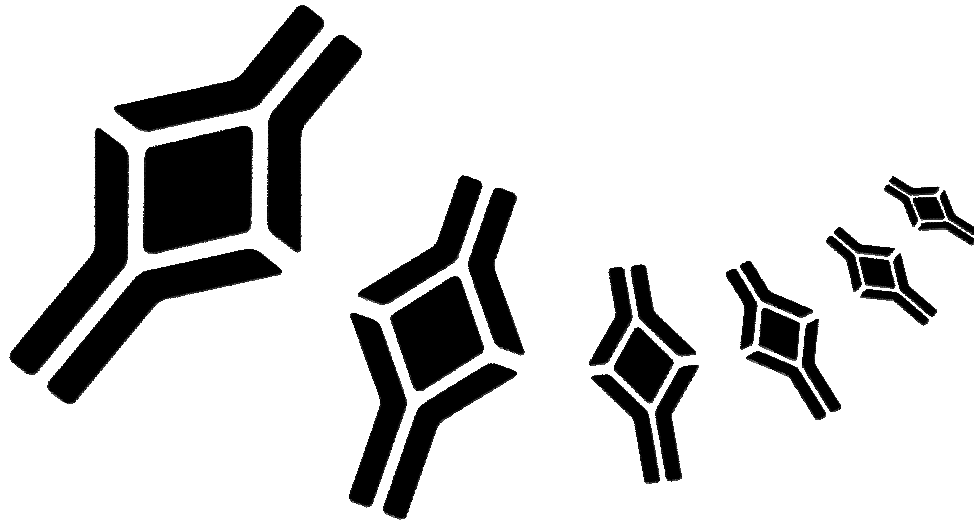


BioVendor

Research
and Diagnostic Products



HUMAN INTERLEUKIN-12 p70 ELISA

Product Data Sheet

Cat. No.: RBMS238R

For Research Use Only

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»» Use only the current version of Product Data Sheet enclosed with the kit!

1 INTENDED USE

The human IL-12 p70 ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of human IL-12 p70. **The human IL-12 p70 ELISA is for research use only. Not for diagnostic or therapeutic procedures.**

2 SUMMARY

Interleukin-12 (IL-12) is a pleiotropic cytokine, formerly termed cytotoxic lymphocyte maturation factor (CLMF) or natural killer cell stimulatory factor (NKSF) (11, 20, 21), which is produced primarily by stimulated macrophages. It was originally identified as a factor produced by human Epstein-Barr Virus transformed B cell lines (6). Meanwhile IL-12 has been shown to be a proinflammatory cytokine produced by phagocytic cells (23), B cells (11, 20), and other antigen-presenting cells that modulate adaptive immune responses by favoring the generation of T-helper type 1 cells (13).

IL-12 exerts a variety of biological effects on human T and natural killer cells. Apart from promotion of Th1 development and its ability to promote cytolytic activity it mediates some of its physiological activities by acting as a potent inducer of interferon (IFN) gamma production and the stimulation of other cytokines from peripheral blood T and NK cells, (26, 29). IFN- γ then enhances the ability of the phagocytic cells to produce IL-12 and other proinflammatory cytokines. Thus, IL-12 induced IFN- γ acts in a positive feedback loop that represents an important amplifying mechanism in the inflammatory response to infections (13).

Its role in directing development of a Th1 type immune response from naive T cells demonstrates its critical role in regulation of the immune response and strongly suggests its potential usefulness in cancer therapy (21).

IL-12 is a disulfide-linked heterodimeric cytokine composed of a 35 kDa light chain (p35) and a 40 kDa heavy chain (p40) resulting in the only biologically active 70 kDa (p70) form of IL-12 (7, 9). The p40 subunit can also form a homodimer which has been shown to be able to bind the IL-12 receptor and thus acts as an IL-12 antagonist (3, 10). Additionally, the p40 subunit has been found to be expressed in a high excess over p70.

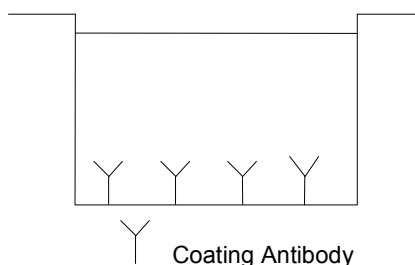
The critical role of IL-12 in several pathogeneses has been shown. Increased plasma levels were found neurological disorders. Significant elevations were measured in autistic patients (18), and in multiple sclerosis patients (1, 14). High levels of IL-12 have also been reported for autoimmune diseases and chronic inflammatory reactions, such as in synovial fluid of patients with osteoarthritis, rheumatoid arthritis and seronegative spondylarthropathies (16), in Sjogren's syndrome patients (27) and atherosclerosis (25). Changes in the expressing levels of IL-12 are reported for a large number of both bacterial and viral infections such as obstructive jaundice (9), septic shock (8, 15), infection with *Mycobacterium tuberculosis* (5, 17), HIV infection (2, 4, 19, 22). Interleukin-12 also plays a crucial role in allograft rejection and selected inflammatory skin lesions (24, 28).

3 PRINCIPLES OF THE TEST

An anti-human IL-12 p70 coating antibody is adsorbed onto microwells.

Figure 1

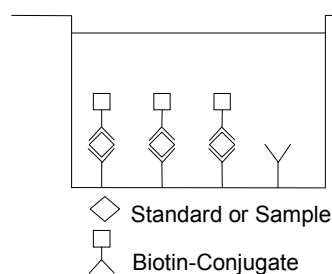
Coated Microwell



Human IL-12 p70 present in the sample or standard binds to antibodies adsorbed to the microwells. A biotin-conjugated anti-human IL-12 p70 antibody is added and binds to human IL-12 p70 captured by the first antibody.

Figure 2

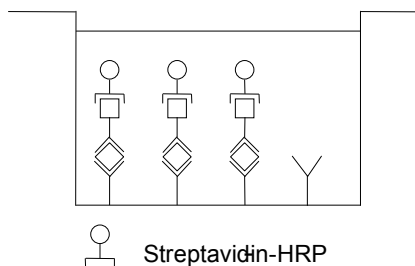
First Incubation



Following incubation unbound biotin-conjugated anti-human IL-12 p70 antibody is removed during a wash step. Streptavidin-HRP is added and binds to the biotin-conjugated anti-human IL-12 p70 antibody.

Figure 3

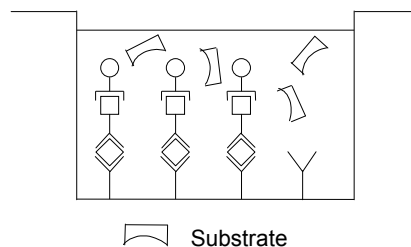
Second Incubation



Following incubation unbound Streptavidin-HRP is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

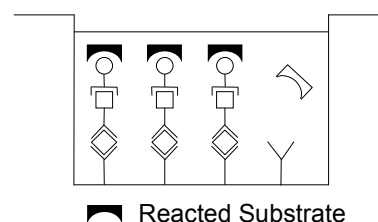
Figure 4

Third Incubation



A coloured product is formed in proportion to the amount of human IL-12 p70 present in the sample or standard. The reaction is terminated by addition of acid and absorbance is measured at 450 nm. A standard curve is prepared from 7 human IL-12 p70 standard dilutions and human IL-12 p70 sample concentration determined.

Figure 5



4 REAGENTS PROVIDED

- 1 aluminium pouch with a **Antibody Coated Microtiter Strips** with monoclonal antibody to human IL-12 p70
- 1 vial (100 µl) **Biotin-Conjugate** anti-human IL-12 p70 monoclonal antibody
- 1 vial (150 µl) **Streptavidin-HRP**
- 2 vials human IL-12 p70 **Standard** lyophilized, 400 pg/ml upon reconstitution
- 1 vial **Control**, lyophilized
- 1 vial (12 ml) **Sample Diluent**

Please note: *In some, very rare cases, an insoluble precipitate of stabilizing protein has been seen in the Sample Diluent vial. This precipitate does not interfere in any way with the performance of the test and can thus be ignored.*

- 1 vial (5 ml) **Assay Buffer Concentrate** 20x (PBS with 1% Tween 20 and 10% BSA)
- 1 bottle (50 ml) **Wash Buffer Concentrate** 20x (PBS with 1% Tween 20)
- 1 vial (15 ml) **Substrate Solution** (tetramethyl-benzidine)
- 1 vial (12 ml) **Stop Solution** (1M Phosphoric acid)
- 1 vial (0.4 ml) **Blue-Dye**
- 1 vial (0.4 ml) **Green-Dye**
- 1 vial (0.4 ml) **Red-Dye**
- 4 **Adhesive Films**

4 STORAGE INSTRUCTIONS – ELISA KIT

Store kit reagents between 2° and 8°C except controls. Store lyophilized controls at -20°C. Immediately after use remaining reagents should be returned to cold storage (2° to 8°C), controls to -20°C, respectively. Expiry of the kit and reagents is stated on labels.

Expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, this reagent is not contaminated by the first handling.

5 SPECIMEN COLLECTION AND STORAGE INSTRUCTIONS

Cell culture supernatant, serum and plasma (EDTA, citrate, heparin) were tested with this assay. Other biological samples might be suitable for use in the assay. Remove serum or plasma from the clot or cells as soon as possible after clotting and separation.

Pay attention to a possible **“Hook Effect”** due to high sample concentrations (see chapter 10).

Samples containing a visible precipitate must be clarified prior to use in the assay. Do not use grossly hemolyzed or lipemic specimens.

Samples should be aliquoted and must be stored frozen at -20°C to avoid loss of bioactive human IL-12 p70. If samples are to be run within 24 hours, they may be stored at 2° to 8°C (for sample stability refer to 12.5).

Avoid repeated freeze-thaw cycles. Prior to assay, the frozen sample should be brought to room temperature slowly and mixed gently.

6 MATERIALS REQUIRED BUT NOT PROVIDED

- 5 ml and 10 ml graduated pipettes
- 5 μ l to 1000 μ l adjustable single channel micropipettes with disposable tips
- 50 μ l to 300 μ l adjustable multichannel micropipette with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, cylinders necessary for preparation of reagents
- Device for delivery of wash solution (multichannel wash bottle or automatic wash system)
- Microwell strip reader capable of reading at 450 nm (620 nm as optional reference wave length)
- Glass-distilled or deionized water
- Statistical calculator with program to perform regression analysis

7 PRECAUTIONS FOR USE

- All chemicals should be considered as potentially hazardous. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water. See material safety data sheet(s) and/or safety statement(s) for specific advice.
- Reagents are intended for in vitro diagnostic use and are not for use in therapeutic procedures.
- Do not mix or substitute reagents with those from other lots or other sources.
- Do not use kit reagents beyond expiration date on label.
- Do not expose kit reagents to strong light during storage or incubation.
- Do not pipette by mouth.
- Do not eat or smoke in areas where kit reagents or samples are handled.
- Avoid contact of skin or mucous membranes with kit reagents or specimens.
- Rubber or disposable latex gloves should be worn while handling kit reagents or specimens.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- In order to avoid microbial contamination or cross-contamination of reagents or specimens which may invalidate the test use disposable pipette tips and/or pipettes.

- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.
- Exposure to acid inactivates the conjugate.
- Glass-distilled water or deionized water must be used for reagent preparation.
- Substrate solution must be at room temperature prior to use.
- Decontaminate and dispose specimens and all potentially contaminated materials as they could contain infectious agents. The preferred method of decontamination is autoclaving for a minimum of 1 hour at 121.5°C.
- Liquid wastes not containing acid and neutralized waste may be mixed with sodium hypochlorite in volumes such that the final mixture contains 1.0% sodium hypochlorite. Allow 30 minutes for effective decontamination. Liquid waste containing acid must be neutralized prior to the addition of sodium hypochlorite.

8 PREPARATION OF REAGENTS

Buffer Concentrates should be brought to room temperature and should be diluted before starting the test procedure.

If crystals have formed in the **Buffer Concentrates**, warm them gently until they have completely dissolved.

8.1 Wash Buffer (1x)

Pour entire contents (50 ml) of the **Wash Buffer Concentrate** (20x) into a clean 1000 ml graduated cylinder. Bring to final volume of 1000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. The pH of the final solution should adjust to 7.4.

Transfer to a clean wash bottle and store at 2° to 25°C. Please note that Wash Buffer (1x) is stable for 30 days.

Wash Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Wash Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 - 6	25	475
1 - 12	50	950

8.2 Assay Buffer (1x)

Pour the entire contents (5 ml) of the **Assay Buffer Concentrate** (20x) into a clean 100 ml graduated cylinder. Bring to final volume of 100 ml with distilled water. Mix gently to avoid foaming.

Store at 2° to 8°C. Please note that the Assay Buffer (1x) is stable for 30 days.

Assay Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Assay Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

8.3 Biotin-Conjugate

Please note that the Biotin-Conjugate should be used within 30 minutes after dilution.

Make a 1:100 dilution of the concentrated **Biotin-Conjugate** solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	Biotin-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

8.4 Streptavidin-HRP

Please note that the Streptavidin-HRP should be used within 30 minutes after dilution.

Make a 1:200 dilution of the concentrated **Streptavidin-HRP** solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	Streptavidin-HRP (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	5.97
1 - 12	0.06	11.94

8.5 Human IL-12 p70 Standard

Reconstitute **human IL-12 p70 standard** by addition of distilled water. Refer to the Certificate of Analysis for current volume of Distilled water needed for reconstitution of standard. Swirl or mix gently to insure complete and homogeneous solubilization (concentration of reconstituted standard = 400 pg/ml).

After usage remaining standard cannot be stored and has to be discarded.

Standard dilutions can be prepared directly on the microwell plate (see 10.c) or alternatively in tubes (see 8.5.1).

8.5.1 External Standard Dilution

Label 7 tubes, one for each standard point.

S1, S2, S3, S4, S5, S6, S7

Then prepare 1:2 serial dilutions for the standard curve as follows:

Pipette 225 µl of Sample Diluent into each tube.

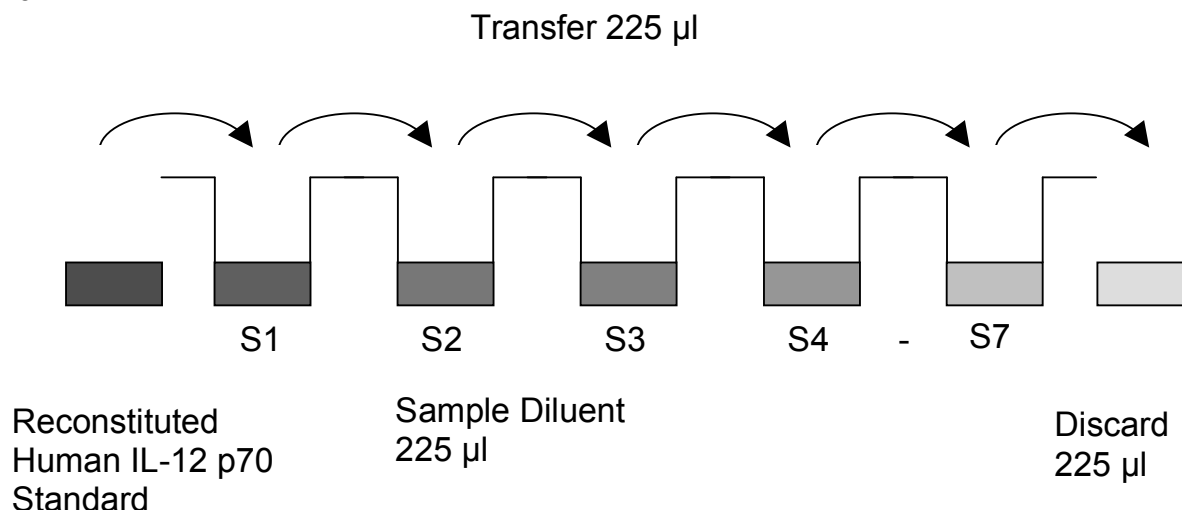
Pipette 225 µl of reconstituted standard (concentration = 400 pg/ml) into the first tube, labelled S1, and mix (concentration of standard 1 = 200 pg/ml).

Pipette 225 µl of this dilution into the second tube, labelled S2, and mix thoroughly before the next transfer.

Repeat serial dilutions 5 more times thus creating the points of the standard curve (see Figure 6).

Sample Diluent serves as blank.

Figure 6



8.6 Control

Reconstitute by adding 200 µl distilled water to lyophilized control. Swirl or mix gently to ensure complete and homogeneous solubilization. Further treat the controls like your samples in the assay. For control range please refer to certificate of analysis or vial label. Store reconstituted control aliquoted at -20°C. Avoid repeated freeze and thaw cycles.

8.7 Addition of Colour-giving Reagents: Blue-Dye, Green-Dye, Red-Dye

This procedure is optional, does not in any way interfere with the test results, and is designed to help the customer with the performance of the test, but can also be omitted, just following the instruction booklet.

Alternatively, the dye solutions from the stocks provided (**Blue-Dye, Green-Dye, Red-Dye**) can be added to the reagents according to the following guidelines:

1. Diluent:

Before standard and sample dilution add the **Blue-Dye** at a dilution of 1:250 (see table below) to the appropriate diluent (1x) according to the test protocol. After addition of **Blue-Dye**, proceed according to the instruction booklet.

5 ml Sample Diluent	20 µl Blue-Dye
12 ml Sample Diluent	48 µl Blue-Dye
50 ml Sample Diluent	200 µl Blue-Dye

2. Biotin-Conjugate:

Before dilution of the concentrated Biotin-Conjugate, add the **Green-Dye** at a dilution of 1:100 (see table below) to the Assay Buffer (1x) used for the final conjugate dilution. Proceed after addition of **Green-Dye** according to the instruction booklet: Preparation of Biotin-Conjugate.

3 ml Assay Buffer (1x)	30 µl Green-Dye
6 ml Assay Buffer (1x)	60 µl Green-Dye

3. Streptavidin-HRP:

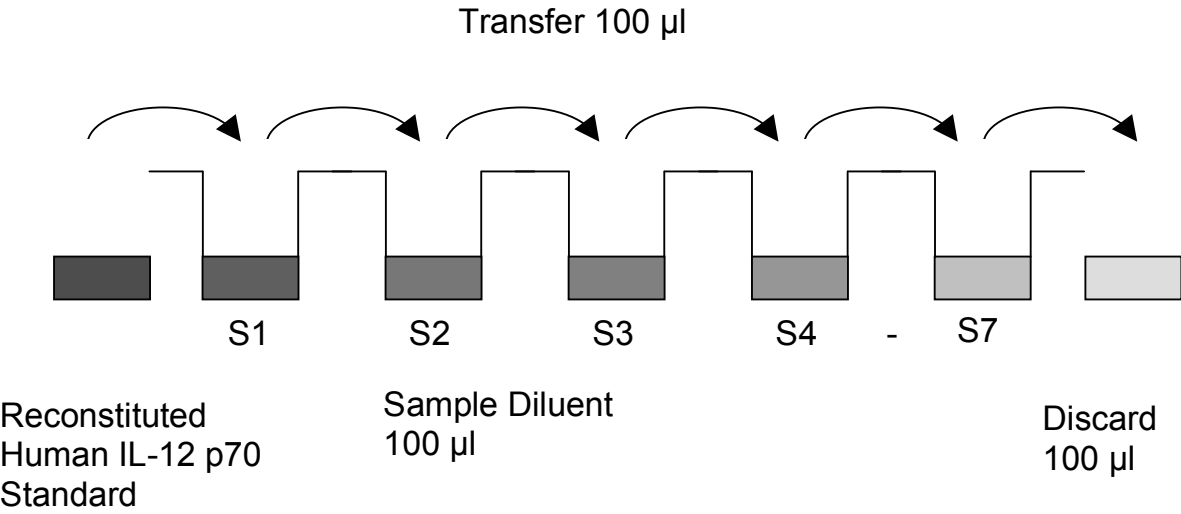
Before dilution of the concentrated Streptavidin-HRP, add the **Red-Dye** at a dilution of 1:250 (see table below) to the Assay Buffer (1x) used for the final Streptavidin-HRP dilution. Proceed after addition of **Red-Dye** according to the instruction booklet: Preparation of Streptavidin-HRP.

6 ml Assay Buffer (1x)	24 µl Red-Dye
12 ml Assay Buffer (1x)	48 µl Red-Dye

9 TEST PROTOCOL

- a. Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Each sample, standard, blank and optional control sample should be assayed in duplicate. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2°-8°C sealed tightly.
- b. Wash the microwell strips twice with approximately 400 µl **Wash Buffer** per well with thorough aspiration of microwell contents between washes. Allow the Wash Buffer to sit in the wells for about **10 – 15 seconds** before aspiration. Take care not to scratch the surface of the microwells. After the last wash step, empty wells and tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing. Alternatively microwell strips can be placed upside down on a wet absorbent paper for not longer than 15 minutes. **Do not allow wells to dry.**
- c. **Standard dilution on the microwell plate** (Alternatively the standard dilution can be prepared in tubes - see 8.5.1): Add 100 µl of Sample Diluent in duplicate to all **standard wells**. Pipette 100 µl of prepared **standard** (see Preparation of Standard 8.5, concentration = 400 pg/ml) in duplicate into well A1 and A2 (see Table 1). Mix the contents of wells A1 and A2 by repeated aspiration and ejection (concentration of standard 1, S1 = 200 pg/ml), and transfer 100 µl to wells B1 and B2, respectively (see Figure 7). Take care not to scratch the inner surface of the microwells. Continue this procedure 5 times, creating two rows of human IL-12 p70 standard dilutions ranging from 200.0 to 3.1 pg/ml. Discard 100 µl of the contents from the last microwells (G1, G2) used.

Figure 7



In case of an **external standard dilution** (see 8.5.1), pipette 100 µl of these standard dilutions (S1 - S7) in the standard wells according to Table 1.

Table 1

Table depicting an example of the arrangement of blanks, standards and samples in the microwell strips:

	1	2	3	4
A	Standard 1 (200.0 pg/ml)	Standard 1 (200.0 pg/ml)	Sample 1	Sample 1
B	Standard 2 (100.0 pg/ml)	Standard 2 (100.0 pg/ml)	Sample 2	Sample 2
C	Standard 3 (50.0 pg/ml)	Standard 3 (50.0 pg/ml)	Sample 3	Sample 3
D	Standard 4 (25.0 pg/ml)	Standard 4 (25.0 pg/ml)	Sample 4	Sample 4
E	Standard 5 (12.5 pg/ml)	Standard 5 (12.5 pg/ml)	Sample 5	Sample 5
F	Standard 6 (6.3 pg/ml)	Standard 6 (6.3 pg/ml)	Sample 6	Sample 6
G	Standard 7 (3.1 pg/ml)	Standard 7 (3.1 pg/ml)	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

- d. Add 100 µl of **Sample Diluent** in duplicate to the **blank wells**.
- e. Add 50 µl of **Sample Diluent** to the **sample wells**.
- f. Add 50 µl of each **sample** in duplicate to the **sample wells**.
- g. Prepare **Biotin-Conjugate** (see Preparation of Biotin-Conjugate 8.3).
- h. Add 50 µl of **Biotin-Conjugate** to all wells.
- i. Cover with an adhesive film and incubate at room temperature (18 to 25°C) for 2 hours, if available on a microplate shaker set at 100 rpm.
- j. Prepare **Streptavidin-HRP** (refer to Preparation of Streptavidin-HRP 8.4).
- k. Remove adhesive film and empty wells. **Wash** microwell strips 4 times according to point b. of the test protocol. Proceed immediately to the next step.
- l. Add 100 µl of diluted **Streptavidin-HRP** to all wells, including the blank wells.
- m. Cover with an adhesive film and incubate at room temperature (18° to 25°C) for 1 hour, if available on a microplate shaker set at 100 rpm.
- n. Remove adhesive film and empty wells. **Wash** microwell strips 4 times according to point b. of the test protocol. Proceed immediately to the next step.
- o. Pipette 100 µl of **TMB Substrate Solution** to all wells.
- p. Incubate the microwell strips at room temperature (18° to 25°C) for about 10 min. Avoid direct exposure to intense light.

The colour development on the plate should be monitored and the substrate reaction stopped (see next point of this protocol) before positive wells are no longer properly recordable. Determination of the ideal time period for colour development has to be done individually for each assay.

- q. It is recommended to add the stop solution when the highest standard has developed a dark blue colour. Alternatively the colour development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.6 – 0.65.
- r. Stop the enzyme reaction by quickly pipetting 100 µl of **Stop Solution** into each well. It is important that the Stop Solution is spread quickly and uniformly throughout the microwells to completely inactivate the enzyme. Results must be read immediately after the Stop Solution is added or within one hour if the microwell strips are stored at 2 - 8°C in the dark.
- s. Read absorbance of each microwell on a spectro-photometer using 450 nm as the primary wave length (optionally 620 nm as the reference wave length; 610 nm to 650 nm is acceptable). Blank the plate reader according to the manufacturer's instructions by using the blank wells. Determine the absorbance of both the samples and the standards.

Note: In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.

10 CALCULATION OF RESULTS

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 per cent of the mean value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human IL-12 p70 concentration on the abscissa. Draw a best fit curve through the points of the graph (a 5-parameter curve fit is recommended).
- To determine the concentration of circulating human IL-12 p70 for each sample, first find the mean absorbance value on the ordinate and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the abscissa and read the corresponding human IL-12 p70 concentration.
- **If instructions in this protocol have been followed samples have been diluted 1:2 (50 µl sample + 50 µl Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**
- **Calculation of samples with a concentration exceeding standard 1 may result in incorrect, low human IL-12 p70 levels (Hook Effect). Such samples require further external predilution according to expected human IL-12 p70 values with Sample Diluent in order to precisely quantitate the actual human IL-12 p70 level.**
- It is suggested that each testing facility establishes a control sample of known human IL-12 p70 concentration and runs this additional control with each assay. If the values obtained are not within the expected range of the control, the assay results may be invalid.
- A representative standard curve is shown in Figure 8. This curve cannot be used to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

Figure 8

Representative standard curve for human IL-12 p70 ELISA. Human IL-12 p70 was diluted in serial 2-fold steps in Sample Diluent. Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.

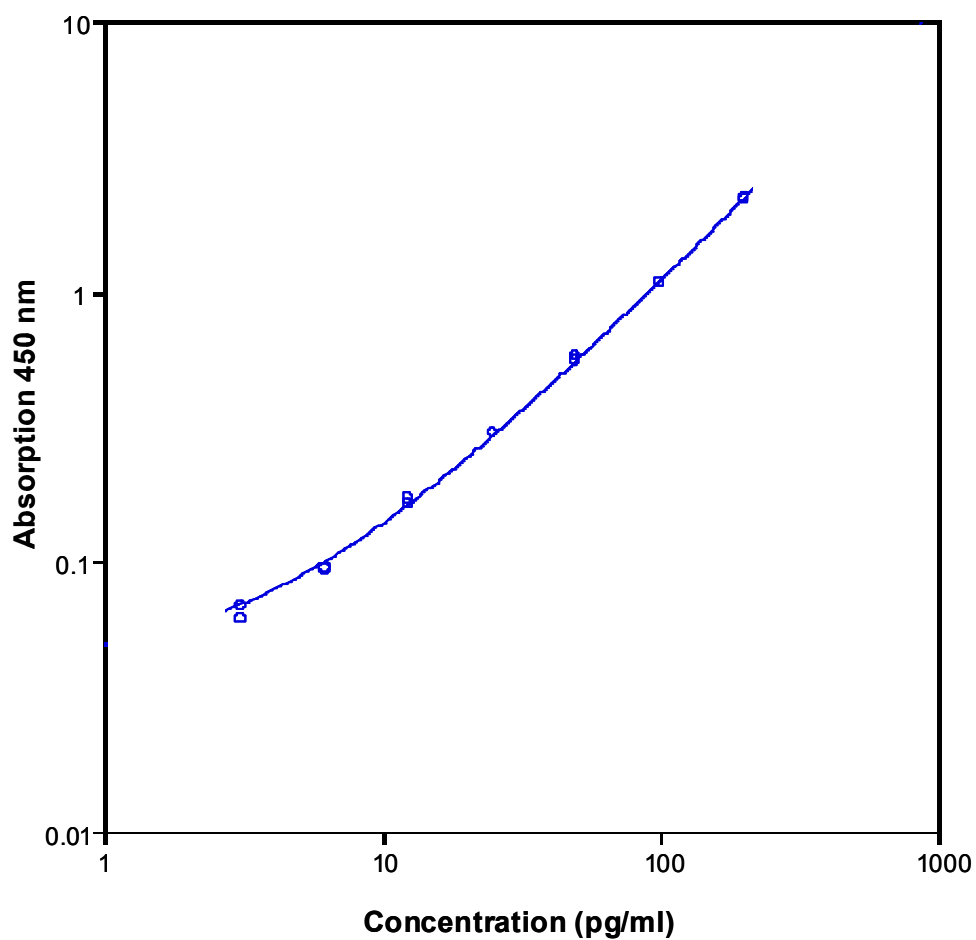


Table 2

Typical data using the human IL-12 p70 ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	Human IL-12 p70 Concentration (pg/ml)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	200.0	2.206	2.195	0.7
	200.0	2.183		
2	100.0	1.071	1.075	0.5
	100.0	1.079		
3	50.0	0.554	0.566	2.9
	50.0	0.577		
4	25.0	0.298	0.298	0
	25.0	0.298		
5	12.5	0.162	0.166	3.4
	12.5	0.170		
6	6.3	0.093	0.094	1.5
	6.3	0.095		
7	3.1	0.061	0.065	7.6
	3.1	0.068		
Blank	0	0.032	0.032	
	0	0.031		

The OD values of the standard curve may vary according to the conditions of assay performance (e.g. operator, pipetting technique, washing technique or temperature effects). Furthermore shelf life of the kit may affect enzymatic activity and thus colour intensity. Values measured are still valid.

11 LIMITATIONS

- Since exact conditions may vary from assay to assay, a standard curve must be established for every run.
- Bacterial or fungal contamination of either screen samples or reagents or cross-contamination between reagents may cause erroneous results.
- Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Empty wells completely before dispensing fresh wash solution, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.
- The use of radioimmunotherapy has significantly increased the number of patients with human anti-mouse IgG antibodies (HAMA). HAMA may interfere with assays utilizing murine monoclonal antibodies leading to both false positive and false negative results. Serum samples containing antibodies to murine immunoglobulins can still be analysed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the sample.

12 PERFORMANCE CHARACTERISTICS

12.1 Sensitivity

The limit of detection of human IL-12 p70 defined as the analyte concentration resulting in an absorbance significantly higher than that of the dilution medium (mean plus 2 standard deviations) was determined to be 2.1 pg/ml (mean of 6 independent assays).

12.2 Reproducibility

12.2.1 Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human IL-12 p70. 2 standard curves were run on each plate. Data below show the mean human IL-12 p70 concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 3.0%.

Table 3

The mean human IL-12 p70 concentration and the coefficient of variation for each sample

Sample	Experiment	Mean Human IL-12 p70 Concentration (pg/ml)	Coefficient of Variation (%)
1	1	64.6	4.0
	2	63.4	1.5
	3	62.6	4.5
2	1	69.8	4.2
	2	65.1	3.6
	3	68.6	2.1
3	1	72.9	0.8
	2	68.4	1.6
	3	73.2	1.0
4	1	65.6	0.4
	2	60.9	2.6
	3	68.7	1.6
5	1	16.2	4.1
	2	16.0	4.3
	3	16.6	1.6
6	1	16.2	8.9
	2	14.7	3.4
	3	15.4	8.1
7	1	36.8	2.1
	2	41.2	3.2
	3	35.3	1.0
8	1	50.0	2.7
	2	57.3	2.1
	3	49.4	1.7

12.2.2 Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human IL-12 p70. 2 standard curves were run on each plate. Data below show the mean human IL-12 p70 concentration and the coefficient of variation calculated on 18 determinations of each sample (see Table 4). The calculated overall inter-assay coefficient of variation was 4.8%.

Table 4

The mean human IL-12 p70 concentration and the coefficient of variation of each sample

Sample	Mean Human IL-12 p70 Concentration (pg/ml)	Coefficient of Variation (%)
1	63.5	1.5
2	67.8	3.6
3	71.5	3.8
4	65.1	6.1
5	16.3	1.9
6	15.4	5.0
7	37.8	8.1
8	52.2	8.3

12.3 Spiking Recovery

The spiking recovery was evaluated by spiking 4 levels of human IL-12 p70 into 3 pooled normal human sera. Recoveries were determined in 3 independent experiments with 4 replicates each.

The amount of endogenous human IL-12 p70 in unspiked serum was subtracted from the spike values.

The recovery ranged from 79% to 118% with an overall mean recovery of 103%.

12.4 Dilution Linearity

4 serum samples with different levels of human IL-12 p70 were analysed at serial 2 fold dilutions with 4 replicates each.

The recovery ranged from 83% to 122% with an overall recovery of 102% (see Table 5).

Table 5

Sample	Dilution	Expected Human IL-12 p70 Concentration (pg/ml)	Observed Human IL-12 p70 Concentration (pg/ml)	Recovery of Expected Human IL-12 p70 Concentration (%)
1	1:2	--	64.4	--
	1:4	32.2	33.2	103
	1:8	16.1	17.3	107
	1:16	8.1	6.7	83
2	1:2	--	67.6	--
	1:4	33.8	34.0	101
	1:8	16.9	20.0	119
	1:16	8.5	10.4	122
3	1:2	--	82.6	--
	1:4	41.3	38.1	92
	1:8	20.7	20.1	97
	1:16	10.3	8.7	84
4	1:2	--	71.3	--
	1:4	35.7	35.3	99
	1:8	17.8	20.1	113
	1:16	8.9	9.4	106

12.5 Sample Stability

12.5.1 Freeze-Thaw Stability

Aliquots of serum and cell culture supernatant samples (spiked or unspiked) were stored at -20°C and thawed 5 times, and the human IL-12 p70 levels determined. There was no significant loss of human IL-12 p70 immunoreactivity detected by freezing and thawing up to 3 freeze/thaw cycles.

A significant decrease of human IL-12 p70 immunoreactivity (20%) was detected by further freeze/thaw cycles.

12.5.2 Storage Stability

Aliquots of serum and cell culture supernatant samples (spiked or unspiked) were stored at -20°C, 2-8°C, room temperature (RT) and at 37°C, and the human IL-12 p70 level determined after 24 h. There was no significant loss of human IL-12 p70 immunoreactivity detected during storage at -20°C, 2-8°C and RT.

A significant loss of human IL-12 p70 immunoreactivity (20%) was detected during storage at 37°C after 24 h.

12.6 Comparison of Serum and Plasma

From several individuals, serum as well as EDTA, citrate and heparin plasma obtained at the same time point, were evaluated. Human IL-12 p70 concentrations were not significantly different and therefore all these body fluids are suitable for the assay. It is nevertheless highly recommended to assure the uniformity of blood preparations.

12.7 Specificity

The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a human IL-12 p70 positive serum.

There was no crossreactivity detected.

12.8 Expected Values

There were no detectable human IL-12 p70 levels found.
Elevated human IL-12 p70 levels depend on the type of immunological disorder.

12.9 Calibration

The immunoassay is calibrated with highly purified recombinant human IL-12 p70 which has been evaluated against the international Reference Standard NIBSC 95/544 and has been shown to be equivalent.
NIBSC 95/544 is quantitated in International Units (IU), 1IU corresponding to 100 pg human IL-12 p70.

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14 REAGENT PREPARATION SUMMARY

14.1 Wash Buffer (1x)

Add **Wash Buffer Concentrate** 20x (50 ml) to 950 ml distilled water.

Number of Strips	Wash Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	25	475
1 - 12	50	950

14.2 Assay Buffer (1x)

Add **Assay Buffer Concentrate** 20x (5 ml) to 95 ml distilled water.

Number of Strips	Assay Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

14.3 Biotin-Conjugate

Make a 1:100 dilution of **Biotin-Conjugate** in Assay Buffer (1x):

Number of Strips	Biotin-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

14.4 Streptavidin-HRP

Make a 1:200 dilution of **Streptavidin-HRP** in Assay Buffer (1x):

Number of Strips	Streptavidin-HRP (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	5.97
1 - 12	0.06	11.94

14.5 Human IL-12 p70 Standard

Reconstitute lyophilized **human IL-12 p70 standard** distilled water. (Reconstitution volume is stated on the label of the standard vial.)

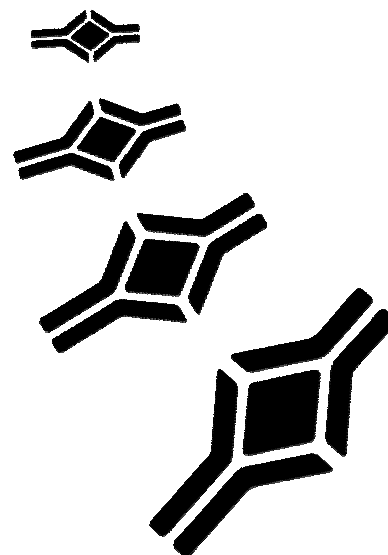
14.6 Control

Add 200 µl distilled water to lyophilized **control**.

15 TEST PROTOCOL SUMMARY

1. Determine the number of microwell strips required.
2. Wash microwell strips twice with Wash Buffer.
3. Standard dilution on the microwell plate: Add 100 µl Sample Diluent, in duplicate, to all standard wells. Pipette 100 µl prepared standard into the first wells and create standard dilutions by transferring 100 µl from well to well. Discard 100 µl from the last wells.
Alternatively external standard dilution in tubes (see 8.5.1): Pipette 100 µl of these standard dilutions in the microwell strips.
4. Add 100 µl Sample Diluent, in duplicate, to the blank wells.
5. Add 50 µl Sample Diluent to sample wells.
6. Add 50 µl sample in duplicate, to designated sample wells.
7. Prepare Biotin-Conjugate.
8. Add 50 µl Biotin-Conjugate to all wells.
9. Cover microwell strips and incubate 2 hours at room temperature (18° to 25°C).
10. Prepare Streptavidin-HRP.
11. Empty and wash microwell strips 4 times with Wash Buffer.
12. Add 100 µl diluted Streptavidin-HRP to all wells.
13. Cover microwell strips and incubate 1 hour at room temperature (18° to 25°C).
14. Empty and wash microwell strips 4 times with Wash Buffer.
15. Add 100 µl of TMB Substrate Solution to all wells.
16. Incubate the microwell strips for about 10 minutes at room temperature (18° to 25°C).
17. Add 100 µl Stop Solution to all wells.
18. Blank microwell reader and measure colour intensity at 450 nm.

Note: If instructions in this protocol have been followed samples have been diluted 1:2 (50 µl sample + 50 µl Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).



HEADQUARTERS: BioVendor Laboratorní medicína, a.s.	CTPark Modrice Evropska 873	664 42 Modrice CZECH REPUBLIC	Phone: +420-549-124-185 Fax: +420-549-211-460	E-mail: info@biovendor.com Web: www.biovendor.com
EUROPEAN UNION: BioVendor GmbH	Im Neuenheimer Feld 583	D-69120 Heidelberg GERMANY	Phone: +49-6221-433-9100 Fax: +49-6221-433-9111	E-mail: infoEU@biovendor.com
USA, CANADA AND MEXICO: BioVendor LLC	1463 Sand Hill Road Suite 227	Candler, NC 28715 USA	Phone: +1-828-670-7807 +1-800-404-7807 Fax: +1-828-670-7809	E-mail: infoUSA@biovendor.com
CHINA - Hong Kong Office: BioVendor Laboratories Ltd	Room 4008 Hong Kong Plaza, No.188	Connaught Road West Hong Kong, CHINA	Phone: +852-2803-0523 Fax: +852-2803-0525	E-mail: infoHK@biovendor.com
CHINA – Mainland Office: BioVendor Laboratories Ltd	Room 2405 YiYa Tower TianYu Garden, No.150	Lihe Zhong Road Guang Zhou, CHINA	Phone: +86-20-8706-3029 Fax: +86-20-8706-3016	E-mail: infoCN@biovendor.com