

# AssayMax™ Human Complement C1q Autoantibody ELISA Kit (anti-complement C1q IgG)

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

### **Assay Summary**

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

**Step 2.** Wash, then add 50  $\mu$ l of Biotinylated Antibody per well. Incubate 1 hour.

**Step 3**. Wash, then add 50  $\mu$ l of SP Conjugate per well. Incubate 30 minutes.

**Step 4**. Wash, then add 50  $\mu$ l of Chromogen Substrate per well. Incubate 12 minutes.

**Step 5.** 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™ Human Complement C1q Autoantibody ELISA Kit (anti-complement C1q IgG)

Catalog No. EC7701-1

Sample insert for reference use only

#### Introduction

Complement component C1q is the recognition subunit of C1 complex of the classical pathway of complement activation. C1q is a 460-kDa protein with the overall shape of a bouquet of flowers, comprising six heterotrimeric collagenlike triple helices (1-2). The globular heads of the C1q bind to the Fc-fragment of IgM or IgG on the surface of a pathogen, playing an important role in host defense and apoptotic cell clearance. It is a functional ligand for leukocyte-associated Ig-like receptor 1 restricting immune cell differentiation and activation (3). C1q prevents toxicity induced by oligomeric forms of amyloid- $\beta$  (4). Failure to efficiently clear apoptotic cells in the absence of C1q is associated with lupus-like autoimmunity (5). Anti-C1q autoantibodies have been found to be prevalent in hypocomplementemic urticarial vasculitis syndrome (HUVS) and systemic lupus erythematosus (SLE). The presence of anti-C1q autoantibodies identifies patients at risk of developing lupus nephritis (6).

#### **Principle of the Assay**

The AssayMax™ Human Complement C1q Autoantibody ELISA (Enzyme-Linked Immunosorbent Assay) Kit is designed for the quantitative determination of autoimmune response (IgG) to a target antigen (complement C1q). The kit detects autoantibodies in plasma and serum samples. This assay employs a quantitative sandwich enzyme immunoassay technique that measures autoantibodies (anti-complement C1q IgG) in approximately 4 hours. A complement C1q antigen has been pre-coated onto a 96-well microplate with removable strips. An autoantibody specific for complement C1q in standards and samples is sandwiched by the immobilized antigen and a biotinylated polyclonal antibody specific for human IgG, 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 and the biotinylated antibody 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 Complement C1q Autoantibody Microplate: A 96-well polystyrene microplate (12 strips of 8 wells) coated with a complement C1q antigen.
- Sealing Tapes: Each kit contains 3 precut, pressure sensitive sealing tapes that can be cut to fit the format of the individual assay.
- Human Complement C1q Autoantibody Standard: Plasma standard (20 AU, lyophilized).
- Autoimmune Biotinylated Human IgG Antibody (80x): An 80-fold concentrated biotinylated polyclonal antibody against human IgG (75 μl).
- EHS Diluent Concentrate (10x): A 10-fold concentrated buffered protein base (20 ml).
- 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, 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).

#### Storage Condition

- Upon arrival, immediately store components of the kit at recommended temperatures up to the expiration date.
- Store Microplate, Standard, SP Conjugate, and Biotinylated Antibody at -20°C.

- Store 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 for up to 30 days at -20°C.

#### **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 4-fold sample dilution is suggested into EIA 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 4-fold sample dilution is suggested into EIA Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples should be aliquoted to limit repeated freeze-thaw cycles and stored at -80°C for up to 3 months. When needed, the frozen sample should be thawed rapidly in a water bath at 37°C and immediately placed on ice until use to prevent complement activation.

#### 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  Assuming the needed volume is less than	A) 4 μl sample : 396 μl buffer (100x) B) 4 μl of A : 396 μl buffer (100x) = 10000-fold dilution Assuming the needed volume is less than		
or equal to 400 μl.	or equal to 400 μl.		
1000x	100000x		

A) 4 μl sample : 396 μl buffer (100x)
B) 24 μl of A : 216 μl buffer (10x)
= 1000-fold dilution

Assuming the needed volume is less than or equal to 240  $\mu$ l.

A) 4 μl sample : 396 μl buffer (100x)

B) 4 μl of A : 396 μl buffer (100x)

C) 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.
- EHS Diluent Concentrate (10x): Dilute the EHS 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.
- 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 Complement C1q Autoantibody Standard: Reconstitute the Human Complement C1q Autoantibody Standard (20 AU) with 1 ml of EHS Diluent to generate a 20 AU/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 (20 AU/ml) 2-fold with equal volume of EHS Diluent to produce 10, 5, 2.5, 1.25, 0.625, and 0.313 AU/ml solutions. EHS Diluent serves as the zero standard (0 AU/ml). Any remaining stock solution should be stored at -20°C and used within 30 days. Avoid repeated freeze-thaw cycles.

Standard Point	Dilution	[C1q] (AU/ml)
P1	1 part Standard (20 AU/ml)	20
P2	1 part P1 + 1 part EHS Diluent	10
Р3	1 part P2 + 1 part EHS Diluent	5.0
P4	1 part P3 + 1 part EHS Diluent	2.5
P5	1 part P4 + 1 part EHS Diluent	1.25
Р6	1 part P5 + 1 part EHS Diluent	0.625
P7	1 part P6 + 1 part EHS Diluent	0.313
P8	EHS Diluent	0.0

 Autoimmune Biotinylated Human IgG Antibody (80x): Spin down the antibody briefly and dilute the desired amount of the antibody 80-fold

- with EIA 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 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 at -20°C.
- Add 50 µl of Human Complement C1q Autoantibody 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 Autoimmune Biotinylated Human IgG 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 12 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.
- Although normal samples have been diluted 4-fold, do not multiply the
  value by the dilution factor. Samples with elevated levels of
  autoantibodies can be diluted further; for example: 8x. Account for this
  further dilution factor when calculating the value of the sample.

Example	Dilution Factor	Multiplication Factor For Calculating Values
Serum with normal level of anti-complement C1q IgG	4x	1
Serum with elevated level of anti-complement C1q IgG	8x	2
Serum with elevated level of anti-complement C1q IgG	16x	4

#### **Typical Data**

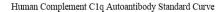
The typical data is provided for reference only. Individual laboratory
means may vary from the values listed. Variations between laboratories
may be caused by technique differences.

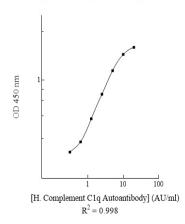
Standard Point	AU/ml	Average OD
P1	20	2.013
P2	10	1.728

Р3	5.0	1.220
P4	2.5	0.734
P5	1.25	0.432
Р6	0.625	0.263
P7	0.313	0.211
P8	0.0	0.071
Normal Level		
Serum with no	0.456	
anti-complem		
Elevated Level		
Serum with ele	1.412	
anti-complem		

#### **Standard Curve**

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





#### **Reference Value**

Plasma and serum samples from healthy adults were tested (n=20).
 Moreover, patient serum samples containing high levels of anti-complement C1q IgG were tested (n=9). The following ranges have been established:

Sample	anti-complement C1q IgG (AU/ml)
Normal Level	< 5
Elevated Level	≥5

 It is recommended that each laboratory establish its own normal and pathological ranges of antibodies.

#### **Performance Characteristics**

- The minimum detectable dose of anti-complement C1q IgG as calculated by 2SD from the mean of a zero standard was established to be 0.11 AU/ml.
- Intra-assay precision was determined by testing three serum samples twenty times in one assay.
- Inter-assay precision was determined by testing three serum 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 (%)	6.0%	4.4%	5.7%	11.8%	8.9%	10.5%
Average CV (%)	5.4%				10.4%	

#### **Troubleshooting**

Issue	Causes	Course of Action
13340	Use of improper components	Check the expiration date listed before use.     Do not interchange components from different lots.
c	Improper wash step	Check that the correct wash buffer is being used. Check that all wells are empty after aspiration. Check that the microplate washer is dispensing properly. If washing by pipette, check for proper pipetting technique.
cisio	Splashing of reagents while loading wells	Pipette properly in a controlled and careful manner.
Low Precision	Inconsistent volumes loaded into wells	Pipette properly in a controlled and careful manner. Check pipette calibration. Check pipette for proper performance.
_	Insufficient mixing of reagent dilutions	Thoroughly agitate the lyophilized components after reconstitution. Thoroughly mix dilutions.
	Improperly sealed microplate	Check the microplate pouch for proper sealing. Check that the microplate pouch has no punctures. Check that three desiccants are inside the microplate pouch prior to sealing.
Unexpecte dly Low or High Signal	Microplate was left unattended between steps	Each step of the procedure should be performed uninterrupted.
Unexpecte dly Low or High Signal	Omission of step Steps performed in incorrect order	Consult the provided procedure for complete list of steps.     Consult the provided procedure for the correct order.

	Insufficient amount of	Check pipette calibration.		
	reagents added to wells	<ul> <li>Check pipette for proper performance.</li> </ul>		
	Wash step was skipped	<ul> <li>Consult the provided procedure for all wash steps.</li> </ul>		
	Improper wash buffer	<ul> <li>Check that the correct wash buffer is being used.</li> </ul>		
	Improper reagent	<ul> <li>Consult reagent preparation section for the correct</li> </ul>		
	preparation	dilutions of all reagents.		
	Insufficient or prolonged incubation periods	Consult the provided procedure for correct incubation time.		
Deficient Standard Curve Fit	Non-optimal sample dilution	Sandwich ELISA: If samples generate OD values higher than the highest standard point (P1), dilute samples 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.		
ıdaı	Contamination of	A new tip must be used for each addition of different		
Ęą	reagents	samples or reagents during the assay procedure.		
ıt S	Contents of wells evaporate	<ul> <li>Verify that the sealing film is firmly in place before placing the assay in the incubator or at room temperature.</li> </ul>		
Deficier	Improper pipetting	Pipette properly in a controlled and careful manner. Check pipette calibration. Check pipette for proper performance.		
	Insufficient mixing of reagent dilutions	<ul> <li>Thoroughly agitate the lyophilized components after reconstitution.</li> <li>Thoroughly mix dilutions.</li> </ul>		

#### References

- (1) Kishore U and Reid KB. (2000) Immunopharmacology. 49(1-2):159-170.
- (2) Gaboriaud C et al. (2003) J Biol Chem. 278(47):46974-46982.
- (3) Son M et al. (2012) Proc Natl Acad Sci USA. 109(46):E3160-E3167.
- (4) Benoit ME et al. (2013) J Biol Chem. 288(1):654-665.
- (5) Kang YH et al. (2012) Immunobiology. 217(4):455-464.
- (6) Dikstra DJ et al. (2023) Proc Natl Acad Sci USA. 120(50):e2310666120.

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