

INTENDED USE

This human alpha-2-macroglobulin (A2M) assay is for the quantitative determination of A2M in human plasma and other biological fluids. **For research use only.**

BACKGROUND

A2M is a circulating 720 kDa homotetramer expressed in the liver which captures a wide range of plasma proteinases including plasmin and thrombin. Each monomer contains an internal thiol ester, a transglutaminase reactive site, zinc and receptor binding sites, and a bait region which when cleaved induces a conformational change trapping the proteinase [1]. Serum A2M levels are decreased in acute pancreatitis [2] and increased in chronic liver disease and nephrotic syndrome [3].

ASSAY PRINCIPLE

Human A2M will bind to the affinity purified capture antibody coated on the microtiter plate. After appropriate washing steps, biotinylated primary antibody binds to the captured protein. Excess primary antibody is washed away and bound antibody is reacted with horseradish peroxidase conjugated streptavidin. Following an additional washing step, TMB substrate is used for color development at 450nm. The amount of color development is directly proportional to the concentration of total A2M in the sample.

REAGENTS PROVIDED

- **96-well antibody coated microtiter strip plate** (removable wells 8x12) containing anti-human A2M antibody, blocked and dried.
- **10X Wash buffer:** 1 bottle of 50ml
- **Human A2M standard:** 1 vial lyophilized standard
- **Anti-human A2M primary antibody:** 1 vial lyophilized polyclonal antibody
- **Horseradish peroxidase-conjugated streptavidin:** 1 vial concentrated HRP labeled streptavidin
- **TMB substrate solution:** 1 bottle of 10ml solution

STORAGE AND STABILITY

Store all kit components at 4°C upon arrival. Return any unused microplate strips to the plate pouch with desiccant. Reconstituted standards and primary may be stored at -80°C for later use. Do not freeze-thaw the standard and primary antibody more than once. Store all other unused kit components at 4°C. This kit should not be used beyond the expiration date.

OTHER REAGENTS AND SUPPLIES REQUIRED

- Microtiter plate shaker capable of 300 rpm uniform horizontally circular movement
- Manifold dispenser/aspirator or automated microplate washer
- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes and Pipette tips
- Deionized or distilled water
- Polypropylene tubes for dilution of standard
- Paper towels or laboratory wipes
- 1N H₂SO₄ or 1N HCl
- Bovine Serum Albumin Fraction V (BSA)
- Tris(hydroxymethyl)aminomethane (Tris)
- Sodium Chloride (NaCl)

PRECAUTIONS

- FOR LABORATORY RESEARCH USE ONLY. NOT FOR DIAGNOSTIC USE.
- Do not mix any reagents or components of this kit with any reagents or components of any other kit. This kit is designed to work properly as provided.
- Always pour peroxidase substrate out of the bottle into a clean test tube. Do not pipette out of the bottle as contamination could result.
- Keep plate covered except when adding reagents, washing, or reading.
- DO NOT pipette reagents by mouth and avoid contact of reagents and specimens with skin.
- DO NOT smoke, drink, or eat in areas where specimens or reagents are being handled.

PREPARATION OF REAGENTS

- TBS buffer:** 0.1M Tris, 0.15M NaCl, pH 7.4
- Blocking buffer (BB):** 3% BSA (w/v) in TBS
- 1X Wash buffer:** Dilute 50ml of 10X wash buffer concentrate with 450ml of deionized water

SAMPLE COLLECTION

Collect plasma using citrate, EDTA, or heparin as an anticoagulant. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. Assay immediately or aliquot and store at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

ASSAY PROCEDURE

Perform assay at room temperature. Vigorously shake plate (300rpm) at each step of the assay.

Preparation of Standard

Reconstitute standard by adding 1ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. This will result in a 1000ng/ml standard solution.

Dilution table for preparation of human A2M standard:

A2M concentration (ng/ml)	Dilutions
250	750 μl (BB) + 250 μl (1000ng/ml)
125	500 μl (BB) + 500 μl (250ng/ml)
50	600 μl (BB) + 400 μl (125ng/ml)
25	500 μl (BB) + 500 μl (50ng/ml)
10	600 μl (BB) + 400 μl (25ng/ml)
5	500 μl (BB) + 500 μl (10ng/ml)
2.5	500 μl (BB) + 500 μl (5ng/ml)
1	600 μl (BB) + 400 μl (2.5ng/ml)
0.5	500 μl (BB) + 500 μl (1ng/ml)
0	500 μl (BB) Zero point to determine background

NOTE: DILUTIONS FOR THE STANDARD CURVE AND ZERO STANDARD MUST BE MADE AND APPLIED TO THE PLATE IMMEDIATELY.

Standard and Unknown Addition

Remove microtiter plate from bag and add 100 μl A2M standards (in duplicate) and unknowns to wells. Carefully record position of standards and unknowns. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

NOTE: The assay measures A2M in the 1-250 ng/ml range. If the unknown is thought to have high A2M levels, dilutions may be made in blocking buffer. A 1:100,000 to 1:400,000 dilution for normal human plasma is suggested for best results.

Primary Antibody Addition

Reconstitute primary antibody by adding 10ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. Add 100 μl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Streptavidin-HRP Addition

Briefly centrifuge vial before opening. Dilute 2.5 μl of HRP conjugated streptavidin into 2.5ml blocking buffer to generate a 1:1,000 dilution. Add 0.2ml of 1:1,000 dilution to 9.8ml of blocking buffer to generate a 1:50,000 dilution. Add 100 μl of the 1:50,000 dilution to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Substrate Incubation

Add 100 μl TMB substrate to all wells and shake plate for 2-10 minutes. Substrate will change from colorless to different strengths of blue. Quench reaction by adding 50 μl of 1N H_2SO_4 or HCl stop solution to all wells when samples are visually in the same range as the standards. Add stop solution to wells in the same order as substrate upon which color will change from blue to yellow. Mix thoroughly by gently shaking the plate.

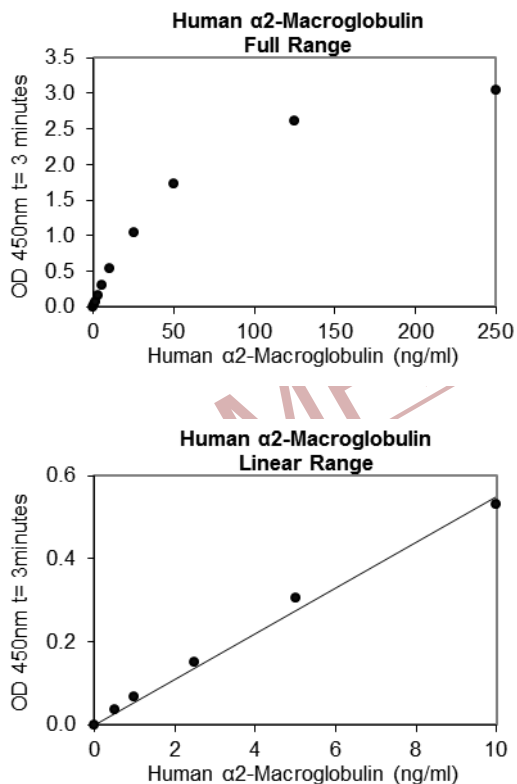
Measurement

Set the absorbance at 450nm in a microtiter plate spectrophotometer. Measure the absorbance in all wells at 450nm. Subtract zero point from all standards and unknowns to determine corrected absorbance (A_{450}).

Calculation of Results

Plot A_{450} against the amount of A2M in the standards. Fit a straight line through the linear points of the standard curve using a linear fit procedure if unknowns appear on the linear portion of the standard curve. Alternatively, create a standard curve by analyzing the data using a software program capable of generating a four parameter logistic (4PL) curve fit. The amount of A2M in the unknowns can be determined from this curve. If samples have been diluted, the calculated concentration must be multiplied by the dilution factor.

A typical standard curve (EXAMPLE ONLY):



EXPECTED VALUES

The concentration of A2M in pooled donor plasma from normal individuals was found to be 1.2 mg/ml [4].

PERFORMANCE CHARACTERISTICS

Sensitivity: The minimum detectable dose (MDD) was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates (range OD_{450} : 0.095-0.098) and calculating the corresponding concentration. The MDD was 0.123ng/ml.

Intra-assay Precision: Three samples of known concentration were tested twenty times on one plate to assess intra-assay precision.

Sample	1	2	3
n	20	20	20
Mean (ng/ml)	0.12	1.61	15.51
Standard Deviation	0.005	0.010	0.049
CV (%)	5.42	5.84	5.19

Inter-assay Precision: These studies are currently in progress. Please contact us for more information.

Recovery: These studies are currently in progress. Please contact us for more information.

Linearity: : These studies are currently in progress. Please contact us for more information.

Specificity: These studies are currently in progress. Please contact us for more information.

DISCLAIMER

This information is believed to be correct but does not claim to be all-inclusive and shall be used only as a guide. The supplier of this kit shall not be held liable for any damage resulting from handling of or contact with the above product.

REFERENCES

1. Borth W: FASEB J. 1992, 6:3345-53.
2. McMahon MJ, *et al.*: Am J Surg. 1984, 147(1):164-70.
3. Housley J: J Clin Path. 1968, 21:27-31.
4. Coan MH and Roberts RC: Biol Chem. 1989, 370:673-6.

Example of ELISA Plate Layout

96 Well Plate: 20 Standard wells, 76 Sample wells

	1	2	3	4	5	6	7	8	9	10	11	12
A	0	0.5 ng/ml	1 ng/ml	2.5 ng/ml	5 ng/ml	10 ng/ml	25 ng/ml	50 ng/ml	125 ng/ml	250 ng/ml		
B	0	0.5 ng/ml	1 ng/ml	2.5 ng/ml	5 ng/ml	10 ng/ml	25 ng/ml	50 ng/ml	125 ng/ml	250 ng/ml		
C												
D												
E												
F												
G												
H												

SAMPLE INSERT
 Refer to kit box for
 lot specific instructions