



PRODUCT INFORMATION & ELISA MANUAL

IL-22 Antibody Pair [HRP]

NBP2-79406

Sample Insert for reference use only

Matched Antibody Pair utilized in an Enzyme-linked
Immunosorbent Assay for quantitative detection of
Human IL-22.

For research use only.

Not for diagnostic or therapeutic procedures.

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Novus kits are guaranteed for 6 months from date of receipt

BACKGROUND

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 LTI-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.

IL-22 biological activity is initiated by binding to a cell-surface complex composed of IL-22R1 and IL-10R2 receptor chains and further regulated by interactions with a soluble binding protein, IL-22BP, which shares sequence similarity with an extracellular region of IL-22R1 (sIL-22R1). IL-22 and IL-10 receptor chains play a role in cellular targeting and signal transduction to selectively initiate and regulate immune responses. IL-22 can contribute to immune disease through the stimulation of inflammatory responses, S100s and defensins. IL-22 also promotes hepatocyte survival in the liver and epithelial cells in the lung and gut similar to IL-10. In some contexts, the pro-inflammatory versus tissue-protective functions of IL-22 are regulated by the often co-expressed cytokine IL-17A.

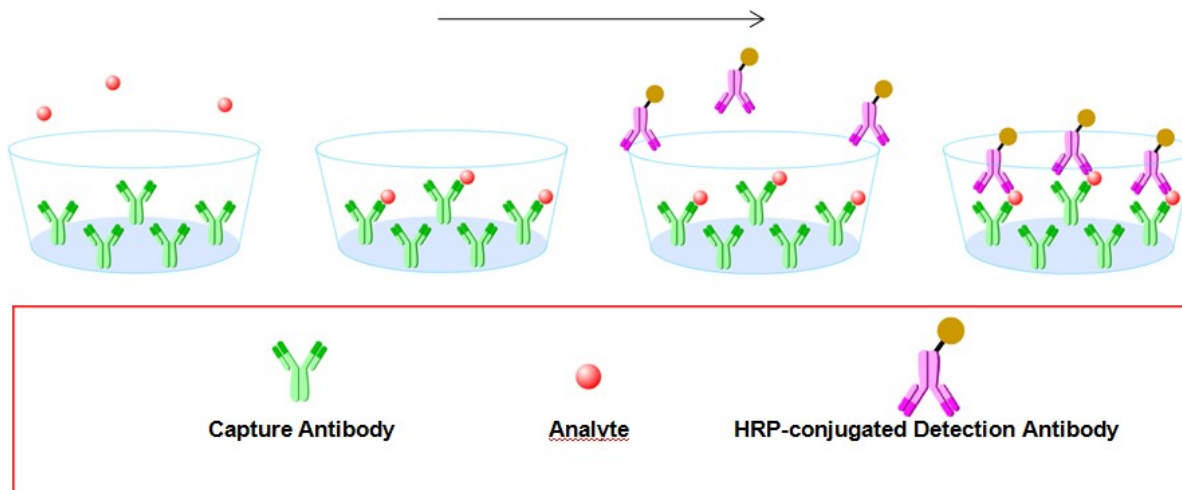
PRINCIPLE OF THE TEST

The Novus Biologicals IL-22 Antibody Pair [HRP] is a solid phase sandwich ELISA (Enzyme-Linked Immunosorbent Assay). It utilizes a monoclonal antibody specific for Human IL-22 coated on a 96-well plate. Standards and samples are added to the wells, and any Human IL-22 present binds to the immobilized antibody. The wells are washed and a horseradish peroxidase conjugated rabbit anti-Human IL-22 monoclonal antibody is then added, producing an antibody-antigen-antibody "sandwich". The wells are again washed and TMB substrate solution is loaded, which produces color in proportion to the amount of Human IL-22 present in the sample. To end the enzyme reaction, the stop solution is added and absorbances of the microwell are read at 450 nm.

INTENDED USE

- ◆ The Human IL-22 Antibody Pair [HRP] is for the quantitative determination of Human IL-22.
- ◆ This IL-22 Antibody Pair [HRP] contains the basic components required for the development of sandwich ELISAs.

ASSAY PROCEDURE SUMMARY



This antibody pair has been configured for research use only and is not to be used in diagnostic procedures.

MATERIALS PROVIDED

Bring all reagents to room temperature before use.

Capture Antibody – 1 mg/mL of mouse anti-Human IL-22 monoclonal antibody (in PBS, pH 7.4). Dilute to a working concentration of 2 µg/mL in PBS before coating.

Detection Antibody – 0.2 mg/mL of rabbit anti-Human IL-22 monoclonal antibody conjugated to horseradish-peroxidase (HRP) (in PBS, 50 % HRP-Protector, pH 7.4, store at 4°C). Dilute to working concentration of 0.5 µg/mL in detection antibody dilution buffer before use.

Standard – Each vial contains 8.8 ng of recombinant Human IL-22. Reconstitute with 1 mL detection antibody dilution buffer. After reconstitution, store at -20°C to -80°C in a manual defrost freezer. A seven-point standard curve using 2-fold serial dilutions in sample dilution buffer, and a high standard of 130 pg/mL is recommended.

SOLUTIONS REQUIRED

PBS - 136.9 mM NaCl, 10.1 mM Na₂HPO₄, 2.7 mM KCl, 1.8 mM KH₂PO₄, pH 7.4, 0.2 µm filtered

TBS - 20 mM Tris, 150 mM NaCl, pH 7.4

Wash Buffer - 0.05% Tween20 in TBS, pH 7.2 - 7.4

Blocking Buffer - 2% BSA in Wash Buffer

Sample dilution buffer - 0.1% BSA in wash buffer, pH 7.2 - 7.4, 0.2 µm filtered

Detection antibody dilution buffer - 0.5% BSA in wash buffer, pH 7.2 - 7.4, 0.2 µm filtered

Substrate Solution : To achieve best assay results, fresh substrate solution is recommended

Substrate stock solution - 10mg / ml TMB (Tetramethylbenzidine) in DMSO

Substrate dilution buffer - 0.05M Na₂HPO₄ and 0.025M citric acid ; adjust pH to 5.5

Substrate working solution - For each plate dilute 250 µl substrate stock solution in 25ml substrate dilution buffer and then add 80 µl 0.75% H₂O₂, mix it well

Stop Solution - 2 N H₂SO₄

PRECAUTION

The Stop Solution suggested for use with this antibody pair is an acid solution. Wear eye, hand, face, and clothing protection when using this material.

STORAGE

Capture Antibody: Aliquot and store at -20°C to -80°C for up to 6 months from date of receipt. Avoid repeated freeze-thaw cycles.

Detection Antibody: Store at 4°C and protect it from prolonged exposure to light for up to 6 months from date of receipt. **DO NOT FREEZE!**

Standard: Store lyophilized standard at -20°C to -80°C for up to 6 months from date of receipt. Aliquot and store the reconstituted standard at -80°C for up to 1 month. Avoid repeated freeze-thaw cycles.

GENERAL ELISA PROTOCOL

Plate Preparation

1. Dilute the capture antibody to the working concentration in PBS. Immediately coat a 96-well microplate with 100µL per well of the diluted capture antibody. Seal the plate and incubate overnight at 4°C.
2. Aspirate each well and wash with at least 300µl wash buffer, repeating the process two times for a total of three washes. Complete removal of liquid at each step is essential for good performance. After the last wash, remove any remaining wash buffer by inverting the plate and blotting it against clean paper towels.
3. Block plates by adding 300 µL of blocking buffer to each well. Incubate at room temperature for a minimum of 1 hour.
4. Repeat the aspiration/wash as in step 2. The plates are now ready for sample addition.

Assay Procedure

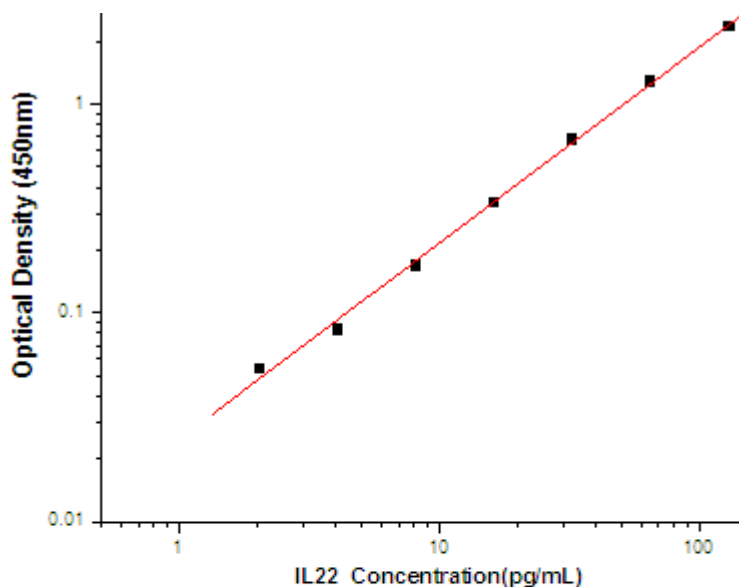
1. Add 100 µL of sample or standards in sample dilution buffer per well. Seal the plate and incubate 2 hours at room temperature.
2. Repeat the aspiration/wash as in step 2 of plate preparation.
3. Add 100 µL of the detection antibody, diluted in antibody dilution buffer, to each well. Seal the plate and incubate 1 hour at room temperature.
4. Repeat the aspiration/wash as in step 2 of plate preparation.
5. Add 200 µL of substrate solution to each well. Incubate for 20 minutes at room temperature (**if substrate solution is not as requested, the incubation time should be optimized**). Avoid placing the plate in direct light.
6. Add 50 µL of stop solution to each well. Gently tap the plate to ensure thorough mixing.
7. Determine the optical density of each well immediately, using a microplate reader set to 450 nm.

CALCULATION OF RESULTS

- Calculate the mean absorbance for each set of duplicate standards, controls and samples. Subtract the mean zero standard absorbance from each.
- Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph.
- To determine the concentration of the unknowns, find the unknowns' mean absorbance value 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 concentration. If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.
- Alternatively, computer-based curve-fitting statistical software may also be employed to calculate the concentration of the sample.

TYPICAL DATA

This standard curve is only for demonstration purposes. A standard curve should be generated for each assay.



Concentration (pg/mL)	Zero standard subtracted OD
0	0
2.03	0.054
4.06	0.083
8.12	0.170
16.25	0.338
32.5	0.675
65	1.296
130	2.371

PERFORMANCE CHARACTERISTIC

SENSITIVITY

The minimum detectable dose of Human IL-22 was determined to be approximately **2.03 pg/ml**. This is defined as at least three times standard deviations above the mean optical density of 10 replicates of the zero standard.

TROUBLE SHOOTING

Problems	Possible Sources	Solutions
No signal	Incorrect or no Detection Antibody was added	Add appropriate Detection Antibody and continue
	Substrate solution was not added	Add substrate solution and continue
	Incorrect storage condition	Check if the kit is stored at recommended condition and used before expiration date
Poor Standard Curve	Standard was incompletely reconstituted or was inappropriately stored	Aliquot reconstituted standard and store at -80 °C
	Imprecise / inaccurate pipetting	Check / calibrate pipettes
	Incubations done at inappropriate temperature, timing or agitation	Follow the general ELISA protocol
	Background wells were contaminated	Avoid cross contamination by using the sealer appropriately
Poor detection value	The concentration of antigen in samples was too low	Enriching samples to increase the concentration of antigen
	Samples were ineffective	Check if the samples are stored at cold environment. Detect samples in timely manner
High Background	Insufficient washes	Use multichannel pipettes without touching the reagents on the plate
		Increase cycles of washes and soaking time between washes
	TMB Substrate Solution was contaminated	TMB Substrate Solution should be clear and colorless prior to addition to wells
	Materials were contaminated.	Use clean plates, tubes and pipettes tips
Non-specificity	Samples were contaminated	Avoid cross contamination of samples
	The concentration of samples was too high	Try higher dilution rate of samples

ELISA Plate Template

[illegible]

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[HRP]
Notes**