



PRODUCT INFORMATION & ELISA MANUAL

GM-CSF Antibody Pair [HRP] *NBP2-78844*

Sample Insert for reference use only

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

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

Granulocyte-macrophage colony-stimulating factor (GM-CSF) is one of an array of cytokines with pivotal roles in embryo implantation and subsequent development. Several cell lineages in the reproductive tract and gestational tissues synthesise GM-CSF under direction by ovarian steroid hormones and signalling agents originating in male seminal fluid and the conceptus. The pre-implantation embryo, invading placental trophoblast cells and the abundant populations of leukocytes controlling maternal immune tolerance are all subject to GM-CSF regulation. GM-CSF stimulates the differentiation of hematopoietic progenitors to monocytes and neutrophils, and reduces the risk for febrile neutropenia in cancer patients. GM-CSF also has been shown to induce the differentiation of myeloid dendritic cells (DCs) that promote the development of T-helper type 1 (cellular) immune responses in cognate T cells. The active form of the protein is found extracellularly as a homodimer, and the encoding gene is localized to a related gene cluster at chromosome region 5q31 which is known to be associated with 5q-syndrome and acute myelogenous leukemia. As a part of the immune/inflammatory cascade, GM-CSF promotes Th1 biased immune response, angiogenesis, allergic inflammation, and the development of autoimmunity, and thus worthy of consideration for therapeutic target. GM-CSF has been utilized in the clinical management of multiple disease processes. Most recently, GM-CSF has been incorporated into the treatment of malignancies as a sole therapy, as well as a vaccine adjuvant. While the benefits of GM-CSF in this arena have been promising, recent reports have suggested the potential for GM-CSF to induce immune suppression and, thus, negatively impact outcomes in the management of cancer patients. GM-CSF deficiency in pregnancy adversely impacts fetal and placental development, as well as progeny viability and growth after birth, highlighting this cytokine as a central maternal determinant of pregnancy outcome with clinical relevance in human fertility.

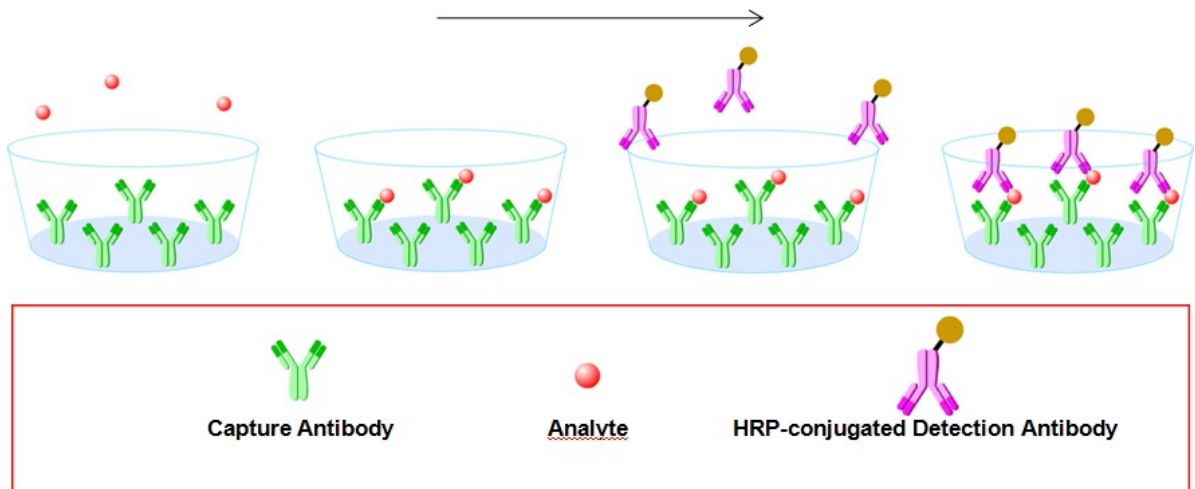
PRINCIPLE OF THE TEST

The Novus Biologicals ELISA GM-CSF Antibody Pair [HRP] is a solid phase sandwich ELISA (Enzyme-Linked Immunosorbent Assay). It utilizes a monoclonal antibody specific for Human GM-CSF coated on a 96-well plate. Standards and samples are added to the wells, and any Human GM-CSF present binds to the immobilized antibody. The wells are washed and a horseradish peroxidase conjugated mouse anti- Human GM-CSF 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 GM-CSF 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 GM-CSF Antibody Pair [HRP] is for the quantitative determination of Human GM-CSF.
- ◆ This ELISA Pair Set contains the basic components required for the development of sandwich ELISAs.

ASSAY PROCEDURE SUMMARY



This Pair Set 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 – 0.5 mg/mL of mouse anti-Human GM-CSF monoclonal antibody (in PBS, pH 7.4). Dilute to a working concentration of 2 µg/mL in PBS before coating. (Catalog: # 10015-MM04)

Detection Antibody – 0.1 mg/mL of mouse anti-Human GM-CSF 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 21 ng of recombinant Human GM-CSF. 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 600 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 Pair Set 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 100 μ L per well of the diluted capture antibody. Seal the plate and incubate overnight at 4 $^{\circ}$ C.
2. Aspirate each well and wash with at least 300 μ l 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 μ L 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

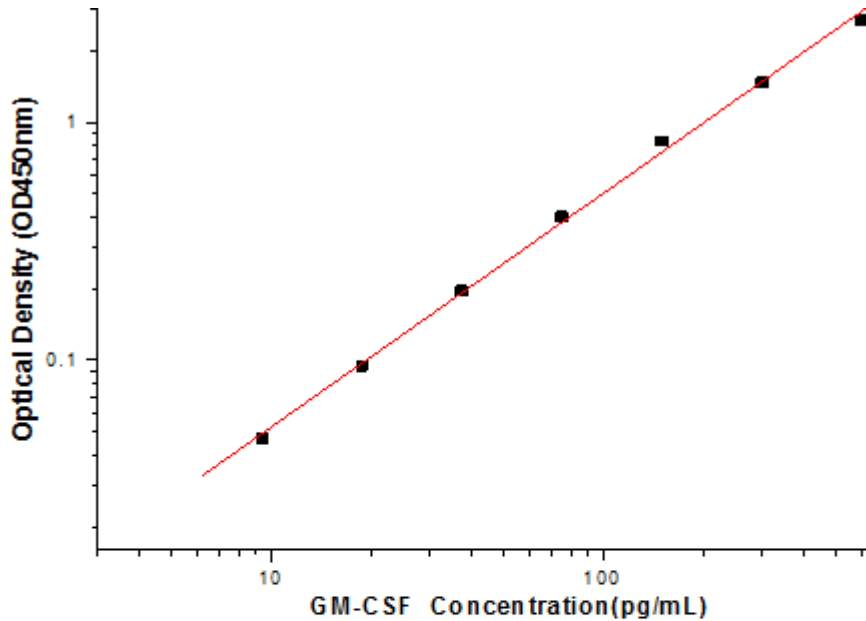
1. Add 100 μ L of sample or standards in sample dilution buffer per well. Seal the plate and incubate 2 hours at room temperature.
2. Repeat the aspiration/wash as in step 2 of plate preparation.
3. Add 100 μ L of the detection antibody, diluted in antibody dilution buffer, to each well. Seal the plate and incubate 1 hour at room temperature.
4. Repeat the aspiration/wash as in step 2 of plate preparation.
5. Add 200 μ L 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 μ L 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
9.38	0.047
18.75	0.095
37.5	0.195
75	0.401
150	0.834
300	1.467
600	2.686

PERFORMANCE CHARACTERISTIC

SENSITIVITY

The minimum detectable dose of Human GM-CSF was determined to be approximately **9.38 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
	Samples were contaminated	Avoid cross contamination of samples
	The concentration of samples was too high	Try higher dilution rate of samples

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Notes