

# Product Information & ELISA Manual

Human Testosterone ELISA Kit (Colorimetric) NBP3-23553

Enzyme-linked Immunosorbent Assay for quantitative detection.

#### **Contact**

Get more sensitive and precise results with saving at least 1-2h comparing to traditional ELISA Kits. The new developed technology in house will help to accelerate your science research in a more efficient way.

#### Intended use

This ELISA kit applies to the in vitro quantitative determination of T concentrations in Human serum, plasma, saliva and urine samples. Please contact tech-support for other sample type detection.

#### Character

Item	
Sensitivity	0.24 ng/mL
Detection Range	0.63-40 ng/mL
Specificity	This kit recognizes Human T in samples. No significant cross-reactivity or interference between Human T and analogues was observed
Repeatability	Coefficient of variation is < 10%

# Test principle

This ELISA kit uses the Competitive-ELISA principle. The micro ELISA plate provided in this kit has been pre-coated with Human T. Samples (or Standards) and Horseradish Peroxidase (HRP) linked antibody specific for Human T are added to the micro ELISA plate wells. Human T in samples (or standards) competes with a fixed amount of T on the solid phase supporter for sites on the HRP linked detection antibody specific to T. Excess conjugate and unbound sample or standard are washed from the plate. The substrate solution is added to each well. The enzyme-substrate reaction is terminated by the addition of stop solution and the color turns yellow. The optical density (OD) is measured spectrophotometrically at a wavelength of 450±2 nm. The concentration of Human T in the samples is then determined by comparing the OD of the samples to the standard curve.

# **Kit components & Storage**

An unopened kit can be stored at 2-8°C for 6 months. After test, the unused wells and reagents should be stored according to the table.

Item	Specifications	Storage After Preparation	
Micro ELISA Plate (Dismountable)	8 wells ×12 strips	2-8°C, 1 month	
Reference Standard	2 vials	2-8°C, use the reconstituted standard within 24h	
Concentrated HRP Conjugate (100×)	1 vial, 60 μL	2-8°C (Protect from light)	
Reference Standard & Sample Diluent	1 vial, 20 mL		
HRP Conjugate Diluent	1 vial, 14 mL	2-8°C	
Concentrated Wash Buffer(25×)	1 vial, 30 mL		
Substrate Reagent	1 vial, 10 mL	2-8°C(Protect from light)	
Stop Solution	1 vial, 10 mL	2-8℃	
Plate Sealer	5 pieces		
Product Manual	1 copy		

**Note:** All reagent bottle caps must be tightened to prevent evaporation and microbial pollution. The volume of reagents in partial shipments is a little more than the volume marked on the label, please use accurate measuring equipment instead of directly pouring into the vial(s).

### Other supplies required

Microplate reader with 450 nm wavelength filter
High-precision transfer pipette, EP tubes and disposable pipette tips
Incubator capable of maintaining 37 °C
Deionized or distilled water
Absorbent paper
Loading slot

# Sample collection

Serum: Allow samples to clot for 2 hours at room temperature or overnight at  $4^{\circ}$ C before centrifugation for 20 min at  $1000 \times g$  at  $2 \sim 8^{\circ}$ C. Collect the supernatant to carry out the assay. Blood collection tubes should be disposable and be non-endotoxin.

Plasma: Collect plasma using EDTA-Na2 as anticoagulant. Centrifuge samples for 15 min at  $1000 \times g$  at  $2 \sim 8$ °C within 30 min of collection. Collect the supernatant to carry out the assay. Hemolysed samples are not suitable for ELISA assay!

Saliva: Remove particulates by centrifugation for 10 minutes at 4000×g at 2-9°C. Collect the supernatant to carry out the assay. Recommend to use fresh saliva samples.

Urine: Use a sterile container to collect urine samples. Remove particulates by centrifugation for 15 minutes at 1000×g at 2-9°C. Collect the supernatant to carry out the assay.

Recommended reagents for sample preparation: 10×EDTA Anticoagulant

#### Note

#### ■ Note for kit

- 1) For research use only. Not for use in diagnostic procedures.
- 2) Please wear lab coats, eye protection and latex gloves for protection. Please perform the experiment following the national security protocols of biological laboratories, especially when detecting blood samples or other bodily fluids.
- 3) A freshly opened ELISA plate may appear a water-like substance, which is normal and will not have any impact on the experimental results. Return the unused wells to the foil pouch and store according to the conditions suggested in the above table.
- 4) Do not reuse the reconstituted standard, HRP Conjugate working solution. The unspent undiluted HRP Conjugate (100×) and other stock solutions should be stored according to the storage conditions in the above table.
- 5) The microplate reader should be able to be installed with a filter that can detect the wave length at  $450 \pm 2$  nm. The optical density should be within 0-3.5. Follow the Instructions of the Microplate Reader for set-up and preheat it for 15 min before OD measurement.
- 6) Do not mix or substitute reagents with those from other lots or sources.
- 7) Change pipette tips in between adding of each standard level, between sample adding and between reagent adding. Also, use separate reservoirs for each reagent.
- 8) The kit should not be used beyond the expiration date on the kit label.

### ■ Note for sample

- 1) Tubes for blood collection should be disposable and be non-endotoxin. Samples with high hemolysis or much lipid are not suitable for ELISA assay.
- 2) Samples should be assayed within 7 days when stored at  $2-8^{\circ}$ C, otherwise samples must be divided up and stored at  $-20^{\circ}$ C ( $\leq 1$  month) or  $-80^{\circ}$ C ( $\leq 3$  months). Avoid repeated freeze-thaw cycles. Prior to assay, the frozen samples should be slowly thawed and centrifuged to remove precipitates.
- 3) Please predict the concentration before assaying. If the sample concentration is not within the range of the standard curve, users must determine the optimal sample dilutions for their particular experiments.
- 4) If the sample type is not included in the manual, a preliminary experiment is suggested to verify the validity. If a lysis buffer is used to prepare tissue homogenates or cell lysates, there is a possibility of causing a deviation due to the introduced chemical substance.
- 5) Some recombinant protein may not be detected due to a mismatching with the coated antibody or detection antibody.

#### **Dilution method**

# It is recommended to do the experiment with undiluted Human serum, plasma, saliva and urine samples.

Due to individual differences, please estimate the concentration range of the sample in advance, and conduct a preliminary test to determine the appropriate dilution ratio of the sample.

If your test sample needs dilution, please refer to the dilution method as follows:

For 100 fold dilution: One-step dilution. Add 5  $\mu$ L sample to 495  $\mu$ L sample diluent to yield 100 fold dilution.

For 1000 fold dilution: Two-step dilution. Add 5  $\mu$ L sample to 95  $\mu$ L sample diluent to yield 20 fold dilution, then add 5  $\mu$ L 20 fold diluted sample to 245  $\mu$ L sample diluent, after this, the neat sample has been diluted at 1000 fold successfully.

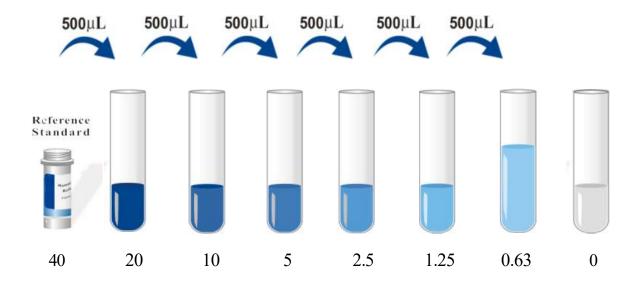
For 100000 fold dilution: Three-step dilution. Add 5  $\mu$ L sample to 195  $\mu$ L sample diluent to yield 40 fold dilution, then add 5  $\mu$ L 40 fold diluted sample to 245  $\mu$ L sample diluent to yield 50 fold dilution, and finally add 5  $\mu$ L 2000 fold diluted sample to 245  $\mu$ L sample diluent, after this, the neat sample has been diluted at 100000 fold successfully.

# Reagent preparation

- 1. Bring all reagents to room temperature (18-25°C) before use. If the kit will not be used up in one assay, please only take out the necessary strips and reagents for present experiment, and store the remaining strips and reagents at required condition.
- 2. **Wash Buffer:** Dilute 30 mL of Concentrated Wash Buffer with 720 mL of deionized or distilled water to prepare 750 mL of Wash Buffer. Note: if crystals have formed in the concentrate, warm it in a 40 °C water bath and mix it gently until the crystals have completely dissolved.
- 3. **Standard working solution:** Centrifuge the standard at 10,000×g for 1 min. Add 1mL of Reference Standard &Sample Diluent, let it stand for 10 min and invert it gently several times. After it dissolves fully, mix it thoroughly with a pipette. This reconstitution produces a working solution of 40 ng/mL (or add 1 mL of Reference Standard &Sample Diluent, let it stand for 1-2 min and then mix it thoroughly with a vortex meter of low speed. Bubbles generated during vortex could be removed by centrifuging at a relatively low speed). Then make serial dilutions as needed. The recommended dilution gradient is as follows: 40 \( 20 \), 10 \( 5 \), 2.5 \( 1.25 \), 0.63 \( 0 \) ng/mL.

Dilution method: Take 7 EP tubes, add 500  $\mu$ L of Reference Standard & Sample Diluent to each tube. Pipette 500  $\mu$ L of the 40 ng/mL working solution to the first tube and mix up to produce a 20 ng/mL working solution. Pipette 500  $\mu$ L of the solution from the former tube into the latter one according to this step. The illustration on the

next page is for reference. Note: the last tube is regarded as a blank. Don't pipette solution into it from the former tube. Gradient diluted standard working solution should be prepared just before use.

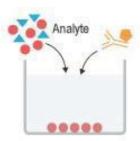


4. **HRP Conjugate working solution:** HRP Conjugate is HRP conjugated antibody. Calculate the required amount before the experiment (50 μL/well). In preparation, slightly more than calculated should be prepared. Centrifuge the **Concentrated HRP Conjugate** at 800×g for 1 min, then dilute the 100×**Concentrated HRP Conjugate** to 1×working solution with **HRP Conjugate Diluent**(Concentrated HRP Conjugate: HRP Conjugate Diluent= 1: 99). The working solution should be prepared just before use.

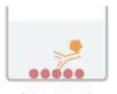
#### **Assay procedure**

- 1. Determine wells for **diluted standard**, **blank** and **sample**. Add 50 μL each dilution of standard, blank and sample into the appropriate wells (It is recommended that all samples and standards be assayed in duplicate. It is recommended to determine the dilution ratio of samples through preliminary experiments or technical support recommendations). Immediately add 50 μL of **HRP Conjugate working solution** to each well. Cover the plate with a new sealer. Incubate for 60 min at 37°C. Note: solutions should be added to the bottom of the micro ELISA plate well, avoid touching the inside wall and causing foaming as much as possible.
- 2. Decant the solution from each well, add 350 μL of **wash buffer** to each well. Soak for 1 min and aspirate or decant the solution from each well and pat it dry against clean absorbent paper. Repeat this wash step 5 times. Note: a microplate washer can be used in this step and other wash steps. Make the tested strips in use immediately after the wash step. Do not allow wells to be dry.
- 3. Add 90 µL of **Substrate Reagent** to each well. Cover the plate with a new sealer. Incubate for about 15 min at 37°C. Protect the plate from light. Note: the reaction time can be shortened or extended according to the actual color change, but not more than 30 min. Preheat the Microplate Reader for about 15 min before OD measurement.
- 4. Add 50 μL of **Stop Solution** to each well. Note: adding the stop solution should be done in the same order as the substrate solution.
- 5. Determine the optical density (OD value) of each well at once with a micro-plate reader set to 450 nm.

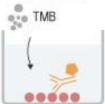
# **Assay Procedure Summary**



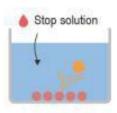
1. Add 50µL each standard and sample. Immediately add 50µL of HRP linked Ab working solution. Incubate for 60 min at 37°C.



2. Aspirate and wash the plate for 5 times



3. Add 90 µL of Substrate Reagent. Incubate for about 15 min at 37°C



4. Add  $50\mu L$  of Stop Solution



Read the plate at 450nm immediately. Calculation of the results

#### **Calculation of results**

Average the duplicate readings for each standard and samples. Plot a four parameter logistic curve on log-log graph paper, with standard concentration on the x-axis and OD values on the y-axis.

If the OD of the sample under the lowest limit of the standard curve, you should re-test it with an appropriate dilution. The actual concentration is the calculated concentration multiplied by the dilution factor.

### Typical data

As the OD values of the standard curve may vary according to the conditions of the actual assay performance (e.g. operator, pipetting technique, washing technique or temperature effects), the operator should establish a standard curve for each test. Typical standard curve and data is provided below for reference only.

ng/mL	OD	Standard Curve
40	0.172	10 3
20	0.308	_
10	0.523	nsity 1
5	0.857	Optical Density
2.5	1.285	0.1
1.25	1.677	0.01
0.63	2.053	0.1 1 10 100 Human T concentration(ng/mL)
0	2.493	

Sample value

Sample type	Reference range of Human T (ng/mL)
Serum(n=10)	1.27-6.21
Plasma(EDTA)(n=10)	1.31-11.4
Saliva(n=5)	1.1-2.03
Urine(n=5)	6.03-20.1

Note: The above samples were from normal healthy individuals during non-menstrual period or pregnancy.

#### **Performance**

#### Precision

Intra-assay Precision (Precision within an assay): 3 samples with low, mid range and high level Human T were tested 20 times on one plate, respectively.

Inter-assay Precision (Precision between assays): 3 samples with low, mid range and high level Human T were tested on 3 different plates, 20 replicates in each plate, respectively.

	Intra-assay Precision			Inter-assay Precision		
Sample	1	2	3	1	2	3
n	20	20	20	20	20	20
Mean(ng/mL)	2.04	4.88	18.8	2.01	4.96	18.17
Standard deviation	0.14	0.24	0.8	0.12	0.25	0.8
CV (%)	6.63	4.93	4.27	6.08	5.07	4.38

# **■** Recovery

The recovery of Human T spiked at three different levels in samples throughout the range of the assay was evaluated in various matrices.

Sample Type	Range (%)	Average Recovery (%)
Serum (n=8)	86-99	91
EDTA plasma (n=8)	94-106	100
Urine(n=8)	93-109	99

# **■** Linearity

Samples were spiked with high concentrations of Human T and diluted with Reference Standard & Sample Diluent to produce samples with values within the range of the assay.

		Serum (n=5)	EDTA plasma (n=5)	Urine(n=5)
1:2	Range (%)	98-114	90-101	96-108
	Average (%)	104	95	102
1.4	Range (%)	93-108	84-98	94-107
1:4	Average (%)	100	91	100
1:8	Range (%)	95-111	93-104	95-109
	Average (%)	103	98	103
1:16	Range (%)	93-108	91-104	98-113
	Average (%)	100	97	104

# **Troubleshooting**

If the results are not good enough, please take pictures and save the experimental data in time. Keep the used plate and remaining reagents. Then contact our technical support to solve the problem. Meanwhile, you could also refer to the following materials:

Problem	Causes	Solutions		
Poor standard curve	Inaccurate pipetting	Check pipettes.		
	Improper standard dilution	Ensure briefly spin the vial of standard and dissolve the powder thoroughly by gentle mixing.		
	Wells are not completely aspirated	Completely aspirate wells in between steps.		
	Insufficient incubation time	Ensure sufficient incubation time.		
Low signal	Incorrect assay temperature	Use recommended incubation temperature. Bring substrate to room temperature before use.		
	Inadequate reagent volumes Improper dilution	Check pipettes and ensure correct preparation.		
	HRP conjugate inactive or TMB failure	Mix HRP conjugate and TMB, rapid coloring.		
Deep color but low value	Plate reader setting is not optimal	Verify the wavelength and filter setting on the Microplate reader.		
	-	Open the Microplate Reader ahead to pre-heat.		
Large CV	Inaccurate pipetting	Check pipettes.		
	Concentration of target protein is too high	Use recommended dilution factor.		
High background	Plate is insufficiently washed	Review the manual for proper wash. If using a plate washer, check that all ports are unobstructed.		
	Contaminated wash buffer	Prepare fresh wash buffer.		
Low sensitivity	Improper storage of the ELISA kit	All the reagents should be stored according to the instructions.		
	Stop solution is not added	Stop solution should be added to each well before measurement.		

#### **Declaration**

- 1. Limited by current conditions and scientific technology, we can't conduct comprehensive identification and analysis on all the raw material provided. So there might be some qualitative and technical risks for users using the kit.
- 2. This assay is designed to eliminate interference by factors present in biological samples. Until all factors have been tested in the ELISA immunoassay, the possibility of interference cannot be excluded.
- 3. The final experimental results will be closely related to the validity of products, operational skills of the operators, the experimental environments and so on. We are only responsible for the kit itself, but not for the samples consumed during the assay. The users should calculate the possible amount of the samples used in the whole test. Please reserve sufficient samples in advance.
- 4. To get the best results, please only use the reagents supplied by the manufacturer and strictly comply with the instructions.
- 5. Incorrect results may occur because of incorrect operations during the reagents preparation and loading, as well as incorrect parameter settings of the Micro-plate reader. Please read the instructions carefully and adjust the instrument prior to the experiment.
- 6. Even the same operator might get different results in two separate experiments. In order to get reproducible results, the operation of every step in the assay should be controlled.
- 7. Every kit has strictly passed QC test. However, results from end users might be inconsistent with our data due to some variables such as transportation conditions, different lab equipment, and so on. Intra-assay variance among kits from different batches might arise from the above reasons too.
- 8. Kits from different manufacturers or other methods for testing the same analyte could bring out inconsistent results, since we haven't compared our products with those from other manufacturers.
- 9. The kit is designed for research use only, we will not be responsible for any issues if the kit is applied in clinical diagnosis or any other related procedures.