	95.2
		30.00	41.20	42.20	97.6
		15.00	26.70	27.20	98.2
2 Serum	42.20	0.00	40.50		
		60.00	99.10	102.20	97.0
		30.00	69.10	72.20	95.7
		15.00	59.20	57.20	103.5
3 Serum	60.62	0.00	63.30		
		60.00	127.50	120.62	105.7
		30.00	95.20	90.62	105.1
		15.00	76.30	75.62	100.9

Linearity

Sample	Dilution	Measured Conc. (nmol/L)	Expected Conc. (nmol/L)	Recovery (%)
1	None	157.00	157.00	
	1:2	79.50	78.50	101.3
	1:4	37.80	39.25	96.3
	1:8	20.10	19.63	102.4
	1:16	10.20	9.81	103.9
2	None	55.10	55.10	
	1:2	28.30	27.55	102.7
	1:4	13.20	13.78	95.8
	1:8	6.57	6.89	95.4
3	None	27.80	27.80	
	1:2	13.80	13.90	99.3
	1:4	6.90	6.95	99.3
	1:8	3.30	3.48	95.0

Limitations of Use

Reliable and reproducible results will be obtained when the assay procedure is performed with a complete understanding of the package insert instruction and with adherence to good laboratory practice.

Any improper handling of samples or modification of this test might influence the results.

Interfering Substances

Haemoglobin (up to 4 mg/mL), Bilirubin (up to 0.125 mg/mL) and Triglyceride (up to 30 mg/mL) have no influence on the assay results.

Drug Interferences

Until today no substances (drugs) are known to us, which have an influence to the measurement of Corticosterone in a sample.

High-Dose-Hook Effect

No hook effect was observed in this test.

Legal Aspects

Reliability of Results

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable national standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test.

The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications. In case of any doubt or concern please contact the manufacturer.

Therapeutical Consequences

Therapeutical consequences should never be based on laboratory results alone even if all test results are in agreement with the items as stated under point "Reliability of Results". Any laboratory result is only a part of the total clinical picture of a patient.

Only in cases where the laboratory results are in acceptable agreement with the overall clinical picture of the patient should therapeutical consequences be derived.

The test result itself should never be the sole determinant for deriving any therapeutical consequences.

Liability

Any modification of the test kit and/or exchange or mixture of any components of different lots from one test kit to another could negatively affect the intended results and validity of the overall test. Such modification and/or exchanges invalidate any claim for replacement.

Claims submitted due to customer misinterpretation of laboratory results subject to point "Therapeutical Consequences" are also invalid. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the test kit during transportation is not subject to the liability of the manufacturer.

REFERENCES

1. Hupe, J.M., et al, Nature, 1998, 394, 784-787.
2. Kitaysky A.S., et al, J. Comp. Physiol, 2001, 171, 701-709.
3. Thellin O, Noel G, Khuana S, Ogle CK and Horseman N, Shock, 2001, 16(5), 393-397.
4. Krame, K.M., Sothern R.B., Chronobiol. Int., 2001, 18(6), 933-945.
5. Vazquez-Palacios G, et al, Pharmacol. Biochem Behavior, 2001, 70(2-3), 305-310.

Symbols:

	Storage temperature		Manufacturer		Contains sufficient for <n> tests
	Expiry date		Batch code		For in-vitro diagnostic use only!
	Consult instructions for use		Content		CE labelled
	Caution		Catalogue number		For research use only!