



## **ELISA PRODUCT INFORMATION & MANUAL**

### **Human TNF RII/TNFRSF1B ELISA Kit (Colorimetric)**

***NBP1-88105***

Enzyme-linked Immunosorbent Assay for quantitative  
detection. For research use only.

Not for diagnostic or therapeutic procedures.

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## 1 Intended Use

The human TNF RII/TNFRSF1B ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of human TNF-R (80 kDa). **The human TNF RII/TNFRSF1B ELISA is for research use only. Not for diagnostic or therapeutic procedures.**

## 2 Summary

Tumor Necrosis Factor (TNF) was originally discovered in sera of animals and was found to cause hemorrhagic necrosis of some transplantable mouse and human tumors and to exhibit primarily cytotoxic activities against tumor but not normal cells in vitro. The TNF family consists of two proteins designated TNF alpha, also called cachectin, and TNF beta, also called lymphotoxin, which are pleiotropic cytokines that can mediate a wide variety of biological effects.

Both TNF alpha and TNF beta have been shown to interact with a cell through specific high affinity receptors with a few hundred up to more than 20,000 copies per cell. TNF-receptors have been demonstrated on a wide variety of human somatic cells including fibroblasts, endothelial cells, adipocytes, liver membranes, granulocytes and several tumor cell lines. Normal and malignant human myeloid cells as well as mitogen-stimulated lymphocytes express similar numbers of TNF receptors (400 - 1,900 per cell), whereas resting lymphoid cells have fewer, red blood cells and platelets have no detectable TNF receptors.

In most cases no correlation is observed between receptor number and sensitivity to TNF. Based on gel filtration experiments the receptor appears to be a complex of different proteins with a molecular weight of 350 kDa. In a variety of cell lines two different types of TNF receptors with 75 - 80 and 55 - 60 kDa respectively have been identified.

The cDNAs encoding the two different TNF receptors have been cloned. The predicted amino acid sequences of the extracellular regions of the two TNF-R reveal significant similarities. The 60 kDa receptor consists of 426 amino acids with a single membrane span, an extracellular domain of 182 amino acids and an intracellular domain of 223 amino acids. The 80 kDa receptor is also a single membrane-spanning receptor of 439 amino acids with an extracellular domain of 235 amino

acids and an intracellular domain of 178 amino acids. They share 28 % identity on their extracellular domain, but their intracellular parts are totally different from each other.

The present assay provides a simple, rapid and highly sensitive method for the determination of soluble TNF RII/TNFRSF1B levels in body fluids or cell culture supernatants. This assay will help to clarify the possible diagnostic and prognostic value of circulating TNF RII/TNFRSF1B in various neoplastic and inflammatory diseases.

- **autoimmune diseases:** in patients with systemic lupus erythematosus (SLE) and progressive systemic sclerosis (PSS), plasma concentrations of both types of TNF receptors and in mixed connective tissues disease (MCTD) patients, type TNF RII/TNFRSF1B receptors are significantly elevated compared to controls. In rheumatoid arthritis patients, concentrations of TNF-R (60 kDa) and TNF RII/TNFRSF1B are significantly higher than in controls.
- **hematology:** upregulation of TNF-R is found in reactive hyperplasia. Expression of TNF-R is mainly seen in high-grade malignant Non-Hodgkin`s lymphoma. Concentrations of the 60 kDa type sTNF-R are significantly higher in Hodgkin`s Disease patients than in healthy controls.
- **HIV:** sTNF-R is upregulated following seroconversion, remains persistently high during the asymptomatic phase and becomes even more elevated in some ARC and AIDS patients.
- **kidney:** sTNF-R is elevated in serum and urine of patients on chronic hemodialysis. This may have beneficial effects on inflammatory conditions.
- **liver:** differential diagnosis of ascites: sTNF-R levels in ascites are significantly elevated in patients with malignancy-related and infected ascites compared with patients with uncomplicated hepatic ascites.
- **Malaria:** the excessive release of TNF induced by malaria parasites is controlled by sTNF-R that binds and deactivates TNF.
- **ovary:** elevated levels of sTNF-R inhibit the cytolytic activity of recombinant TNF given in the course of immunotherapy.

- **pancreas:** human pancreatic carcinoma cells express receptors for TNF. Elevated sTNF-R levels may therefore be of prognostic value for detection of pancreatic carcinoma.
- **pregnancy:** sTNF-R levels are a physiologic constituent of amniotic fluid (AF). Elevations of sTNF-R levels in AF are directly related to intrauterine infection and preterm parturition.
- **skin:** sTNF-R is significantly elevated in patients with severe burns.
- **therapy:** recombinant TNF as a cancer therapeutic can provoke release of sTNF-R.

### 3 Principles of the Test

An anti-human TNF RII/TNFRSF1B coating antibody is adsorbed onto microwells.

Human TNF RII/TNFRSF1B present in the sample or standard binds to antibodies adsorbed to the microwells. A HRP-conjugated anti-human TNF RII/TNFRSF1B antibody is added and binds to human TNF RII/TNFRSF1B captured by the first antibody.

Following incubation unbound HRP-conjugated anti-human TNF RII/TNFRSF1B is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

A coloured product is formed in proportion to the amount of human TNF RII/TNFRSF1B 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 TNF RII/TNFRSF1B standard dilutions and human TNF RII/TNFRSF1B concentration determined.

Figure 1

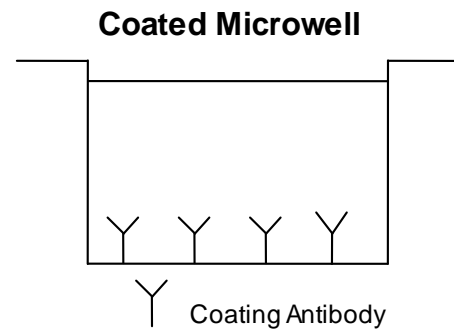


Figure 2

**First Incubation**

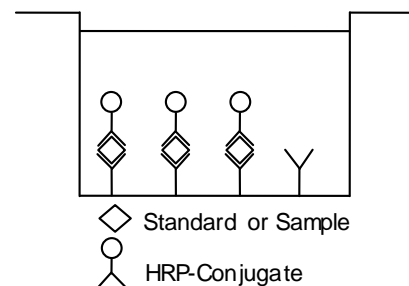


Figure 3

**Second Incubation**

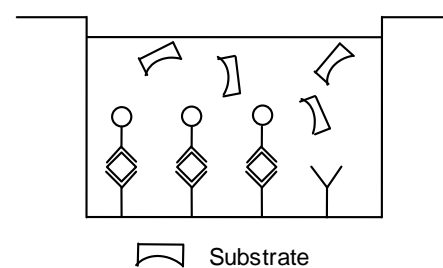
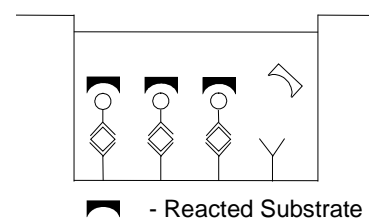


Figure 4



## 4 Reagents Provided

### 4.1 Reagents for human TNF RII/TNFRSF1B ELISA NBP1-88105 (96 Tests)

- 1 aluminium pouch with a **Microwell Plate coated** with monoclonal antibody to human TNF RII/TNFRSF1B
- 1 vial (100 µl) **HRP-Conjugate** anti-human TNF RII/TNFRSF1B monoclonal antibody
- 2 vials (500 µl) human TNF RII/TNFRSF1B **Standard**, 10 ng/ml
- 1 vial **Control**, lyophilized
- 1 vial (5 ml) **Assay Buffer Concentrate 20x**  
(PBS with 1% Tween 20, 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 (15 ml) **Stop Solution** (1M Phosphoric acid)
- 2 **Adhesive Films**

#### 4.2 Reagents for human TNF RII/TNFRSF1B ELISA NBP1-88105 (10x96 tests)

- 10 aluminium pouches with a **Microwell Plate coated** with monoclonal antibody to human TNF RII/TNFRSF1B
- 10 vials (100 µl) **HRP-Conjugate** anti-human TNF RII/TNFRSF1B monoclonal antibody
- 10 vials (500 µl) human TNF RII/TNFRSF1B **Standard**, 10 ng/ml
- 10 vials **Control**, lyophilized
- 2 vials (5 ml) **Assay Buffer Concentrate 20x**  
(PBS with 1% Tween 20, 10% BSA)
- 3 bottles (50 ml) **Wash Buffer Concentrate 20x**  
(PBS with 1% Tween 20)
- 10 vials (15 ml) **Substrate Solution** (tetramethyl-benzidine)
- 1 vial (100 ml) **Stop Solution** (1M Phosphoric acid)
- 10 **Adhesive Films**



## 5 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.

## 6 Specimen Collection and Storage Instructions

Cell culture supernatant, serum, plasma (EDTA, citrate, heparin) and urine 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 11).

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 TNF-R (80 kDa). If samples are to be run within 24 hours, they may be stored at 2° to 8°C (for sample stability refer to 13.5).

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

## **7 Materials Required But Not Provided**

- 5 ml and 10 ml graduated pipettes
- 5  $\mu$ l to 1000  $\mu$ l adjustable single channel micropipettes with disposable tips
- 50  $\mu$ l to 300  $\mu$ 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

## 8 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 research use only and are not for use in diagnostic or 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.

## 9 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.

### 9.1 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.

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

### 9.2 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

### 9.3 HRP-Conjugate

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

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

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

### 9.4 Human TNF RII/TNFRSF1B Standard

**Standard dilutions** can be prepared directly on the microwell plate (see 10.c) or alternatively in tubes (see 9.4.1).

#### 9.4.1 External Standard Dilution

Label 6 tubes, one for each standard point.

S2, S3, S4, S5, S6, S7

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

Pipette 225 µl of Assay Buffer (1x) into tubes S2 – S7.

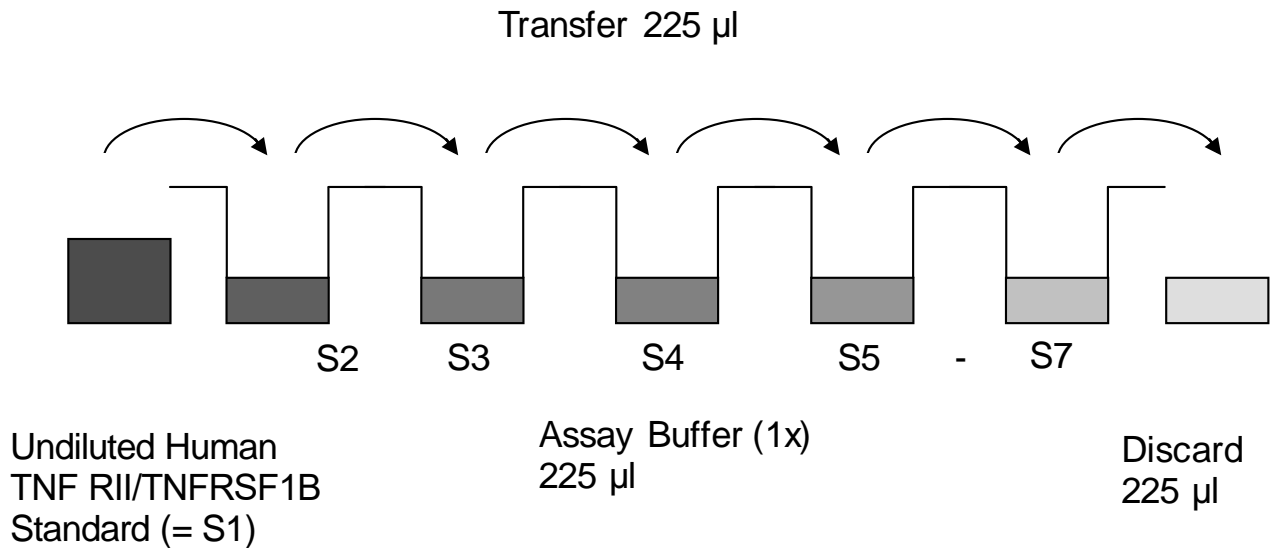
Pipette 225 µl of undiluted standard (serves as the highest standard S1, concentration of standard 1 = 10 ng/ml) into the first tube, labelled S2, and mix (concentration of standard 2 = 5 ng/ml).

Pipette 225  $\mu$ l of this dilution into the second tube, labelled S3, and mix thoroughly before the next transfer.

Repeat serial dilutions 4 more times thus creating the points of the standard curve (see Figure 5).

Assay Buffer (1x) serves as blank.

Figure 5



## 9.5 Controls

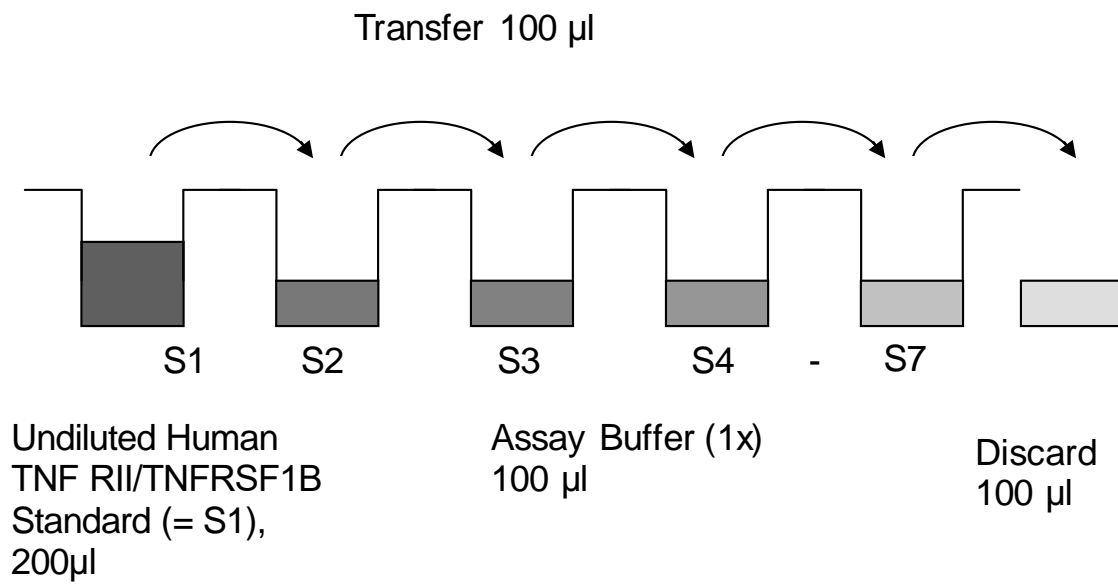
Reconstitute by adding 100  $\mu$ l distilled water to lyophilized **controls** (10-30 minutes). Swirl or mix gently to ensure complete and homogeneous solubilization. Further treat the controls like your samples in the assay. For control range please refer to certificate of analysis or vial label. Store reconstituted control aliquoted at  $-20^{\circ}\text{C}$ . Avoid repeated freeze and thaw cycles.

## 10 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 9.4.1):  
Add 100 µl of Assay Buffer (1x) in duplicate to **standard wells** B1/2-G1/2, leaving A1/A2 empty. Pipette 200 µl of undiluted **standard** (see Preparation of Standard 9.4, concentration = 10.00 ng/ml) in duplicate into well A1 and A2 (see Table 1). Transfer 100 µl to wells B1 and B2. Mix the contents of wells B1 and B2 by repeated aspiration and ejection, and transfer 100 µl to wells C1 and C2, respectively (see Figure 6). Take care not to scratch the inner surface of the microwells. Continue this procedure 4 times, creating two rows of human TNF RII/TNFRSF1B standard dilutions ranging from 10.00 to 0.16 ng/ml. Discard 100 µl of the contents from the last microwells (G1, G2) used.



Figure 6



In case of an **external standard dilution** (see 9.4.1), pipette 100  $\mu$ l 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:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b>	Standard 1 (10.00 ng/ml)	Standard 1 (10.00 ng/ml)	Sample 1	Sample 1
<b>B</b>	Standard 2 (5.00 ng/ml)	Standard 2 (5.00 ng/ml)	Sample 2	Sample 2
<b>C</b>	Standard 3 (2.50 ng/ml)	Standard 3 (2.50 ng/ml)	Sample 3	Sample 3
<b>D</b>	Standard 4 (1.25 ng/ml)	Standard 4 (1.25 ng/ml)	Sample 4	Sample 4
<b>E</b>	Standard 5 (0.63 ng/ml)	Standard 5 (0.63 ng/ml)	Sample 5	Sample 5
<b>F</b>	Standard 6 (0.31 ng/ml)	Standard 6 (0.31 ng/ml)	Sample 6	Sample 6
<b>G</b>	Standard 7 (0.16 ng/ml)	Standard 7 (0.16 ng/ml)	Sample 7	Sample 7
<b>H</b>	Blank	Blank	Sample 8	Sample 8

- d. Add 100 µl of **Assay Buffer (1x)** in duplicate to the **blank wells**.
- e. Add 90 µl of **Assay Buffer (1x)** to the **sample wells**.
- f. Add 10 µl of each **sample** in duplicate to the **sample wells**.
- g. Prepare **HRP-Conjugate** (see Preparation of HRP-Conjugate 9.3).
- h. Add 50 µl of **HRP-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 400 rpm.
- j. Remove adhesive film and empty wells. **Wash** microwell strips 3 times according to point b. of the test protocol. Proceed immediately to the next step.
- k. Pipette 100 µl of **TMB Substrate Solution** to all wells.
- l. 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.**

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 0.9 – 0.95.

- m. 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.

- n. 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.**

## 11 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 TNF RII/ TNFRSF1B 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 TNF RII/ TNFRSF1B 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 TNF RII/TNFRSF1B concentration.
- **If instructions in this protocol have been followed, samples have been diluted 1:10 (10 µl sample + 90 µl Assay Buffer (1x)) and the concentration read from the standard curve must be multiplied by the dilution factor (x 10).**
- **Calculation of samples with a concentration exceeding standard 1 will result in incorrect, low human TNF RII/TNFRSF1B levels (Hook Effect). Such samples require further external predilution according to expected human TNF RII/TNFRSF1B values with Assay Buffer (1x) in order to precisely quantitate the actual human TNF RII/TNFRSF1B level.**
- It is suggested that each testing facility establishes a control sample of known human TNF RII/TNFRSF1B 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 7. This curve cannot be used to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

Figure 7

Representative standard curve for human TNF RII/TNFRSF1B ELISA. Human TNF RII/TNFRSF1B was diluted in serial 2-fold steps in Assay Buffer (1x). Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.

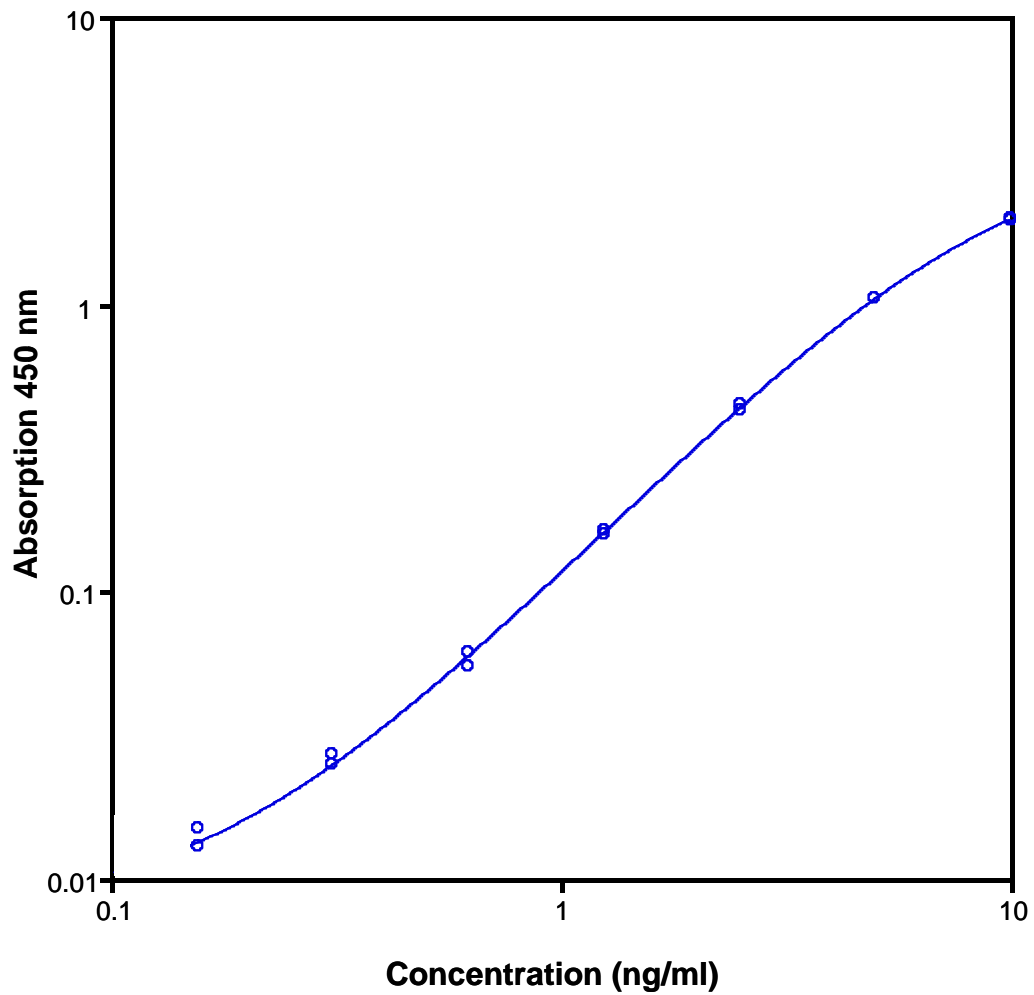


Table 2

Typical data using the human TNF RII/TNFRSF1B ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	Human TNF RII/TNFRSF1B Concentration (ng/ml)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	10.00	1.978 1.963	1.971	0.5
2	5.00	1.045 1.039	1.042	0.4
3	2.50	0.443 0.427	0.435	2.6
4	1.25	0.162 0.157	0.160	2.2
5	0.63	0.055 0.061	0.058	7.3
6	0.31	0.025 0.027	0.026	5.4
7	0.16	0.015 0.013	0.014	10.1
Blank	0	0.008 0.007	0.008	6.7

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.

## 12 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.



## **13 Performance Characteristics**

### **13.1 Sensitivity**

The limit of detection of human TNF RII/TNFRSF1B 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 0.10 ng/ml (mean of 6 independent assays).

### **13.2 Reproducibility**

#### **13.2.1 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 TNF-R (80 kDa). 2 standard curves were run on each plate. Data below show the mean human TNF RII/TNFRSF1B concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 1.4%.

Table 3

The mean human TNF RII/TNFRSF1B concentration and the coefficient of variation for each sample

Sample	Experiment	Mean Human TNF RII/TNFRSF1B Concentration (ng/ml)	Coefficient of Variation (%)
1	1	16.25	0.4
	2	15.94	0.9
	3	15.81	1.3
2	1	35.71	2.0
	2	35.79	0.5
	3	35.52	0.4
3	1	16.36	0.3
	2	16.13	0.4
	3	16.14	0.3
4	1	72.26	0.1
	2	77.74	1.7
	3	75.40	0.8
5	1	22.35	1.5
	2	21.06	2.5
	3	21.74	1.7
6	1	75.79	1.8
	2	82.35	2.1
	3	81.14	1.3
7	1	21.56	0.5
	2	21.52	0.9
	3	21.31	1.6
8	1	36.65	4.1
	2	35.79	3.6
	3	36.89	3.0

### 13.2.2 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 TNF RII/TNFRSF1B. 2 standard curves were run on each plate. Data below show the mean human TNF RII/TNFRSF1B 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 2.0%.

Table 4

The mean human TNF RII/TNFRSF1B concentration and the coefficient of variation of each sample

Sample	Mean Human TNF RII/ TNFRSF1B Concentration (ng/ml)	Coefficient of Variation (%)
1	16.0	1.4
2	35.7	0.4
3	16.2	0.8
4	75.1	3.7
5	21.7	3.0
6	79.8	4.4
7	21.5	0.7
8	36.4	1.6

### 13.3 Spike Recovery

The spike recovery was evaluated by spiking 4 levels of human TNF RII/TNFRSF1B into pooled normal human serum samples. Recoveries were determined in 3 independent experiments with 6 replicates each. The amount of endogenous human TNF RII/TNFRSF1B in unspiked serum was subtracted from the spike values. The recovery ranged from 87% to 109% with an overall mean recovery of 94%.

### 13.4 Dilution Parallelism

4 serum samples with different levels of human TNF RII/TNFRSF1B were analysed at serial 2 fold dilutions with 4 replicates each.

The recovery ranged from 87% to 109% with an overall recovery of 94% (see Table 5).

Table 5

Sample	Dilution	Expected Human TNF RII/TNFRSF1B Concentration (ng/ml)	Observed Human TNF RII/TNFRSF1B Concentration (ng/ml)	Recovery of Expected Human TNF RII/TNFRSF1B Concentration (%)
1	1:10	--	15.95	--
	1:20	8.0	7.48	93.8
	1:40	4.0	3.48	87.3
	1:80	2.0	1.78	89.4
2	1:10	--	34.14	--
	1:20	17.1	15.85	92.9
	1:40	8.5	7.64	89.5
	1:80	4.3	3.93	92.2
3	1:10	--	16.24	--
	1:20	8.1	7.71	94.8
	1:40	4.1	4.12	101.1
	1:80	2.0	2.20	108.9
4	1:10	--	78.58	--
	1:20	39.3	36.29	92.4
	1:40	19.6	17.01	86.6
	1:80	9,8	9.16	93.2

## 13.5 Sample Stability

### 13.5.1 Freeze-Thaw Stability

Aliquots of serum samples (spiked or unspiked) were stored at -20°C and thawed 5 times, and the human TNF RII/TNFRSF1B levels determined. There was no significant loss of human TNF RII/TNFRSF1B immunoreactivity detected by freezing and thawing.

### 13.5.2 Storage Stability

Aliquots of serum samples (spiked or unspiked) were stored at -20°C, 2-8°C, room temperature (RT) and at 37°C, and the human TNF RII/TNFRSF1B level determined after 24 h. There was no significant loss of human TNF RII/TNFRSF1B immunoreactivity detected during storage under above conditions.

## 13.6 Comparison of Serum and Plasma

From 2 individuals, serum as well as EDTA plasma, citrate plasma, and heparin plasma obtained at the same time point were evaluated. As shown in Table 6, TNF RII/TNFRSF1B concentrations were somewhat different, however, all these body fluids are suitable for the assay.

Table 6

Sample	Human TNF RII/TNFRSF1B Concentration (ng/ml)	
	Donor 1	Donor 2
Serum	3.4	5.8
EDTA Plasma	2.8	5.1
Citrate Plasma	2.5	4.1
Heparin Plasma	3.9	7.4

### **13.7 Specificity**

The assay detects both natural and recombinant human TNF-R (80 kDa).

The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a human TNF RII/TNFRSF1B positive serum.

There was no crossreactivity detected, namely not with TNF alpha, TNF beta and TNF-R (60 kDa).

### **13.8 Expected Values**

A panel of 20 sera samples from randomly selected apparently healthy donors (males and females) was tested for human TNF-R (80 kDa).

The detected human TNF RII/TNFRSF1B levels ranged between 3.4 and 10.8 ng/ml with a mean level of 5.2 ng/ml and a standard deviation of 2.1 ng/ml.

## 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 HRP-Conjugate

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

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

### 14.4 Control

Add 100 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 Assay Buffer (1x), in duplicate, to all standard wells leaving the first wells empty. Pipette 200 µl 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 9.4.1): Pipette 100 µl of these standard dilutions in the microwell strips.
4. Add 100 µl Assay Buffer (1x), in duplicate, to the blank wells.
5. Add 90 µl Assay Buffer (1x) to sample wells.
6. Add 10 µl sample in duplicate, to designated sample wells.
7. Prepare HRP-Conjugate.
8. Add 50 µl HRP-Conjugate to all wells.
9. Cover microwell strips and incubate 2 hours at room temperature (18° to 25°C).
10. Empty and wash microwell strips 3 times with Wash Buffer.
11. Add 100 µl of TMB Substrate Solution to all wells.
12. Incubate the microwell strips for about 10 minutes at room temperature (18° to 25°C).
13. Add 100 µl Stop Solution to all wells.
14. Blank microwell reader and measure colour intensity at 450 nm.

**Note: If instructions in this protocol have been followed, samples have been diluted 1:10 (10 µl sample + 90 µl Assay Buffer (1x)) and the concentration read from the standard curve must be multiplied by the dilution factor (x 10).**