

# AssayMax™ Human Lactoferrin ELISA Kit

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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 25  $\mu$ l of Standard or Sample and 25  $\mu$ l of Biotinylated Protein per well. Incubate 2 hours.

Step 2. Wash, then add 50  $\mu l$  of SP Conjugate per well. Incubate 30 minutes.

**Step 3.** Wash, then add 50  $\mu l$  of Chromogen Substrate per well. Incubate 15 minutes.

**Step 4.** Add 50  $\mu$ l of Stop Solution per well. Read at 450 nm immediately.

## Symbol Key



Consult instructions for use.

# Assay Template

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# AssayMax<sup>™</sup> Human Lactoferrin ELISA Kit

Catalog No. EL1011-7 Sample insert for reference use only Positive Control Included

#### Introduction

Lactoferrin (lactotransferrin, growth-inhibiting protein 12, LTF) is an 80 kDa iron-binding glycoprotein produced by many exocrine glands with a major constituent in the secondary granules of neutrophilic leukocytes. It is found mainly in the oral cavity where it can come into direct contact with pathogens, such as viruses, bacteria, etc. Lactoferrin is present in maternal milk, saliva, tears, vaginal secretions, semen, bronchoalveolar lavage fluid, and specific granules of polymorphonuclear leukocytes [PMNs] (1). Serum lactoferrin concentration is much higher during inflammation (2). Lactoferrin is known to be an immune modulator or enhancer due to specific receptors for lactoferrin that are found on many key immune cells, such as lymphocytes, monocytes, and macrophages. It is also considered an antioxidant that scavenges free iron, helping to prevent uncontrolled iron-based free radical reactions, thus protecting certain cells from peroxidation. Lactoferrin is known to be directly involved in the up-regulation of natural killer (NK) cell activity (3). It directly inhibits viruses by binding to viral receptor sites, thus preventing the virus from infecting healthy cells. Lactoferrin has a direct bactericidal function to certain bacteria, such as Streptococcus mutans, Vibrio cholerae, Escherichia coli, Actinobacillus actinomycetemcomitans, and Legionella pneumophila; it also has a bacteriostatic effect that deprives iron-requiring bacteria of this essential growth nutrient (1, 3-4).

### **Principle of the Assay**

The AssayMax<sup>™</sup> Human Lactoferrin ELISA (Enzyme-Linked Immunosorbent Assay) Kit is designed for detection of lactoferrin in human **plasma, serum, milk, and saliva samples**. This assay employs a quantitative **competitive enzyme immunoassay** technique that measures human lactoferrin in approximately 3 hours. A polyclonal antibody specific for human lactoferrin has been pre-coated onto a 96-well microplate with removable strips. Lactoferrin in standards and samples is competed with a biotinylated human lactoferrin protein sandwiched by the immobilized antibody and streptavidinperoxidase (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 protein, 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 before opening and using contents.
- The Stop Solution is an acidic solution.
- The kit should not be used beyond the expiration date.

## Reagents

- Human Lactoferrin Microplate: A 96-well polystyrene microplate (12 strips of 8 wells) coated with a polyclonal antibody against human lactoferrin.
- Sealing Tapes: Each kit contains 3 precut, pressure sensitive sealing tapes that can be cut to fit the format of the individual assay.
- Human Lactoferrin Standard: Human lactoferrin in a buffered protein base (7.2 µg, lyophilized).
- Biotinylated Human Lactoferrin Protein (2x): Lyophilized.
- **EIA Diluent Concentrate (10x):** A 10-fold concentrated buffered protein base (20 ml).
- Wash Buffer Concentrate (20x): A 20-fold concentrated buffered surfactant (30 ml).
- 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 CEL10111.

## **Storage Condition**

- Upon arrival, immediately store components of the kit at recommended temperatures up to the expiration date.
- Store SP Conjugate at -20°C.
- Store Microplate, Diluent Concentrate (10x), 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.

• Store Standard and Biotinylated Protein at 2-8°C before reconstituting with Diluent and at -20°C after reconstituting with Diluent.

## **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. The sample is suggested for use at 1x; 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. The sample is suggested for use at 1x; 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.
- Milk: Collect milk using sample tube. Centrifuge samples at 800 x g for 10 minutes. A 1000-fold sample dilution is suggested into EIA Diluent or within the range of 100x – 10000x; 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.
- Saliva: Collect saliva using sample tube. Centrifuge samples at 800 x g for 10 minutes. A 4-fold sample dilution is suggested into EIA Diluent or within the range of 1x 40x; 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.

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

## **Reagent Preparation**

- Freshly dilute all reagents and bring all reagents to room temperature before use.
- **EIA Diluent Concentrate (10x):** Dilute the EIA 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 Lactoferrin Standard: Reconstitute the Human Lactoferrin Standard (7.2 μg) with 1.2 ml of EIA Diluent to generate a 6 μg/ml standard stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to making dilutions. Prepare duplicate or triplicate standard points by serially diluting from the standard stock solution (6 μg/ml) 2-fold with equal volume of EIA Diluent to produce 3, 1.5, 0.75, 0.375, and 0.188 μg/ml solutions. EIA Diluent serves as the zero standard (0 μg/ml). Any remaining stock solution should be stored at -20°C and used within 30 days. Avoid repeated freeze-thaw cycles.

Standard Point	Dilution	[Lactoferrin] (µg/ml)
P1	1 part Standard (6 μg/ml)	6.0
P2	1 part P1 + 1 part EIA Diluent	3.0
P3	1 part P2 + 1 part EIA Diluent	1.5
P4	1 part P3 + 1 part EIA Diluent	0.75
P5	1 part P4 + 1 part EIA Diluent	0.375
P6	1 part P5 + 1 part EIA Diluent	0.188
P7	EIA Diluent	0.0

- Biotinylated Human Lactoferrin Protein (2x): Reconstitute the Biotinylated Human Lactoferrin Protein with 4 ml of EIA Diluent to generate a stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to dilution. From the stock solution, dilute 2-fold with EIA Diluent to produce a 1x working solution. Any remaining stock solution should be stored at -20°C and used within 30 days. Avoid repeated freeze-thaw cycles.
- 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 EIA 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 25 µl of Human Lactoferrin Standard or sample to each well, and immediately add 25 µl of Biotinylated Human Lactoferrin Protein to each well (on top of the standard or sample). Gently tap plate to ensure thorough mixing. 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 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 15 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 low 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.

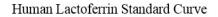
## **Typical Data**

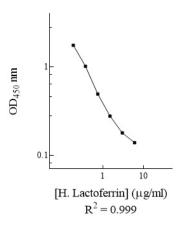
• The typical data is provided for reference only. Individual laboratory means may vary from the values listed. Variations between laboratories may be caused by technique differences.

Standard Point	μg/ml	OD	Average OD
P1	6.0	0.136	0.139
Γ⊥	0.0	0.142	0.139
P2	3.0	0.168	0.179
٢Z	5.0	0.190	0.179
Р3	1.5	0.276	0.277
P3	1.5	0.278	0.277
P4	0.75	0.474	0.492
P4		0.510	0.492
Р5	0.375	0.997	1.013
22	0.375	1.030	1.013
P6	0.188	1.738	1.746
PO		1.754	1.740
Р7	0.0	2.182	2.230
۲/	0.0	2.278	2.230

## **Standard Curve**

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





### **Performance Characteristics**

- The minimum detectable dose of human lactoferrin as calculated by 2SD from the mean of a zero standard was established to be 0.15 µg/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 Precision		
Sample	1	2	3	1	2	3
n	20	20	20	20	20	20
CV (%)	5.2%	6.5%	5.4%	10.7%	9.6%	10.4%
Average CV (%)	5.7%				10.2%	

## Recovery

Standard Added Value	0.2 – 1.5 μg/ml	
Recovery %	89 - 114%	
Average Recovery %	96%	

## **Cross-Reactivity**

Species	Cross-Reactivity (%)
Canine	70%
Bovine	10%
Equine	50%
Monkey	80%
Mouse	70%
Rat	70%
Swine	0%
Rabbit	50%

## Troubleshooting

Issue	Causes	Course of Action
	Use of improper components	<ul> <li>Check the expiration date listed before use.</li> <li>Do not interchange components from different lots.</li> </ul>
Splashing of reagents while loading wells		<ul> <li>Check that the correct wash buffer is being used.</li> <li>Check that all wells are empty after aspiration.</li> <li>Check that the microplate washer is dispensing properly.</li> <li>If washing by pipette, check for proper pipetting technique.</li> </ul>
v Pre	Splashing of reagents while loading wells	<ul> <li>Pipette properly in a controlled and careful manner.</li> </ul>
Гом	Inconsistent volumes loaded into wells	<ul> <li>Pipette properly in a controlled and careful manner.</li> <li>Check pipette calibration.</li> <li>Check pipette for proper performance.</li> </ul>
	Insufficient mixing of reagent dilutions	<ul> <li>Thoroughly agitate the lyophilized components after reconstitution.</li> <li>Thoroughly mix dilutions.</li> </ul>

	Improperly sealed microplate	<ul> <li>Check the microplate pouch for proper sealing.</li> <li>Check that the microplate pouch has no punctures.</li> <li>Check that three desiccants are inside the microplate pouch prior to sealing.</li> </ul>		
gnal	Microplate was left unattended between steps	<ul> <li>Each step of the procedure should be performed uninterrupted.</li> </ul>		
Si	Omission of step	• Consult the provided procedure for complete list of steps.		
High	Steps performed in incorrect order	Consult the provided procedure for the correct order.		
Unexpectedly Low or High Signal Intensity	Insufficient amount of reagents added to	<ul><li>Check pipette calibration.</li><li>Check pipette for proper performance.</li></ul>		
ter P	wells			
을 드	Wash step was skipped	<ul> <li>Consult the provided procedure for all wash steps.</li> </ul>		
te	Improper wash buffer	<ul> <li>Check that the correct wash buffer is being used.</li> </ul>		
xpec	Improper reagent preparation	<ul> <li>Consult reagent preparation section for the correct dilutions of all reagents.</li> </ul>		
Une	Insufficient or prolonged incubation periods	<ul> <li>Consult the provided procedure for correct incubation time.</li> </ul>		
Deficient Standard Curve Fit	Non-optimal sample dilution	<ul> <li>Sandwich ELISA: If samples generate OD values higher than the highest standard point (P1), dilute samples further and repeat the assay.</li> <li>Competitive ELISA: If samples generate OD values lower than the highest standard point (P1), dilute samples further and repeat the assay.</li> <li>User should determine the optimal dilution factor for samples.</li> </ul>		
andaı	Contamination of reagents	<ul> <li>A new tip must be used for each addition of different samples or reagents during the assay procedure.</li> </ul>		
nt St	Contents of wells evaporate	• Verify that the sealing film is firmly in place before placing the assay in the incubator or at room temperature.		
Deficie	Improper pipetting	<ul> <li>Pipette properly in a controlled and careful manner.</li> <li>Check pipette calibration.</li> <li>Check pipette for proper performance.</li> </ul>		
	Insufficient mixing of reagent dilutions	<ul> <li>Thoroughly agitate the lyophilized components after reconstitution.</li> <li>Thoroughly mix dilutions.</li> </ul>		

## References

- (1) Yamauchi K et al. (1993) Infection and Immunity. 61(2):719-728.
- (2) Naot D et al. (2005) Clinical Medicine & Research. 3(2):93-101.
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Version 1.2-7