

AssayMax™ Human FGF-21 ELISA Kit

Assaypro LLC 3400 Harry S Truman Blvd St. Charles, MO 63301 T (636) 447-9175 F (636) 395-7419 www.assaypro.com

For any questions regarding troubleshooting or performing the assay, please contact our support team at support@assaypro.com.

Thank you for choosing Assaypro.

Assay Summary

Step 1. Add 50 μl of Standard or Sample per well. Incubate 2 hours.

Step 2. Wash, then add 50 μ l of Biotinylated Antibody per well. Incubate 1 hour.

Step 3. Wash, then add 50 μ l of SP Conjugate per well. Incubate 30 minutes.

Step 4. Wash, then add 50 μ l of Chromogen Substrate per well. Incubate 30 minutes.

Step 5. Add 50 μ l of Stop Solution per well. Read at 450 nm immediately.

Symbol Key



Consult instructions for use.

Assay Template

12								
11								
10								
6								
∞								
7								
9								
.c								
4								
ю								
2								
1								
	Ą	В	3	Q	3	Ŧ	9	I

AssayMax™ Human Fibroblast Growth Factor 21 (FGF-21) ELISA Kit

Catalog No. EF3021-7

Sample insert for reference use only
Positive Control Included

Introduction

Fibroblast growth factor 21 (FGF-21) is a member of the endocrine FGF subfamily, along with FGF-19 and FGF-23. The secreted human FGF-21 is expressed in liver, pancreas, and white adipose tissue. It contains 209 amino acids in the precursor and 181 amino acids in the mature protein. FGF-21 has a molecular mass of approximately 20 kDa and a 75% homology with mouse FGF-21 (1). FGF-21 signals through cell-surface tyrosine kinase FGF receptors complexed with a cofactor beta-Klotho (2). FGF-21 is a novel metabolic regulator involved in glucose metabolism, lipolysis, ketogenesis and triglyceride clearance, growth hormone signaling, and metabolic diseases (3). In rodent models of diabetes, it stimulates glucose uptake in adipocytes, protects animals from diet-induced obesity, and lowers blood glucose and triglyceride levels (4). Serum FGF-21 levels are increased in patients with metabolic diseases, including non-alcoholic fatty liver disease, type 2 diabetes, gestational diabetes, obesity, Cushing's syndrome, HIV-1-induced lipodystrophy, and chronic kidney hemodialysis (5-7). Conversely, circulating FGF-21 concentrations were reduced in subjects with anorexia nervosa (8). FGF-21 is a biomarker for metabolic diseases and a candidate for the treatment of insulin resistance.

Principle of the Assay

The AssayMax™ Human FGF-21 ELISA (Enzyme-Linked Immunosorbent Assay) Kit is designed for detection of FGF-21 in human plasma and serum samples. This assay employs a quantitative sandwich enzyme immunoassay technique that measures human FGF-21 in approximately 4 hours. A polyclonal antibody specific for human FGF-21 has been pre-coated onto a 96-well microplate with removable strips. FGF-21 in standards and samples is sandwiched by the immobilized antibody and a biotinylated polyclonal antibody specific for human FGF-21, which is recognized by a streptavidin-peroxidase (SP) conjugate. All unbound material is washed away and a peroxidase enzyme substrate is added. The color development is stopped and the intensity of the color is measured.

Caution and Warning

- This product is for Research Use Only and is not intended for use in diagnostic procedures.
- Prepare all reagents (diluent buffer, wash buffer, standard, biotinylated antibody, and SP conjugate), as instructed, prior to running the assay.
- Prepare all samples prior to running the assay. The dilution factors for the samples are suggested in this insert. However, the user should determine the optimal dilution factor.
- Spin down the SP conjugate vial, the biotinylated antibody vial, and the standard diluent vial before opening and using contents.
- The Stop Solution is an acidic solution.
- The kit should not be used beyond the expiration date.

Reagents

- Human FGF-21 Microplate: A 96-well polystyrene microplate (12 strips of 8 wells) coated with a polyclonal antibody against human FGF-21.
- Sealing Tapes: Each kit contains 3 precut, pressure sensitive sealing tapes that can be cut to fit the format of the individual assay.
- Human FGF-21 Standard: Human FGF-21 in a buffered protein base (8 ng, lyophilized).
- **Biotinylated Human FGF-21 Antibody (50x):** A 50-fold concentrated biotinylated polyclonal antibody against human FGF-21 (120 μl).
- MIX Diluent Concentrate (10x): A 10-fold concentrated buffered protein base (30 ml).
- Standard Diluent (1x): A buffered protein base with stabilizer (2 ml).
- Wash Buffer Concentrate (20x): A 20-fold concentrated buffered surfactant (30 ml, 2 bottles).
- SP Conjugate (100x): A 100-fold concentrate (80 μl).
- Chromogen Substrate (1x): A stabilized peroxidase chromogen substrate tetramethylbenzidine (7 ml).
- Stop Solution (1x): A 0.5 N hydrochloric acid solution to stop the chromogen substrate reaction (11 ml).
- **Positive Control:** 1 vial, lyophilized. See insert CEF30211.

Storage Condition

- Upon arrival, immediately store components of the kit at recommended temperatures up to the expiration date.
- Store Standard, SP Conjugate, and Biotinylated Antibody at -20°C.
- Store Microplate, Diluent Concentrate (10x), Standard Diluent (1x), Wash Buffer, Stop Solution, and Chromogen Substrate at 2-8°C.

 Unused microplate wells may be returned to the foil pouch with the desiccant packs and resealed. May be stored for up to 30 days in a vacuum desiccator.

Other Supplies Required

- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes (1-20 μl, 20-200 μl, 200-1000 μl, and multiple channel)
- Deionized or distilled reagent grade water

Sample Collection, Preparation, and Storage

- Plasma: Collect plasma using one-tenth volume of 0.1 M sodium citrate as an anticoagulant. Centrifuge samples at 3000 x g for 10 minutes and collect plasma. A 2-fold sample dilution is suggested into MIX Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles (EDTA or Heparin can also be used as an anticoagulant).
- **Serum:** Samples should be collected into a serum separator tube. After clot formation, centrifuge samples at 3000 x g for 10 minutes and remove serum. A 2-fold sample dilution is suggested into MIX Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.

Applicable samples may also include biofluids, cell culture, and tissue homogenates. If necessary, user should determine optimal dilution factor depending on application needs.

Refer to Dilution Guidelines for further instruction.

	Guidelines for Dilutions of 100-fold or Greater (for reference only; please follow the insert for specific dilution suggested)				
100x			10000x		
A)	4 μl sample : 396 μl buffer (100x) = 100-fold dilution	A) B)	4 μl sample : 396 μl buffer (100x) 4 μl of A : 396 μl buffer (100x)		
	Assuming the needed volume is less than or equal to 400 μl.	5,	= 10000-fold dilution Assuming the needed volume is less than or equal to 400 µl.		
	1000x		100000x		
A) B)	4 μl sample : 396 μl buffer (100x) 24 μl of A : 216 μl buffer (10x) = 1000-fold dilution	A) B) C)	4 μl sample : 396 μl buffer (100x) 4 μl of A : 396 μl buffer (100x) 24 μl of B : 216 μl buffer (10x) = 100000-fold dilution		
	Assuming the needed volume is less than or equal to 240 μl.		Assuming the needed volume is less than or equal to 240 μ l.		

Reagent Preparation

- Freshly dilute all reagents and bring all reagents to room temperature before use.
- MIX Diluent Concentrate (10x): Dilute the MIX Diluent Concentrate 10fold with reagent grade water to produce a 1x solution. When diluting
 the concentrate, make sure to rinse the bottle thoroughly to extract any
 precipitates left in the bottle. Mix the 1x solution gently until the crystals
 have completely dissolved. Store for up to 30 days at 2-8°C.
- Human FGF-21 Standard: Reconstitute the Human FGF-21 Standard (8 ng) with 0.8 ml of Standard Diluent to generate a 10 ng/ml standard stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to making dilutions. From the standard stock solution (10 ng/ml), dilute 5-fold with MIX Diluent to produce a 2 ng/ml standard working solution. Prepare duplicate or triplicate standard points by serially diluting the standard working solution (2 ng/ml) 2-fold with equal volume of MIX Diluent to produce 1, 0.5, 0.25, 0.125, 0.063, and 0.031 ng/ml solutions. MIX Diluent serves as the zero standard (0 ng/ml). Aliquot remaining stock solution to limit repeated freeze-thaw cycles. This solution should be stored at -20°C and used within 30 days.

Standard Point	Dilution	[FGF-21] (ng/ml)
P1	1 part Standard (10 ng/ml) + 4 parts MIX Diluent	2.0
P2	1 part P1 + 1 part MIX Diluent	1.0
Р3	1 part P2 + 1 part MIX Diluent	0.5
P4	1 part P3 + 1 part MIX Diluent	0.25
P5	1 part P4 + 1 part MIX Diluent	0.125
P6	1 part P5 + 1 part MIX Diluent	0.063
P7	1 part P6 + 1 part MIX Diluent	0.031
P8	MIX Diluent	0.0

- Biotinylated Human FGF-21 Antibody (50x): Spin down the antibody briefly and dilute the desired amount of the antibody 50-fold with MIX Diluent to produce a 1x solution. The undiluted antibody should be stored at -20°C.
- Wash Buffer Concentrate (20x): Dilute the Wash Buffer Concentrate 20fold with reagent grade water to produce a 1x solution. When diluting
 the concentrate, make sure to rinse the bottle thoroughly to extract any
 precipitates left in the bottle. Mix the 1x solution gently until the crystals
 have completely dissolved.
- SP Conjugate (100x): Spin down the SP Conjugate briefly and dilute the desired amount of the conjugate 100-fold with MIX Diluent to produce a 1x solution. The undiluted conjugate should be stored at -20°C.

Assay Procedure

- Prepare all reagents, standard solutions, and samples as instructed. Bring all reagents to room temperature before use. The assay is performed at room temperature (20-25°C).
- Remove excess microplate strips from the plate frame and return them immediately to the foil pouch with desiccants inside. Reseal the pouch securely to minimize exposure to water vapor and store in a vacuum desiccator.
- Add 50 µl of Human FGF-21 Standard or sample to each well. Gently tap
 plate to thoroughly coat the wells. Break any bubbles that may have
 formed. Cover wells with a sealing tape and incubate for 2 hours. Start
 the timer after the last addition.
- Wash the microplate manually or automatically using a microplate
 washer. Invert the plate and decant the contents; hit 4-5 times on
 absorbent material to completely remove the liquid. If washing
 manually, wash five times with 200 µl of Wash Buffer per well. Invert the
 plate each time and decant the contents; hit 4-5 times on absorbent
 material to completely remove the liquid. If using a microplate washer,

- wash six times with 300 µl of Wash Buffer per well; invert the plate and hit 4-5 times on absorbent material to completely remove the liquid.
- Add 50 µl of Biotinylated Human FGF-21 Antibody to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 1 hour.
- Wash the microplate as described above.
- Add 50 µl of SP Conjugate to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 30 minutes. Turn on the microplate reader and set up the program in advance.
- Wash the microplate as described above.
- Add 50 µl of Chromogen Substrate to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Incubate in ambient light for 30 minutes or until the optimal blue color density develops.
- Add 50 µl of Stop Solution to each well. The color will change from blue to yellow. Gently tap plate to ensure thorough mixing. Break any bubbles that may have formed.
- Read the absorbance on a microplate reader at a wavelength of 450 nm immediately. If wavelength correction is available, subtract readings at 570 nm from those at 450 nm to correct optical imperfections.
 Otherwise, read the plate at 450 nm only. Please note that some unstable black particles may be generated at high concentration points after stopping the reaction for about 10 minutes, which will reduce the readings.

Data Analysis

- Calculate the mean value of the duplicate or triplicate readings for each standard and sample.
- To generate a standard curve, plot the graph using the standard concentrations on the x-axis and the corresponding mean 450 nm absorbance (OD) on the y-axis. The best fit line can be determined by regression analysis using log-log or four-parameter logistic curve fit.
- Determine the unknown sample concentration from the Standard Curve and multiply the value by the dilution factor.

Typical Data

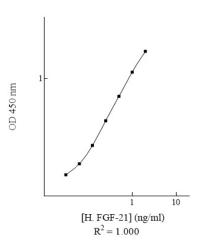
The typical data is provided for reference only. Individual laboratory
means may vary from the values listed. Variations between laboratories
may be caused by technique differences.

Standard Point	ng/ml	OD	Average OD
P1	2.0	1.789	1.848
	2.0	1.907	1.040
P2	1.0	1.119	1.156
12	1.0	1.193	1.150
Р3	0.5	0.693	0.667
13	0.5	0.641	0.007
P4	0.25	0.402	0.384
1 7	0.23	0.366	0.504
P5	0.125	0.229	0.220
13	0.123	0.211	0.220
P6	0.063	0.141	0.145
10	0.003	0.149	0.143
P7	0.031	0.116	0.113
' '	0.031	0.110	0.115
P8	0.0	0.072	0.070
1.0		0.068	0.070
Sample: Poo	oled Normal	0.163	0.175
Sodium Citrat	e Plasma (2x)	0.187	0.175
Sample: Poo	oled Normal	0.169	0.170
Serun	n (2x)	0.187	0.178

Standard Curve

• The curve is provided for illustration only. A standard curve should be generated each time the assay is performed.

Human FGF-21 Standard Curve



Reference Value

- Normal human FGF-21 plasma and serum levels range from 0 0.2 ng/ml.
- Plasma and serum samples from healthy adults were tested (n=40). On average, human FGF-21 level was 0.168 ng/ml.

Sample	n	Average Value (ng/ml)
Pooled Normal Plasma	10	0.171
Normal Plasma	20	0.157
Pooled Normal Serum	10	0.177

Performance Characteristics

- This assay recognizes both natural and recombinant human FGF-21.
- The minimum detectable dose of human FGF-21 as calculated by 2SD from the mean of a zero standard was established to be 20 pg/ml.
- Intra-assay precision was determined by testing three plasma samples twenty times in one assay.
- Inter-assay precision was determined by testing three plasma samples in twenty assays.

	Intra-Assay Precision			Inter	-Assay Pred	ision
Sample	1	2	3	1	2	3
n	20	20	20	20	20	20
CV (%)	5.8%	4.2%	5.5%	9.8%	9.0%	10.3%
Average CV (%)		5.2%			9.7%	

Recovery

Standard Added Value	0.063 – 0.5 ng/ml
Recovery %	92 – 115%
Average Recovery %	101%

Linearity

Plasma and serum samples were serially diluted to test for linearity.

Average Percentage of Expected Value (%)			
Sample Dilution	Plasma	Serum	
1x	85%	100%	
2x	98%	98%	
4x	117%	102%	

Cross-Reactivity

Species	Cross-Reactivity (%)
Canine	70%
Bovine	70%
Monkey	100%
Mouse	30%
Rat	60%
Swine	70%
Rabbit	None

• No significant cross-reactivity observed with FGF-2, FGF-12, and FGF-17.

Troubleshooting

Issue	Causes	Course of Action
	Use of improper	Check the expiration date listed before use.
	components	 Do not interchange components from different lots.
		 Check that the correct wash buffer is being used.
		 Check that all wells are empty after aspiration.
	Improper wash step	 Check that the microplate washer is dispensing properly. If washing by pipette, check for proper pipetting
۔ ا		technique.
Low Precision	Splashing of reagents while loading wells	Pipette properly in a controlled and careful manner.
re	Inconsistent volumes	 Pipette properly in a controlled and careful manner.
> -	loaded into wells	Check pipette calibration.
ļ	loaded lifto wells	Check pipette for proper performance.
_	Insufficient mixing of	 Thoroughly agitate the lyophilized components after
	reagent dilutions	reconstitution.
		Thoroughly mix dilutions.
		Check the microplate pouch for proper sealing.
	Improperly sealed microplate	Check that the microplate pouch has no punctures.
	micropiate	 Check that three desiccants are inside the microplate pouch prior to sealing.
	Microplate was left	Each step of the procedure should be performed
a	unattended between	uninterrupted.
gu	steps	
Si	Omission of step	 Consult the provided procedure for complete list of steps.
Unexpectedly Low or High Signal Intensity	Steps performed in incorrect order	Consult the provided procedure for the correct order.
خٍ ۃ	Insufficient amount of	Check pipette calibration.
ly Low or Intensity	reagents added to wells	Check pipette for proper performance.
≥≥	Wash step was skipped	 Consult the provided procedure for all wash steps.
ĘĘ	Improper wash buffer	 Check that the correct wash buffer is being used.
Sec.	Improper reagent	 Consult reagent preparation section for the correct
S S	preparation	dilutions of all reagents.
lne	Insufficient or	Consult the provided procedure for correct incubation
	prolonged incubation periods	time.

		Sandwich ELISA: If samples generate OD values higher than the highest standard point (P1), dilute samples		
Deficient Standard Curve Fit	Non-optimal sample • Compe	 further and repeat the assay. Competitive ELISA: If samples generate OD values lower than the highest standard point (P1), dilute samples further and repeat the assay. User should determine the optimal dilution factor for samples. 		
da	Contamination of	A new tip must be used for each addition of different		
Ē	reagents	samples or reagents during the assay procedure.		
Sŧ	Contents of wells	 Verify that the sealing film is firmly in place before placing 		
Ιŧ	evaporate	the assay in the incubator or at room temperature.		
į.		Pipette properly in a controlled and careful manner.		
≝	Improper pipetting	Check pipette calibration.		
ă		Check pipette for proper performance.		
	Insufficient mixing of reagent dilutions	 Thoroughly agitate the lyophilized components after reconstitution. Thoroughly mix dilutions. 		

References

- (1) Nishimura T et al. (2000) Biochim Biophys Acta. 1492(1):203-206.
- (2) Ogawa Y et al. (2007) Proc Natl Acad Sci USA. 104:7432-7437.
- (3) Murata Y et al. (2011) J Nutr Metab. 2011:981315.
- (4) Kharitonenkov A et al. (2005) J Clin Invest. 115(6):1627-1635.
- (5) Stein S et al. (2009) Diabetes Care. 32(1):126-128.
- (6) Matuszek B et al. (2010) Endokrynol Pol. 61(1):50-54.
- (7) Dushay J et al. (2010) Gastroenterology. 139(2):456-463.
- (8) Dostálová I et al. (2008) J Clin Endocrinol Metab. 93(9):3627-3632.

Version 3.2R1-7