

# LEGEND MAX™

**ELISA Kit** 



# **Human PTX3**

Cat. No. 446807

ELISA Kit for Accurate Quantitation of Human PTX3 from Cell Culture Supernatant, Serum, Plasma and Other Biological Fluids

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#### Introduction:

PTX3 is part of the pentraxin family which is characterized by a cyclic multimeric structure. Penatraxins are acute phase proteins that act as pattern recognition receptors. PTX3 is a long pentraxin containing a C terminal domain similar to other members of the pentraxin family and a unique N terminal domain. Inflammatory signals stimulate PTX3 production by a variety of cells including mononuclear phagocytes, dendritic cells, fibroblasts, and endothelial cells.

Serum levels of PTX3 increase rapidly in response to a variety of inflammatory and infectious conditions including endotoxic shock and sepsis. PTX3 has been proposed as an early diagnostic marker for septic shock. PTX3 can activate the classical complement pathway, aiding in pathogen recognition by macrophages and dendritic cells. PTX3 is also believed to play an important role in protection against autoimmunity by enhancing complement-mediated clearing of apoptotic cells and restricting cross presentation. Current research has also indicated that PTX3 is involved in initiating the process of tissue repair and plays a role in female fertility. PTX3 is believed to be involved in cancer-related inflammation and high PTX3 levels have been correlated with clinical stage and severity for various cancers.

BioLegend's LEGEND MAX™ Human PTX3 ELISA kit is a Sandwich Enzyme-Linked Immunosorbent Assay (ELISA) with a 96-well strip plate. The plate is precoated with a monoclonal mouse capture antibody. The detection antibody is a biotinylated monoclonal mouse antibody. This kit is specifically designed for the accurate quantitation of human PTX3 from cell culture supernatant, serum, plasma and other biological fluids. It is analytically validated with ready-to-use reagents.

#### **Materials Provided:**

Description	Quantity	Volume	Part #
Anti-Human PTX3 pre-coated 96- well Strip Microplate	1 plate		750000256
Human PTX3 Detection Antibody (200X)	1 bottle	70 uL	750000257
Human PTX3 Standard	1 vial	lyophilized	750000261
Avidin HRP	1 bottle	12 mL	77897
Assay Buffer G	1 bottle	25 mL	750000253
Assay Buffer B	1 bottle	25 mL	79128
Wash Buffer (20x)	1 bottle	50 mL	78233
Substrate Solution F	1 bottle	12 mL	79132
Stop Solution	1 bottle	12 mL	79133
Plate Sealers	4 sheets		78101

## Materials to be Provided by the End-User:

- Microplate reader able to measure absorbance at 450 nm
- Adjustable pipettes to measure volumes ranging from 1 μL to 1,000 μL
- Deionized water
- Wash bottle or automated microplate washer
- Log-Log graph paper or software for data analysis
- Polypropylene tubes to prepare standard dilutions
- Timer
- Plate Shaker
- Polypropylene vials

## **Storage Information:**

Store unopened kit components between 2°C and 8°C. Do not use this kit beyond its expiration date.

O	Opened or Reconstituted Components			
Microplate wells	If not all microplate strips are 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. Store between 2°C and 8°C for up to one month.			
Standard	The remaining reconstituted standard stock solution can be aliquoted into polypropylene vials and stored at -70°C for up to one month. Avoid repeated freeze-thaw cycles.			
Detection Antibody (200X)*				
Avidin-HRP				
Assay Buffer G	Store opened reagents between 2°C and 8°C and use			
Assay Buffer B	within one month.			
Wash Buffer (20X)				
Substrate Solution F				
Stop Solution				

<sup>\*</sup>For long term storage the Detection Antibody must be kept at 200X

# **Health Hazard Warnings:**

 Reagents that contain preservatives may be harmful if ingested, inhaled or absorbed through the skin. Refer to the MSDS online at BioLegend's website for details (www.biolegend.com/msds).

- 2. Substrate Solution F is harmful if inhaled or ingested. Avoid skin, eye and clothing contact.
- 3. To reduce the likelihood of blood-borne transmission of infectious agents, handle all serum, plasma and other biological fluids in accordance with NCCLS regulations.
- 4. Stop Solution contains strong acid. *Wear eye, hand, and face protection.*
- 5. Before disposing of the plate, rinse it with an excess amount of tap water.

## **Specimen Collection and Handling:**

Specimens should be clear and non-hemolyzed. If possible, unknown samples should be run at a number of dilutions to determine the optimal dilution factor that will ensure accurate quantitation.

<u>Cell Culture Supernatant</u>: If necessary, centrifuge all samples to remove debris prior to analysis. It is recommended that samples be stored at < -70°C. Avoid repeated freeze-thaw cycles.

<u>Serum</u>: Use a serum separator tube and allow clotting for at least 30 minutes, then centrifuge for 10 minutes at 1,000 x g. Remove serum layer and assay immediately or store serum samples at < -70°C. Avoid repeated freeze-thaw cycles.

<u>Plasma:</u> Collect blood samples in citrate, heparin or EDTA containing tubes. Centrifuge for 10 minutes at 1,000 x g within 30 minutes of collection. Assay immediately or store plasma samples at < -70°C. Avoid repeated freeze-thaw cycles.

## **Reagent and Sample Preparation:**

Note: All reagents should be diluted immediately prior to use.

- Dilute the 20X Wash Buffer to 1X with deionized water. For example, make 1 liter of 1X Wash Buffer by adding 50 mL of 20X Wash Buffer to 950 mL of deionized water. If crystals have formed in the 20X Wash Buffer, bring to room temperature and vortex until dissolved.
- Reconstitute the lyophilized Human PTX3 Standard by adding the volume of Assay Buffer G to make the 50,000 pg/mL standard stock solution (Refer to LEGEND MAX Kit Lot-Specific Certificate of Analysis/LEGEND MAX Kit Protocol). Allow the reconstituted standard to sit at room temperature for 15-20 minutes, then briefly vortex to mix completely.
- 3. In general, a 4-fold dilution in Assay Buffer G is recommended for healthy serum and plasma samples, but samples can be diluted further to fit within the range of the assay as determined by the end user.

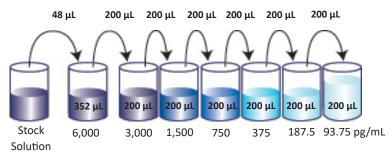
4. Dilute the 200X Detection Antibody in Assay Buffer B immediately prior to use. If the entire plate is to be run, add 60 uL of Detection Antibody to 11.94 mL of Assay Buffer B

NOTE: Do not dilute the entire detection antibody stock if only part of the plate is to be run. The detection antibody must be stored at 200x for long term stability. The detection antibody must be diluted in Assay Buffer B and the sample in Assay Buffer G for the kit to work accurately.

## **Assay Procedure:**

Note: Do not mix reagents from different kits or lots. Reagents and/or antibodies from different manufacturers should not be used with this kit.

- Bring all reagents to room temperature prior to use. It is strongly recommended that all standards and samples be run in duplicate or triplicate. A standard curve is required for each assay.
- 2. 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.
- 3. Prepare 400  $\mu$ L of the 6,000 pg/mL top standard by adding 48  $\mu$ L of the 50,000 pg/mL standard stock solution in 352  $\mu$ L Assay Buffer G. Perform six two-fold serial dilutions of the 6,000 pg/mL top standard in separate tubes using Assay Buffer G as the diluent. Thus, the PTX3 standard concentrations in the tubes are 6,000 pg/mL, 3,000 pg/mL, 1,500 pg/mL, 750 pg/mL, 375 pg/mL, 187.5 pg/mL and 93.75 pg/mL, respectively. Assay Buffer G serves as the zero standard (0 pg/mL).

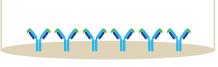


- 4. Wash the plate 4 times with at least 300  $\mu$ L of 1X Wash Buffer per well and blot any residual buffer by firmly tapping the plate upside down on absorbent paper. All subsequent washes should be performed similarly.
- 5. Add 50  $\mu L$  of Assay Buffer G to each well that will contain either standard dilutions or samples. Then add 50  $\mu L$  of standard dilutions or samples to the appropriate wells.

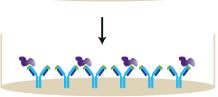
- 6. Seal the plate with a Plate Sealer included in the kit and incubate the plate for 2 hours at room temperature with shaking.
- 7. Discard the contents of the plate into a sink, then wash the plate 4 times with 1X Wash Buffer as in step 4.
- 8. Add 100  $\mu$ L of 1X diluted Human PTX3 Detection Antibody solution to each well, seal the plate and incubate at room temperature for 1 hour while shaking.
- 9. Discard the contents of the plate into a sink, then wash the plate 4 times with 1X Wash Buffer as in step 4.
- 10. Add 100  $\mu$ L of Avidin-HRP solution to each well, seal the plate and incubate at room temperature for 30 minutes while shaking.
- 11. Discard the contents of the plate into a sink, then wash the plate 5 times with 1X Wash Buffer as in step 4. For this final wash, soak wells in 1X Wash Buffer for 30 seconds to 1 minute for each wash. This will help minimize background.
- 12. Add 100  $\mu$ L of Substrate Solution F to each well and incubate for 10 minutes in the dark. Wells containing human PTX3 should turn blue in color with an intensity proportional to its concentration. It is not necessary to seal the plate during this step.
- 13. Stop the reaction by adding 100  $\mu$ L of Stop Solution to each well. The solution color should change from blue to yellow.
- 14. Read absorbance at 450 nm within 30 minutes. If the reader is capable of reading at 570 nm, the absorbance at 570 nm can be subtracted from the absorbance at 450 nm.

# **Assay Procedure Summary**

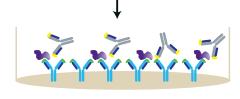
1. Wash 4 times. Add 50 µL Assay Buffer G to standard wells and sample wells



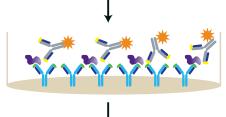
2. Add 50 μL of standard or sample, incubate 2 hr, RT, shaking



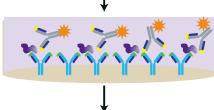
Wash 4 times
 Add 100 µL Assay Buffer B diluted 1X
 Detection Antibody solution
 Incubate 1 hr, RT, shaking



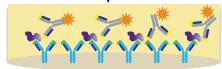
 Wash 4 times Add 100 μL Avidin-HRP solution Incubate 30 min, RT, shaking



5. Wash 5 times Add 100 μL Substrate Solution F Incubate 10 min, RT, in the dark



6. Add 100 μL Stop Solution



7. Read absorbance at 450 nm and 570 nm

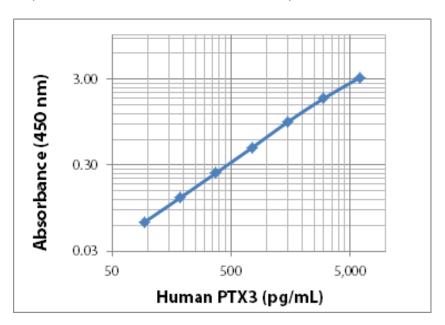
#### Calculation of Results:

The data can be best calculated with computer-based curve-fitting software using a 5- or 4-parameter logistics curve-fitting algorithm. If an appropriate software is not available, use log-log graph paper to determine sample concentrations. Determine the mean absorbance for each set of duplicate or triplicate standards, controls, and samples. Plot the standard curve on log-log graph paper with cytokine concentration on the X-axis and absorbance on the Y-axis. Draw a best fit line through the standard points. To determine the unknown cytokine concentrations, find the mean absorbance value of the unknown concentration on the Y-axis and draw a horizontal line to the standard curve. At the point of intersection, draw a vertical line to the X-axis and read the cytokine concentration.

If samples were diluted, multiply the concentration by the appropriate dilution factor. If a test sample's absorbance value falls outside the linear portion of the standard curve, the test sample needs to be re-analyzed at a higher (or lower) dilution as appropriate.

### **Typical Data:**

This standard curve was generated at BioLegend for demonstration purposes only. A standard curve must be run with each assay.



### **Performance Characteristics:**

<u>Specificity:</u> This kit recognizes natural and recombinant human PTX3. No cross reactivity was observed when this kit was used to analyze the following recombinant proteins at 50 ng/mL.

Human	BMP-2, BMP-4, BMP-7, CCL1, CCL2, CCL5, CCL8, CCL11, CCL13, CCL14, CCL17, CCL19, CCL22, CRP, CXCL1, CXCL2, CXCL3, CXCL5, CXCL12, Cystatin C, EPO R, ICAM-1, IL-1α, IL-8, IL-36, LT-α, M-CSF, MIF, MMP-1, MMP-3, MMP-9, NGAL, NPTX1, Paxillin, PDGF-BB, PLGF-1, Resistin, SAP, SCR, TSG, TGF-α, TGF-β2, TSLP, VEGF-165
Mouse	IL-4, IL-10, IL-11, IL-12, IL-13, IL-15, IL-17, IL-33, IL-34, PTX3,
Rat	GM-CSF, IGF-1, IL-2, TNF-α

No detection in mouse, rat, cynomologus, rhesus macaque, equine, bovine, or goat serum.

<u>Sensitivity:</u> The minimum detectable concentration of human PTX3 is  $10.6 \pm 1.68$  pg/mL (n=12).

<u>Recovery:</u> Recombinant or natural human PTX3 at 3 different concentrations was spiked into ten different human samples each of Serum, Citrate Plasma, EDTA Plasma, and Heparin Plasma. Sample recovery was then analyzed with the LEGEND MAX™ Human PTX3 ELISA Kit.

Sample Type	N	% Recovery
Serum	10	99.7
Citrate Plasma	10	84.5
EDTA Plasma	10	93.7
Heparin Plasma	10	85.5

<u>Linearity:</u> Natural human samples were first diluted to 4 fold, then diluted 2 fold in serial to produce samples within the dynamic range of the kit. Samples were then assayed to determine the dilutional linearity.

Sample Type	N	% Linearity
Serum	10	85.2
Citrate Plasma	10	104.4
EDTA Plasma	10	97.6
Heparin Plasma	10	111

<u>Intra-Assay Precision:</u> Two samples containing different human PTX3 concentrations were tested on one plate with 16 replicates.

Concentration	Sample 1	Sample 2
Number of Replicates	16	16
Mean Concentration (pg/mL)	1,106	89
Standard Deviation	96.6	9.5
%CV	8.7	10.7

<u>Inter-Assay Precision:</u> Two samples containing different human PTX3 concentrations were tested in ten independent assays.

Concentration	Sample 1	Sample 2	
Number of Assays	10	10	
Mean Concentration (pg/mL)	1,148	111.8	
Standard Deviation	102.3	15.2	
%CV	8.9	13.6	

<u>Biological Samples:</u> Donor paired human serum, Citrate Plasma, EDTA Plasma, Heparin Plasma (n = 20 each type) were assayed for natural PTX3. Serum and plasma range detected was 576 - 26,856 pg/mL.

	Serum	Citrate Plasma	EDTA Plasma	Heparin Plasma
N	20	20	20	20
Min (pg/mL)	916	576	896	540
Max (pg/mL)	26,856	17,688	22,020	17,288
Mean (pg/mL)	n (pg/mL) 3,997 2,670		3,229	2,735
Standard Dev.	5,818	3,715	4,670	3,639

# **Troubleshooting Guide:**

Problem	Probable Cause	Solution
High Background	Background wells were contaminated	Avoid cross-well contamination by using the provided plate sealers.  Use multichannel pipettes and change tips between pipetting samples and reagents.
	Insufficient washes	Increase number of washes. Increase soaking time between washes prior to addition of substrate solution.
	TMB Substrate Solution was contaminated	TMB Substrate Solution should be clear and colorless prior to addition to wells. Use a clean container prior to pipetting substrate solution into wells.
No or poor signal	Detection Antibody, Avidin-HRP or Substrate solution were NOT added	Rerun the assay and follow the protocol.
	Wrong reagent or reagents were added in wrong sequential order	Refull the assay and follow the protocol.
	Insufficient plate agitation	The plate should be agitated during all incubation steps using a plate shaker at a speed where solutions in wells are within constant motion without splashing.
	The wash buffer contains Sodium Azide (NaN3)	Avoid Sodium Azide contamination in the wash buffer as it inhibits HRP activity.
	Incubations were done at an inappropriate temperature, timing or without agitation	Rerun the assay and follow the protocol.
Low or poor standard curve	The standard was incorrectly reconstituted or diluted	Adjust the calculations and follow the protocol.
signal	Standard was inappropriately stored	Store the reconstituted standard stock solution in polypropylene vials at -70°C. Avoid repeated freeze-thaw cycles.
	Reagents added to wells with incorrect concentrations	Check for pipetting errors and the correct reagent volume.

Problem	Probable Cause	Solution		
Signal is high, standard curves have saturated	Standard reconstituted with less volume than required	Reconstitute new lyophilized standard with the correct volume of solution recommended in the protocol.		
signal	Standards/samples, detection antibody, Avidin-HRP or substrate solution were incubated for too long	Rerun the assay and follow the protocol.		
Sample readings	Samples contain no or below detectable levels of the analyte	If samples are below detectable levels, it may be possible to use a larger sample volume. Contact technical support for appropriate protocol modifications.		
are out of range	Samples contain analyte concentrations greater than highest standard point	Samples may require dilution and analysis.		
	Multichannel pipette errors	Confirm that pipette calibrations are accurate.		
High variation in samples and/or	Plate washing was not adequate or uniform	Ensure pipette tips are tightly secured. Ensure uniformity in all wash steps.		
standards	Non-homogenous samples	Thoroughly mix samples before assaying.		
	Samples may have high particulate matter	Remove particulate matter by centrifugation.		
	Cross-well contamination	Do not reuse plate sealers.		
		Always change tips for reagent additions. Ensure that pipette tips do not touch the reagents on the plate.		

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