



Human IgG4 ELISA Kit

Enzyme Immunoassay for the quantification of Human Immunoglobulin G4
in serum, plasma, cell culture supernatants

Catalog number: ARG80175

Package: 96 wells

For research use only. Not for use in diagnostic procedures.

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INTRODUCTION

IgG4 is present in very low levels in children younger than 10 years of age, so IgG4 deficiencies are not usually diagnosed before age 10. IgG4 may be undetectable in the serum of many “normal” adult individuals, and therefore low IgG4 alone is insufficient evidence of an antibody deficiency disorder requiring Ig replacement.

IgG4-related systemic disease (IgG4-RSD), also known as hyper-IgG4 disease and IgG4-related disease is a disease in which inflammatory cells cause fibrosis, the deposition of connective tissue, in one or more organs. The disease is so named because the antibody subtype IgG4 can be detected on tissue samples and often at elevated levels in the bloodstream. The association with IgG4 is a relatively recent finding, and the condition has been described under numerous other names in the past. Diseases such as autoimmune pancreatitis, retroperitoneal fibrosis, mediastinal fibrosis, Riedel's thyroiditis, Mikulicz's syndrome, Kuttner's tumor and inflammatory pseudotumor are now regarded as forms of IgG4-RSD.

PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. An antibody specific for IgG4 has been pre-coated onto a microtiter plate. Standards or samples are pipetted into the wells and any IgG4 present is bound by the immobilized antibody. After washing away any unbound substances, a HRP-conjugated antibody specific for IgG4 is added to each well and incubated. Following a washing to remove unbound substances, a substrate solution (TMB) is added to the wells and color develops in proportion to the amount of IgG4 bound in the initial step. The color development is stopped by the addition of acid and the intensity of the color is measured at a wavelength of 450nm

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±2nm. The concentration of IgG4 in the sample is then determined by comparing the O.D of samples to the standard curve.

MATERIALS PROVIDED & STORAGE INFORMATION

Store the unopened kit at 2-8 °C. Use the kit before expiration date.

Component	Quantity	Storage information
Antibody-coated microplate	8 X 12 strips	4°C. Unused strips should be sealed tightly in the air-tight pouch.
Standard (Lyophilized)	3 X 1.5 µg/vial	4°C
Standard diluent buffer	40 ml (ready to use)	4°C
Antibody conjugate concentrate	1 vial (400 µl)	4°C
Antibody diluent buffer	16 ml (ready to use)	4°C
20X Wash buffer	50 ml	4°C
TMB substrate	12 ml (ready to use)	4°C (Protect from light)
STOP solution	12 ml (ready to use)	4°C
Plate sealer	4 strips	Room temperature

MATERIALS REQUIRED BUT NOT PROVIDED

- Microplate reader capable of measuring absorbance at 450nm
- Pipettes and pipette tips
- Deionized or distilled water
- 37°C oven or incubator
- Automated microplate washer (optional)

TECHNICAL HINTS AND PRECAUTIONS

- Wear protective gloves, clothing, eye, and face protection especially while handling blood or body fluid samples.
- Store the kit at 2-8°C at all times.
- If crystals are observed in the 20X Wash buffer, warm to RT (not more than 50°C) until the crystals are completely dissolved.
- Ensure complete reconstitution and dilution of reagents prior to use.
- All materials should be equilibrated to room temperature (RT, 22-25°C) 20 min before use.
- All reagents should be mixed by gentle inversion or swirling prior to use. Do not induce foaming.
- Before using the kit, spin tubes and bring down all components to the bottom of tubes.
- Mix the contents of the microplate wells thoroughly by microplate shaker for 1 min or gently tap the plate to ensure good test results. Please mix carefully to avoid well-to-well contamination. Do not reuse microwells.
- The TMB Color developing agent should be colorless and transparent before using.
- 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.
- Do not let wells dry during assay; add reagents immediately after

completing the rinsing steps.

- Avoid using reagents from different batches.
- It is highly recommended that the standards, samples and controls be assayed in duplicates.
- Change pipette tips between the addition of different reagent or samples.

SAMPLE COLLECTION & STORAGE INFORMATION

The sample collection and storage conditions listed below are intended as general guidelines. Sample stability has not been evaluated.

Cell Culture Supernatants- Remove particulates by centrifugation for 10 min at 1500 x g at 4°C and aliquot & store samples at ≤ -20 °C. Avoid repeated freeze-thaw cycles.

Serum- Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 15 minutes at 1000 x g. Collect serum and assay immediately or aliquot and store samples at ≤ -20 °C. Avoid repeated freeze-thaw cycles.

Plasma- Collect plasma using EDTA or heparin as an anticoagulant. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection. Assay immediately or aliquot and store samples at ≤ -20 °C. Avoid repeated freeze-thaw cycles.

Note:

- a) Do not use haemolytic, icteric or lipaemic specimens.
- b) Samples containing sodium azide should not be used in the assay.

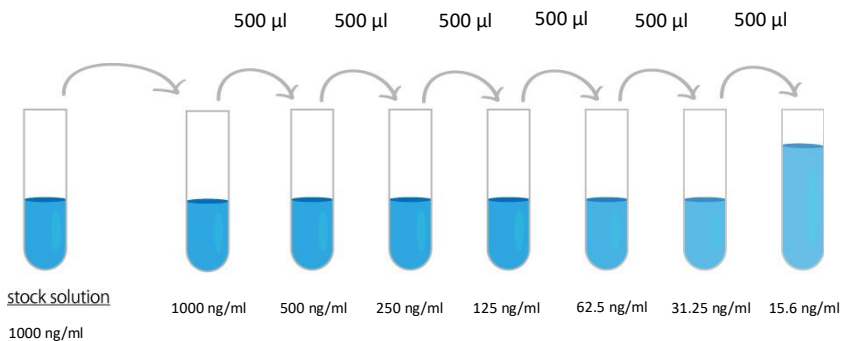
REAGENT PREPARATION

- **1X Wash buffer:** Dilute **20X** Wash buffer into **distilled water** to yield 1X Wash buffer. (E.g. 50 ml of 20X Wash buffer + 950 ml of distilled water)
The diluted Wash buffer is stable for 4 weeks at 2°C to 8°C.
- **1X Antibody conjugate:** 20 minutes before use, dilute **30X** antibody conjugate concentrate into **1X antibody diluent buffer** to yield 1X Detection antibody solution.
- **Sample:** If the initial assay found samples contain IgG4 higher than the highest standard, the samples can be diluted with **Standard diluent buffer** and then re-assay the samples. For the calculation of the concentrations this dilution factor has to be taken into account.

(It is recommended to do pre-test to determine the suitable dilution factor).

- **Standards:** Reconstitute the standard with **1.5 ml** of **standard diluent buffer** to yield a stock concentration of **1000 ng/ml**. Keep the buffer in the vial for t **15 min at RT** to make sure the standard is dissolved completely before making serial dilutions. The standard diluent buffer serves as zero standard (0 ng/ml), and the rest of the standard serial dilution can be diluted as according to the suggested concentration below: **1000 ng/ml, 500 ng/ml, 250 ng/ml, 125 ng/ml, 62.5 ng/ml, 31.25 ng/ml, 15.6 ng/ml**.

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Dilute IgG4 standard as according to the table below:

Standard	IgG4 Conc.	µl of Standard diluent	µl of standard
S7	1000 ng/ml	0	1500 (1000 ng/ml Stock)
S6	500 ng/ml	500	500 (S7)
S5	250 ng/ml	500	500 (S6)
S4	125 ng/ml	500	500 (S5)
S3	62.5 ng/ml	500	500 (S4)
S2	31.25 ng/ml	500	500 (S3)
S1	15.6 ng/ml	500	500 (S2)
S0	0	500	0

ASSAY PROCEDURE

All materials should be equilibrated to room temperature (RT) before use. Standards, samples and controls should be assayed in duplicates.

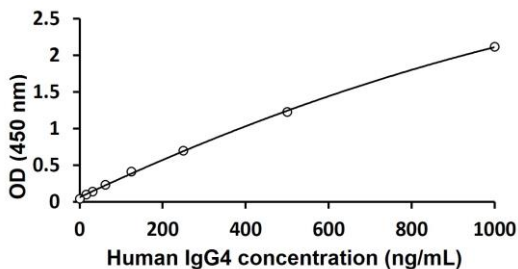
1. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, and reseal it.
2. Add **100 µl** of standards, samples and zero controls (standard diluent buffer) into wells. Incubate for **2 h at 37°C**.
3. Aspirate each well and wash, repeating the process four times for a total **five washes**. Wash by filling each well with **1× Wash Buffer (350 µl)** using a squirt bottle, manifold dispenser, or autowasher. Keep the Wash Buffer in the wells for 30 sec before remove. Complete removal of liquid at each is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating, decanting or blotting against clean paper towels.
4. Add **100 µl** of **1X Antibody conjugate** into each well, gently tap the plate to mix well. Cover wells and incubate for **60 min at 37°C**.
5. Aspirate each well and **wash as step 3**.
6. Add **100 µl** of **TMB Reagent** to each well, gently tap the plate to mix well. Incubate for **15 minutes at 37°C** in dark.
7. Add **100 µl** of **Stop Solution** to each well, gently tap the plate to mix well. The color of the solution should change from blue to yellow.
8. Read the OD with a microplate reader at **450 nm** immediately. It is recommended read the absorbance within 3 min after adding STOP solution.

CALCULATION OF RESULTS

1. Calculate the average absorbance values for each set of standards, controls and patient samples.
2. Using linear graph paper, 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. arigo provides GainData[®], an in-house development ELISA data calculator, for ELISA data result analysis. Please refer our GainData[®] website for details. (<https://www.arigobio.com/elisa-analysis>)
6. If the samples have been diluted, the concentration read from the standard curve must be further converted by the appropriate dilution factor according to the sample preparation procedure as described above.

EXAMPLE OF TYPICAL STANDARD CURVE

The following data is for demonstration only and cannot be used in place of data generations at the time of assay.



QUALITY ASSURANCE

Sensitivity

The minimum detectable dose (MDD) of Human IgG4 ranged from 15.6-1000 ng/ml. The mean MDD was 8 ng/ml.

Specificity

This assay recognizes natural and recombinant Human IgG4.
Human IgG1, IgG2, IgG3

Intra-assay and Inter-assay precision

The CV values of both intra and inter precision fall below 10%.