



BioOcean[®] Human IL-22 ELISA Kit

Catalog Number EK122

Size: 96 Test

For the quantitative determination of human interleukin 22 (IL-22) concentrations in cell culture supernates, serum and plasma.

This package insert must be read entirely before using this product. For proper performance, follow the protocol provided with each individual kit.

FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.

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TABLE OF CONTENTS

Quick Procedure Flowchart 1

Introduction

Description 2
 Principle of the Assay 2
 Limitations of the Procedure 2

General Information

Materials Provided 3
 Storage 3
 Other Supplies Required 4
 Precaution4
 Technical Hints5

Assay Protocol

Sample Collection and Storage5
 Reagent Preparation 6, 7
 Assay Procedure 7, 8

Analysis

Calculation of Results 8
 Typical Data 8
 Sensitivity 9
 Precision 9
 Recovery 9
 Linearity 9
 Sample Values10
 Specificity 10

QUICK PROCEDURE FLOWCHART

1. Prepare all reagents and standards as directed.



2. Add 50 μ l *Assay Buffer* to each well.



3. Add 50 μ l *Standard* or sample per well within 15 minutes.



4. Add 50 μ l *Detect Antibody* to each well.



5. Incubate for 2 hours at RT.



6. Aspirate and wash 6 times.



7. Add 100 μ l *Streptavidin-HRP* to each well.



8. Incubate for 45 minutes at RT.



9. Aspirate and wash 6 times.



10. Add 100 μ l *Substrate Solution* to each well.

Incubate for 5 - 30 minutes at RT. Protect from light.



11. Add 100 μ l *Stop Solution* to each well.



12. Read at 450 nm within 30 minutes. Correction 570 or 630 nm.

DESCRIPTION

Interleukin 22 (IL-22) is a member of a group of cytokines called the IL-10 family or IL-10 superfamily (including IL-19, IL-20, IL-24, and IL-26), a class of potent mediators of cellular inflammatory responses. It shares use of IL-10R2 in cell signaling with other members of this family, IL-10, IL-26, IL-28A/B and IL-29. IL-22 is produced by activated DC and T cells and initiates innate immune responses against bacterial pathogens especially in epithelial cells such as respiratory and gut epithelial cells. IL-22 along with IL-17 is rapidly produced by splenic LT α i-like cells and can be also produced by Th17 cells and likely plays a role in the coordinated response of both adaptive and innate immune systems.

Psoriatic patients show strongly elevated IL-22 plasma levels, which correlated with the disease severity. IL-22 plays a protective role in T cell-mediated hepatitis induced by Concanavalin A (Con A), acting as a survival factor for hepatocytes. IL-22 is present in high quantities in the blood of Crohn's disease patients in contrast to IFN- γ and IL-17.

PRINCIPLE OF THE ASSAY

BioOcean Human IL-22 ELISA Kit is based on the quantitative sandwich enzyme-linked immunosorbent assay technique to measure concentration of human IL-22 in the samples. A monoclonal antibody specific for human IL-22 has been immobilized onto microwells. Standard or samples are pipetted into the wells, followed by the addition of biotin-linked monoclonal antibody specific for IL-22, and IL-22 present is bound by the immobilized antibody and detected antibody following the first incubation. After removal of any unbound substances, streptavidin-HRP is added for a second incubation. After washing, substrate solution reacts with HRP and color develops in proportion to the amount of IL-22 bound by the immobilized antibody. The color development is stopped by addition of acid and the optical density value is measured by microplate reader.

LIMITATIONS OF PROCEDURE

- FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.
- Do not use expired kit or reagents.
- Do not use reagents from other lots or manufacturers. Do not prepare component by yourself.
- If concentration of assayed factor in samples is higher than the highest standard, dilute the serum/plasma samples with *Assay Buffer*, dilute the cell culture supernate samples with *cell culture medium*. Reanalyze these and multiply results by the appropriate dilution factor.
- Any variation in testing personnel, sample preparation, standard dilution, pipetting technique, washing techniques, incubation time, temperature, kit age and equipment can cause variation in results.
- Bacterial or fungal contamination in either samples or reagents, or cross-contamination between reagents may cause erroneous results.

MATERIALS PROVIDED

Unopened kit should be stored at 2 - 8°C.



- **IL-22 Microplate** (1 plate): 96-well polystyrene microplate (12 strips of 8 wells) coated with a monoclonal antibody against human IL-22.
- **IL-22 Standard** (2 vials): Recombinant human IL-22 in a buffered protein base with preservatives; lyophilized.
- **IL-22 Detect Antibody** (1 vial, 80 µl): Biotin-conjugate anti-human IL-22 monoclonal antibody; 100× liquid.
- **Standard Diluent** (1 bottle, 5 ml): In some, very rare cases, an insoluble precipitate of stabilizing protein has been seen in the Standard Diluent vial. This precipitate does not interfere in any way with the performance of the test and can thus be ignored.
- **Streptavidin-HRP** (1 vial, 150 µl): 100× liquid.
- **Assay Buffer (10×)** (1 bottle, 5 ml): PBS with 0.5 % Tween-20 and 5 % BSA.
- **Substrate** (1 bottle, 15 ml): TMB (tetramethyl-benzidine).
- **Stop Solution** (1 bottle, 15 ml): 0.18 M sulfuric acid.
- **Washing Buffer (20×)** (1 bottle, 50 ml): PBS with 1 % Tween-20.
- **Plate Covers** (5 strips).

STORAGE

Store kit reagents between 2 and 8°C. Immediately after use remaining reagents should be returned to cold storage (2 to 8°C). Expiry of the kit and reagents is stated on labels.

Expiration date 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.

Unopened kit		Store at 2 - 8°C (See expiration date on the label).
Opened/ Reconstituted Reagents	1× Washing Buffer 1× Assay Buffer Stop Solution Standard Diluent Substrate TMB Detect Antibody Streptavidin-HRP	Up to 1 month at 2 - 8°C.
	Reconstituted Standard	Up to 1 month at ≤ -20°C in a manual defrost freezer. Avoid repeated freeze-thaw cycles.
	Microplate Wells	Up to 1 month at 2 - 8°C. Return unused strips to the foil pouch containing the desiccant pack, reseal along entire edge to maintain plate integrity.

Provided this is within the expiration date of the kit.

OTHER SUPPLIES REQUIRED

- **Microplate reader** capable of measuring absorbance at 450 nm, with correction wavelength set at 570 nm or 630 nm.
- **Pipettes and pipette tips.**
- 50 µl to 300 µl adjustable **multichannel micropipette** with disposable tips.
- Multichannel micropipette **reservoir**.
- **Beakers, flasks, cylinders** necessary for preparation of reagents.
- **Deionized or distilled water.**
- **Polypropylene** test tubes for dilution.

PRECAUTION

- Intended for research use only and are not for use in diagnostic or therapeutic procedures.
- Treat all chemicals with caution because they can be potentially hazardous.
- It is recommended that this product is handled only by persons who have been trained in laboratory techniques and in accordance with the principles of good laboratory practice. Wear personal protection equipment such as laboratory coat, safety glasses and gloves.
- Avoid direct contact with skin or eyes. Wash immediately with water in the case of contact with skin or eyes. Avoid contact of skin or mucous membranes with kit reagents or specimens. See material safety data sheet(s) for specific advice.
- Pure water or deionized water must be used for reagent preparation.
- The Stop Solution provided with this kit is an acid solution. Wear personal protection equipment with caution.
- Do not expose kit reagents to strong light during storage and incubation.
- 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.
- Use disposable pipette tips and/or pipettes to avoid microbial or cross-contamination of reagents or specimens which may invalidate the test.
- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.
- Exposure to acid inactivates the HRP and antibody conjugate.
- Substrate solution must be warmed to 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.

TECHNICAL HINTS

- All reagents including microplate, samples, standards and working solution should be warmed to room temperature before use.
- To obtain accurate results, using adhesive film to seal the plate during incubation is suggested.
- It is recommended that all samples and standards be assayed in duplicate.
- Avoid foaming when mixing or reconstituting solutions containing protein.
- To avoid cross-contamination, use separate reservoirs for each reagent and change pipette tips between each standard, sample and reagent.
- When using an automated plate washer, adding a 30 seconds soak period before washing step and/or rotating the plate between wash steps may improve assay precision.
- When pipetting reagents, maintain a consistent order of addition from well-to-well.
- Keep Substrate solution protected from direct strong light. Substrate Solution should turn to gradations of blue after a proper color development.
- Read absorbance within 30 minutes after adding stop solution.
- Take care not to scratch the inner surface of the microwells.

SAMPLE COLLECTION AND STORAGE

Cell Culture Supernates – Remove particulates by centrifugation and assay freshly prepared samples immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$ for later use. Avoid repeated freeze-thaw cycles.

Serum – Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 10 minutes at 1000 g. Remove serum and assay freshly prepared samples immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$ for later use. Avoid repeated freeze-thaw cycles.

Plasma – Collect plasma using EDTA, citrate or heparin as anticoagulant. Centrifuge at 1000 g within 30 minutes of collection. Assay freshly prepared samples immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$ for later use. Avoid repeated freeze-thaw cycles.

Other biological samples might be suitable for use in the assay. Cell culture supernates, serum and plasma were tested with this assay. Dilution with Assay Buffer may be needed.

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

If samples are to be run within 24 hours, they may be stored at 2 to 8°C. For longer storage, aliquot samples and store frozen at -20°C to avoid loss of bioactive human IL-22. Avoid repeated freeze-thaw cycles.

REAGENT PREPARATION

If crystals form in the Buffer Concentrates, warm and gently stir them until completely dissolved.

Washing Buffer (1×)

Pour entire contents (50 ml) of the **Washing Buffer (20×)** into a clean 1000 ml graduated cylinder. Bring to final volume of 1000 ml with pure or deionized water.

Mix gently to avoid foaming.

Transfer to a clean wash bottle and store at 2 to 25°C. Washing Buffer (1×) is stable for 30 days.

Assay Buffer (1×)

Pour the entire contents (5 ml) of the **Assay Buffer (10×)** into a clean 100 ml graduated cylinder. Bring to final volume of 50 ml with distilled water. Mix gently to avoid foaming.

Store at 2 to 8°C. Assay Buffer (1×) is stable for 30 days.

Detect Antibody

Mix well prior to making dilutions.

Make a **1: 100** dilution of the concentrated **Detect Antibody** solution with Assay Buffer (1×) in a clean plastic tube as needed.

The diluted Detect Antibody should be used within 30 minutes after dilution.

Streptavidin-HRP

Mix well prior to making dilutions.

Make a **1: 100** dilution of the concentrated **Streptavidin-HRP** solution with Assay Buffer (1×) in a clean plastic tube as needed.

The diluted Streptavidin-HRP should be used within 30 minutes after dilution.

Sample Dilution

If your samples have high IL-22 content, dilute serum/plasma samples with Assay Buffer (1×). For cell culture supernates, dilute with cell culture medium.

Human IL-22 Standard

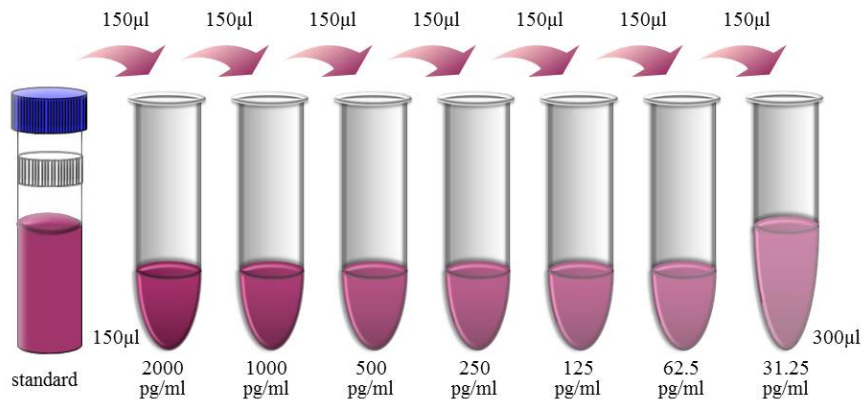
Reconstitute **Human IL-22 Standard** by addition of distilled water. Reconstitution volume is stated on the label of the standard vial. Swirl or mix gently to insure complete and homogeneous solubilization (concentration of reconstituted standard = 4000 pg/ml).

Allow the standard to reconstitute for 10 - 30 minutes. Mix well prior to making dilutions.

Use polypropylene tubes.

For serum/plasma samples, mixing *concentrated human IL-22 standard* (150 µl) with 150 µl of *Standard Diluent* creates the high standard (2000 pg/ml). Pipette 150 µl of *Standard Diluent* into each tube. Use the high standard to produce a 1:1 dilution series (scheme below). Mix each tube thoroughly before the next transfer. *Standard Diluent* serves as the zero standard (0 pg/ml).

For cell culture supernates, mixing *concentrated human IL-22 standard* (150 µl) with 150 µl of cell culture medium creates the high standard (2000 pg/ml). Pipette 150 µl of cell culture medium into each tube. Use the high standard to produce a 1:1 dilution series. Mix each tube thoroughly before the next transfer. Cell culture medium serves as the zero standard (0 pg/ml).



ASSAY PROCEDURE

Bring all reagents and samples to room temperature before use.

1. Prepare all reagents including microplate, samples, standards and working solution as described in the previous sections.
2. Remove excess microplate strips and return them to the foil pouch containing the desiccant pack, and reseal for further use.
3. Add 300 µl *Washing Buffer (1×)* per well, and allow it for about 30 seconds before aspiration. Soaking is highly recommended to obtain a good test performance. Empty wells and tap microwell strips on absorbent pad or paper towel to remove excess *Washing Buffer (1×)*. Use the microwell strips immediately after washing. **Do not allow wells to dry.**
4. Add 50 µl of *Assay Buffer (1×)* to each well.
5. Add 50 µl of *Standard* or sample to each well. Ensure reagent addition is uninterrupted and completed within 15 minutes.
6. Add 50 µl of *Detect Antibody* to each well.
7. Seal the plate with an *adhesive film*. Incubate at room temperature (18 to 25°C) for 2 hours on a microplate shaker set at 300 rpm.
8. Aspirate each well and wash by filling each well with 300 µl *Washing Buffer (1×)*, repeat five times for a total six washes. Complete removal of liquid at each step is essential to the best performance. After the last wash, remove any remaining *Washing Buffer (1×)* by aspirating or decanting. Invert the plate and tap it against clean paper towels.
9. Add 100 µl of *Streptavidin-HRP* to each well.
10. Seal the plate with a fresh *adhesive film*. Incubate at room temperature (18 to 25°C) for 45 minutes on a microplate shaker set at 300 rpm.

11. Repeat aspiration/wash as in step 8.
12. Add 100 µl of *Substrate Solution* to each well. Incubate for 5 - 30 minutes at room temperature. Protect from light.
13. Add 100 µl of *Stop Solution* to each well. The color will turn yellow. If the color in the well is green or if the color change does not appear uniform, gently tap the plate to ensure thorough mixing.
14. Measure the optical density value within 30 minutes by microplate reader set to 450 nm. If wavelength correction is available, set to 570 nm or 630 nm. If wavelength correction is not available, subtract readings at 570 nm or 630 nm from the readings at 450 nm. This subtraction will correct for optical imperfections in the plate. Reading directly at 450 nm without correction may generate higher concentration than true value.

CALCULATION OF RESULTS

Average the duplicate optical density readings for each standards and sample, then subtract the average optical density value of the zero standard.

Standard Concentration as horizontal axis, optical density (OD) Value as the vertical axis, regressing the data and create a standard curve using computer software. The data may be linearized by plotting the log of the IL-22 concentrations versus the log of the OD and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data.

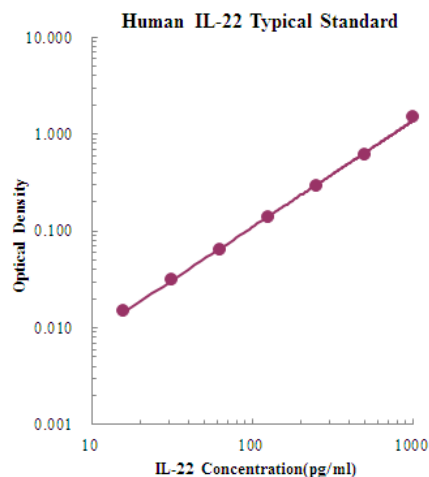
Note: The finally concentration of top standard is 1000 pg/ml. If instruction in this protocol have been followed samples have been diluted by 1:1 ratio (50 µl sample + 50 µl Assay Buffer), the concentration read from the standard curve must be multiplied by the dilution factor (×2).

If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

TYPICAL DATA

A standard curve must be run within each assay. The following standard curve is provided for demonstration only.

(pg/ml)	O.D.	Average	Corrected	
0.00	0.034	0.034	0.034	
15.63	0.049	0.048	0.049	0.015
31.25	0.065	0.065	0.065	0.031
62.50	0.099	0.099	0.099	0.065
125.00	0.172	0.170	0.171	0.137
250.00	0.327	0.318	0.322	0.288
500.00	0.647	0.636	0.642	0.608
1000.00	1.551	1.539	1.545	1.511



SENSITIVITY

The minimum detectable dose (MDD) of IL-22 is typically about 2.56 pg/ml. The MDD was determined by adding two standard deviations to the mean optical density value of ten zero standard replicates and calculating the corresponding concentration.

PRECISION

Intra-assay Precision (Precision within an assay)

Three serum-based and buffer-based samples of known concentration were tested twenty times on one plate to assess intra-assay precision.

Inter-assay Precision (Precision between assays)

Three serum-based and buffer-based samples of known concentration were tested in six separate assays to assess inter-assay precision.

	Intra-assay precision			Inter-assay precision		
Sample	1	2	3	1	2	3
n	20	20	20	6	6	6
Mean (pg/ml)	75.1	197.9	490.5	86.0	216.8	536.8
Standard deviation	3.4	3.6	11.4	1.6	9.6	20.0
CV (%)	75.1	197.9	490.5	86.0	216.8	536.8

RECOVERY

The spike recovery was evaluated by spiking 3 levels of human IL-22 into five health human serum samples. The un-spiked serum was used as blank in these experiments. The recovery ranged from 84 % to 114 % with an overall mean recovery of 102 %.

LINEARITY

To assess the linearity of the assay, five serum samples were spiked with high concentration of IL-22 in human serum and diluted with Standard Diluent to produce samples with values within the dynamic range of the assay.

	Average (%)	Range (%)
1:2	107	88 - 114
1:4	103	84 - 110
1:8	98	91 - 102
1:16	85	82 - 92

SAMPLE VALUES

Serum/Plasma – Thirty samples from apparently healthy volunteers were evaluated for the presence of IL-22 in this assay. No medical histories were available for the donors used in this study.

Sample Matrix	Number of Samples Evaluated	Range (pg/ml)	Detectable (%)	Mean of Detectable (pg/ml)
Serum	30	n.d. - 122.2	87	44.6

n.d. = non-detectable. Samples measured below the sensitivity are considered to be non-detectable.

Note: The sample range is non-physiological range. The sample range of healthy human will difference according to geographical, ethic, sample preparation, and testing personnel, equipment varies. The above information is only reference.

SPECIFICITY

This kit could assay both natural and recombinant human IL-22. A panel of substances listed below were prepared at 1 ng/ml in Standard Diluent to determine cross-reactivity. Preparations of the following substances at 1 ng/ml in a mid-range rhIL-22 control to determine interference. No significant cross-reactivity or interference was observed.

Human		Mouse	Rat
IFN- γ	IL-17A	IFN- γ	IFN- γ
IL-1 β	IL-18	IL-1 β	IL-1 β
IL-2	IL-21	IL-2	IL-2
IL-4	IL-23	IL-4	IL-4
IL-5	MCP-1	IL-6	IL-6
IL-6	TGF- β 1	IL-10	IL-10
IL-8	TNF- α	IL-17A	IL-17A
IL-10	VEGF	TNF- α	TNF- α
IL-12p70			

PLATE LAYOUT

