



# Human IL-6 High Sensitivity PharmaGenie ELISA Kit

SKU: HUDC0062

Instructions for use

**For research use only**

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# Human IL-6 High Sensitivity PharmaGenie ELISA Kit

## 1. Intended use

The ELISA Genie IL-6 High Sensitivity PharmaGenie ELISA kit is a solid phase sandwich ELISA for the *in-vitro* qualitative and quantitative determination of IL-6 in supernatants, buffered solutions or serum and plasma samples. This assay will recognise both natural and recombinant human IL-6.

PharmaGenie ELISA Kits from ELISA Genie are a premium range of pre-coated ELISA kits especially designed for scientists working in pharmaceutical, biotech & CRO sectors. PharmaGenie ELISA kits are produced using high quality monoclonal antibody pairs & optimized reagents that have been manufactured according ISO 9001:2000 quality systems and are excellent assays to help discover our future.

**This kit has been configured for IVD use. Not suitable for use in therapeutic procedures.**

## 2. Introduction

### 2.1. Summary

Interleukin-6 (IL-6) is a multi-functional cytokine that regulates immune responses, acute phase reactions and haematopoiesis and may play a central role in host defence mechanisms (13, 31). The gene for human IL-6 has been localized to chromosome 7p21 (1). The genomic sequence has been determined (36). IL-6 is usually not produced constitutively by normal cells, but its expression is readily induced by a variety of cytokines (28), lipopolysaccharide (25) or viral infections (3). The IL-6 gene product is a single chain protein with a molecular mass ranging from 21 to 28 kDa, depending on the cellular source. Extensive posttranslational modifications like N- and O-linked glycosylation (20) as well as phosphorylation (21) seem to account for this heterogeneity. The cDNA for IL-6 predicts a precursor protein of 212 amino acids (10). IL-6 is a pleiotropic cytokine produced by a variety of cells. It acts on a wide range of tissues, exerting growth-induction, growth-inhibition, and differentiation respectively, depending on the nature of the target cells.

IL-6 is involved in:

- the induction of B-cell differentiation,
- the induction of acute phase proteins in liver cells,
- growth promotion of myeloma/plasmacytoma/hybridoma cells,
- induction of IL-2 and IL-2 receptor expression,
- proliferation and differentiation of T cells,
- inhibition of cell growth of certain myeloid leukemic cell lines and induction of their differentiation to macrophages,
- enhancement of IL-3-induced multipotential colony cell formation in hematopoietic stem cells and induction of maturation of megakaryocytes as a thrombopoietic factor,
- induction of mesangial cell growth,
- induction of neural differentiation of PC 12 cells and - induction of keratinocyte growth (14).

The abnormal production of IL-6 was first suggested to be related to polyclonal B-cell activation with autoantibody production in patients with cardiac myxoma (9). Since then, IL-6 has been suggested to be involved in the pathogenesis of a variety of diseases. Measurement of IL-6 levels in serum and other body fluids thus provides more detailed insights into various pathological situations. For Example:

### **Infections:**

Body fluids of patients with acute local bacterial or viral infections and serum of patients with gram-negative or positive bacteremia contain elevated levels of biologically active IL-6 (7, 16).

**Obstetric Infections:**

IL-6 has emerged as a reporter cytokine for intra-amniotic infection (29).

**Diseases associated with an altered immune system** (polyclonal B-cell abnormalities or autoimmune diseases):

Elevated levels of circulating IL-6 have been detected in patients with cardiac myxoma (11), Castleman's disease (18), rheumatoid arthritis (12), IgM gammopathy and in those with acquired immunodeficiency syndrome (19, 23) as well as alcoholic liver cirrhosis (2, 32).

**Proliferative diseases:**

Elevated plasma levels of IL-6 are observed in patients with psoriasis (4, 5) and mesangial proliferative glomerulonephritis (15).

**Neoplastic Diseases:**

Increased systemic levels of IL-6 have been detected in patients with multiple myeloma (22), other B-cell dyscrasias (27), Lennert's T lymphoma, Castleman's disease, renal cell carcinoma (33) and various other solid tumors (17, 30).

**Inflammatory responses:**

IL-6 is involved in the induction of acute phase proteins and induction of fever (8). Elevated serum levels of IL-6 are also found in patients with severe burns (24, 34), in serum and plasma as a marker for predicting postoperative complications (26), in serum and urine of recipients of kidney transplants before rejection (35), in the serum of septic shock patients (6) and in patients with inflammatory arthritis and traumatic arthritis.

**2.2. Principle of the method**

A capture Antibody highly specific for IL-6 has been coated to the wells of the microtiter strip plate provided during manufacture. Binding of IL-6 samples and known standards to the capture antibodies and subsequent binding of the biotinylated anti-IL-6 secondary antibody to the analyte is completed during the same incubation period. Any excess unbound analyte and secondary antibody is removed.

The HRP conjugate solution is then added to every well including the zero wells, following incubation excess conjugate is removed by careful washing.

A chromogen substrate is added to the wells resulting in the progressive development of a blue coloured complex with the conjugate. The colour development is then stopped by the addition of acid turning the resultant final product yellow. The intensity of the produced coloured complex is directly proportional to the concentration of IL-6 present in the samples and standards.

The absorbance of the colour complex is then measured and the generated OD values for each standard are plotted against expected concentration forming a standard curve. This standard curve can then be used to accurately determine the concentration of IL-6 in any sample tested.

### 3. Reagents provided and reconstitution

Reagents (Store @ 2-8°C)	Quantity 1x48 well kit	Quantity 1x96 well kit	Quantity 2x96 well kit	Reconstitution
96 well microtiter strip plate	1/2	1	2	Ready to use (Pre-coated)
Plastic plate covers	2	2	4	n/a
IL-6HS Standard: 50 pg/ml	1	2	4	Reconstitute as directed on the vial (see reagent preparation, section 8)
Standard Diluent (Buffer)	1 (25ml)	1 (25ml)	1 (25ml)	10x Concentrate, dilute in distilled water (see reagent preparation, section 8)
Standard Diluent Serum	1 (7 ml)	1 (7 ml)	2 (7 ml)	Ready to use
IL-6HS Control	1	2	4	Reconstitute as directed on the vial (see reagent preparation, section 8)
Biotinylated anti-IL-6HS	1 (0.4ml)	1 (0.4ml)	2 (0.4ml)	Dilute in biotinylated antibody diluent (see reagent preparation, section 8)
Biotinylated Antibody diluent	1 (7ml)	1 (7ml)	1 (13ml)	Ready to use
Streptavidin-HRP	1 (5µl)	2 (5µl)	4 (5µl)	Add 0.5ml of HRP diluent prior to use (see reagent preparation, section 8)
HRP Diluent	1 (23ml)	1 (23ml)	1 (23ml)	Ready to use
Wash Buffer	1 (10ml)	1 (10ml)	2 (10ml)	200x Concentrate dilute in distilled water (see reagent preparation, section 8)
TMB Substrate	1 (11ml)	1 (11ml)	1 (24ml)	Ready to use
H <sub>2</sub> SO <sub>4</sub> stop reagent	1 (11ml)	1 (11ml)	2 (11ml)	Ready to use

### 4. Materials required but not provided

- Microtiter plate reader fitted with appropriate filters (450nm required with optional 620nm reference filter)
- Microplate washer or wash bottle
- 10, 50, 100, 200 and 1,000µl adjustable single channel micropipettes with disposable tips
- 50-300µl multi-channel micropipette with disposable tips
- Multichannel micropipette reagent reservoirs
- Distilled water
- Vortex mixer
- Miscellaneous laboratory plastic and/or glass, if possible sterile

### 5. Storage Instructions

Store kit reagents between 2 and 8°C. Immediately after use remaining reagents should be returned to cold storage (2-8°C). Expiry of the kit and reagents is stated on box front labels. The expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, the reagent is not contaminated by the first handling.

**Wash buffer 1X:** Once prepared, store at 2-8°C for up to 1 week.

**Standard diluent Buffer 1X:** Once prepared, store at 2-8°C for up to 1 week.

**Reconstituted Standard/Control:** Once prepared use immediately and do not store.

**Diluted Biotinylated Anti-IL-6HS:** Once prepared use immediately and do not store.

**Diluted Streptavidin-HRP:** Once prepared use immediately and do not store.

## 6. Specimen collection, processing & storage

Cell culture supernatants, human serum, plasma or other biological samples will be suitable for use in the assay. Remove serum from the clot or red cells, respectively, as soon as possible after clotting and separation.

**Cell culture supernatants:** Remove particulates and aggregates by spinning at approximately 1000 x g for 10 min.

**Serum:** Use pyrogen/endotoxin free collecting tubes. Serum should be removed rapidly and carefully from the red cells after clotting. Following clotting, centrifuge at approximately 1000 x g for 10 min and remove serum.

**Plasma:** EDTA, citrate and heparin plasma can be assayed. Spin samples at 1000 x g for 30 min to remove particulates. Harvest plasma.

**Storage:** If not analyzed shortly after collection, samples should be aliquoted (250-500µl) to avoid repeated freeze-thaw cycles and stored frozen at  $-70^{\circ}\text{C}$ . Avoid multiple freeze-thaw cycles of frozen specimens.

**Recommendation:** Do not thaw by heating at  $37^{\circ}\text{C}$  or  $56^{\circ}\text{C}$ . Thaw at room temperature and make sure that sample is completely thawed and homogeneous before use. When possible avoid use of badly haemolysed or lipemic sera. If large amounts of particles are present these should be removed prior to use by centrifugation or filtration.

## 7. Safety & precautions for use

- Handling of reagents, serum or plasma specimens should be in accordance with local safety procedures, e.g. CDC/NIH Health manual: "Biosafety in Microbiological and Biomedical Laboratories" 1984. Laboratory gloves should be worn at all times.
- Avoid any skin contact with  $\text{H}_2\text{SO}_4$  and TMB. In case of contact, wash thoroughly with water.
- Do not eat, drink, smoke or apply cosmetics where kit reagents are used.
- Do not pipette by mouth.
- When not in use, kit components should be stored refrigerated or frozen as indicated on vials or bottles labels.
- All reagents should be warmed to room temperature before use. Lyophilized standards should be discarded after use.
- Once the desired number of strips has been removed, immediately reseal the bag to protect the remaining strips from deterioration.
- Cover or cap all reagents when not in use.
- Do not mix or interchange reagents between different lots.
- Do not use reagents beyond the expiration date of the kit.
- Use a clean disposable plastic pipette tip for each reagent, standard, or specimen addition in order to avoid cross contamination, for the dispensing of  $\text{H}_2\text{SO}_4$  and substrate solution, avoid pipettes with metal parts.
- Use a clean plastic container to prepare the washing solution.
- Thoroughly mix the reagents and samples before use by agitation or swirling.
- All residual washing liquid must be drained from the wells by efficient aspiration or by decantation followed by tapping the plate forcefully on absorbent paper. Never insert absorbent paper directly into the wells.
- The TMB solution is light sensitive. Avoid prolonged exposure to light. Also, avoid contact of the TMB solution with metal to prevent colour development. Warning TMB is toxic avoid direct contact with hands. Dispose of properly.
- If a dark blue colour develops within a few minutes after preparation, this indicates that the TMB solution has been contaminated and must be discarded. Read absorbance's within 1 hour after completion of the assay.
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells.
- Follow incubation times described in the assay procedure.

- Dispense the TMB solution within 15 min of the washing of the microtiter plate.

## 8. Assay Preparation

Bring all reagents to room temperature before use

### 8.1. Assay Design

Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running zeros and standards. Each sample, standard, zero and control should be tested **in duplicate**. Remove sufficient microwell strips for testing from the pouch immediately prior to use. Return any wells not required for this assay with desiccant to the pouch. Seal tightly and return to 28°C storage.

**Example plate layout** (example shown for a 6-point standard curve)

	Standards / Controls		Sample Wells									
	1	2	3	4	5	6	7	8	9	10	11	12
A	50	50										
B	25	25										
C	12.5	12.5										
D	6.25	6.25										
E	3.12	3.12										
F	1.56	1.56										
G	zero	zero										
H	Ctrl	Ctrl										

*All remaining empty wells can be used to test samples in duplicate*

### 8.2. Preparation of Wash Buffer

Dilute the (200X) wash buffer concentrate 200-fold with distilled water to give a 1X working solution. Pour entire contents (10 ml) of the Wash Buffer Concentrate into a clean 2,000 ml graduated cylinder. Bring final volume to 2,000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. Transfer to a clean wash bottle and store at 2°-25°C.

### 8.3. Preparation of Standard Diluent Buffer

Add the contents of the vial (10X concentrate) to 225 ml of distilled water before use. This solution can be stored at 2-8°C for up to 1 week.

### 8.4. Preparation of Standard

Depending on the type of samples you are assaying, the kit may include two standard diluents. Because biological fluids might contain proteases or cytokine-binding proteins that could modify the recognition of the cytokine you want to measure, you should reconstitute standard vials with the most appropriate Standard Diluent.

For **serum and plasma** samples: use Standard Diluent - Serum For

**cell culture supernatants**: use Standard Diluent Buffer

Standard vials must be reconstituted with the volume of standard diluent shown on the vial immediately prior to use. This reconstitution gives a stock solution of 50 pg/ml of IL-6. Mix the reconstituted standard gently by inversion only. Serial dilutions of the standard are made directly in the assay plate to provide the concentration range from 50 to 1.56 pg/ml. A fresh standard curve should be produced for each new assay.

- Immediately after reconstitution add 200µl of the reconstituted standard to well's A1 and A2, which provides the highest concentration standard at 50 pg/ml.



- Add 100µl of standard diluent to the remaining standard wells B1 and B2 to F1 and F2.
- Transfer 100µl from wells A1 and A2 to B1 and B2. Mix the well contents by repeated aspirations and ejections taking care not to scratch the inner surface of the wells.
- Continue this 1:1 dilution using 100µl from wells B1 and B2 through to wells F1 and F2 providing a serial diluted standard curve ranging from 50 pg/ml to 1.56 pg/ml.
- Discard 100µl from the final wells of the standard curve (F1 and F2).

Alternatively, these dilutions can be performed in separate clean tubes and immediately transferred into the relevant wells.

### 8.5. Preparation of Controls

Freeze-dried control vials should also be reconstituted with the most appropriate Standard Diluent to your samples.

For **serum and plasma** samples: use Standard Diluent - Serum For

**cells culture supernatants**: use Standard Diluent Buffer

The supplied Controls must be reconstituted with the volume of Standard Diluent indicated on the vial. Reconstitution of the freeze-dried material with the indicated volume, will give a solution at the concentration stated on the vial. Do not store after use.

### 8.6. Preparation of Biotinylated anti-IL-6HS

It is recommended this reagent is prepared immediately before use. Dilute the biotinylated anti-IL-6HS with the biotinylated antibody diluent in an appropriate clean glass vial using volumes appropriate to the number of required wells. Please see example volumes below:

Number of wells required	Biotinylated Antibody (µl)	Biotinylated Antibody Diluent (µl)
16	40	1060
24	60	1590
32	80	2120
48	120	3180
96	240	6360

### 8.7. Preparation of Streptavidin-HRP

It is recommended to centrifuge vial for a few seconds in a microcentrifuge to collect all the volume at the bottom.

Dilute the 5µl vial with 0.5ml of HRP diluent **immediately before use**. Do not keep this diluted vial for future experiments. Further dilute the HRP solution to volumes appropriate for the number of required wells in a clean glass vial. Please see example volumes below:

Number of wells required	Streptavidin-HRP (µl)	Streptavidin-HRP Diluent (ml)
16	30	2
24	45	3
32	60	4
48	75	5
96	150	10



## 9. Method

We strongly recommend that every vial is mixed thoroughly without foaming prior to use.

Prepare all reagents as shown in section 8.

**Note:** final preparation of **Biotinylated Secondary Antibody** (section 8.6) and **Streptavidin-HRP** (section 8.7) should occur immediately before use.

Assay Step		Details
1.	Addition	<b>Prepare Standard curve</b> as shown in section 8.4 above
2.	Addition	Add 100µl of each <b>Sample, Control and zero (Standard diluent)</b> in duplicate to appropriate number of wells
3.	Addition	Add 50µl of diluted <b>biotinylated anti-IL-6HS</b> to all wells
4.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for <b>3 hours</b>
5.	Wash	Remove the cover and wash the plate as follows: a) Aspirate the liquid from each well b) Dispense 0.3 ml of <b>1x washing solution</b> into each well c) Aspirate the contents of each well d) Repeat step b and c another two times
6.	Addition	Add 100µl of <b>Streptavidin-HRP</b> solution into all wells
7.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for <b>30 min</b>
8.	Wash	Repeat wash step 5.
9.	Addition	Add 100µl of ready-to-use <b>TMB Substrate Solution</b> into all wells
10.	Incubation	Incubate in the dark for <b>12-15 minutes*</b> at room temperature. Avoid direct exposure to light by wrapping the plate in aluminium foil.
11.	Addition	Add 100µl of <b>H<sub>2</sub>SO<sub>4</sub>: Stop Reagent</b> into all wells

**Read the absorbance** value of each well (immediately after step 11.) on a spectrophotometer using 450 nm as the primary wavelength and optionally 620 nm as the reference wave length (610 nm to 650 nm is acceptable).

*\*Incubation time of the substrate solution is usually determined by the ELISA reader performance. Many ELISA readers only record absorbance up to 2.0 O.D. Therefore, the colour development within individual microwells must be observed by the analyst, and the substrate reaction stopped before positive wells are no longer within recordable range.*

## 10. Data Analysis

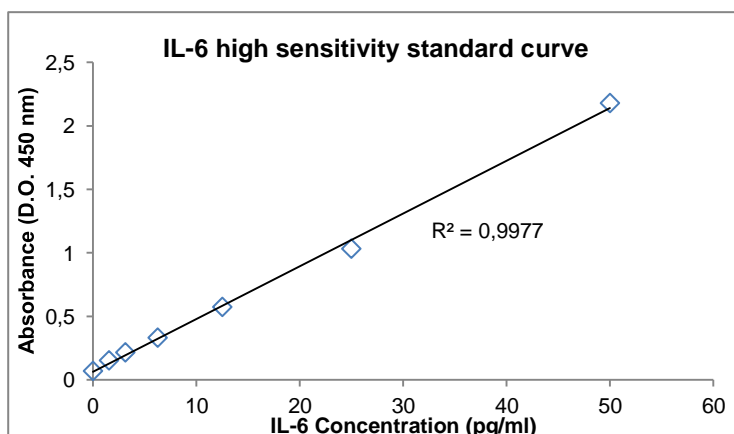
Calculate the average absorbance values for each set of duplicate standards, controls and samples. Ideally duplicates should be within 20% of the mean.

Generate a linear standard curve by plotting the average absorbance of each standard on the vertical axis versus the corresponding IL-6 standard concentration on the horizontal axis.

The amount of IL-6 in each sample is determined by extrapolating OD values against IL-6 standard concentrations using the standard curve.

### Example IL-6HS Standard curve

Standard	IL-6 Conc (pg/ml)	OD (450nm) mean	CV (%)
1	50	2.176	7.8
2	25	1.029	2.45
3	12.5	0.571	0.64
4	6.25	0.33	0.78
5	3.12	0.213	1.05
6	1.56	0.15	3.94
zero	0	0.069	0.02



**Note:** curve shown above should not be used to determine results. Every laboratory must produce a standard curve for each set of microwell strips assayed.

## 11. Assay limitations

Do not extrapolate the standard curve beyond the maximum standard curve point. The dose-response is non-linear in this region and good accuracy is difficult to obtain. Concentrated samples above the maximum standard concentration must be diluted with Standard diluent or with your own sample buffer to produce an OD value within the range of the standard curve. Following analysis of such samples always multiply results by the appropriate dilution factor to produce actual final concentration.

The influence of various drugs on end results has not been investigated. Bacterial or fungal contamination and laboratory cross-contamination may also cause irregular results.

Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Completely empty wells before dispensing fresh Wash Buffer, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.

Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.

As with most biological assays conditions may vary from assay to assay therefore **a fresh standard curve must be prepared and run for every assay.**

## 12. Performance Characteristics

### 12.1. Sensitivity

The sensitivity or minimum detectable dose of IL-6 using this ELISA Genie IL-6HS ELISA kit was found to be **0.81 pg/ml**. This was determined by adding 3 standard deviations to the mean concentration obtained when the zero standard was assayed 36 times.

## 12.2. Specificity

The assay recognizes both natural and recombinant human IL-6. To define the specificity of this ELISA several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested: IL-1 $\alpha$ , IL-1 $\beta$ , IL-2, IL-4, IL-8, IL-10, IL-12, IL-13, IFN $\gamma$  et TNF $\alpha$ .

## 12.3. Precision

### Intra-assay

Reproducibility within the assay was evaluated in three independent experiments. Each assay was carried out with 6 replicates (3 duplicates) of samples containing different concentrations of IL-6: 3 in human pooled serum and 2 in supernatant. 1 standard curve was run on each plate. Data below show the mean IL-6 concentration and the coefficient of variation for each sample. **The calculated overall coefficient of variation was 4.4%.**

Session	Sample	Mean IL-6 pg/ml	SD	CV%
Session 1	Sample 1	23.73	0.32	1.4
	Sample 2	10.63	0.21	2.0
	Sample 3	5.67	0.32	5.7
	Sample 4	40.17	4.40	11.0
	Sample 5	30.10	2.03	6.7
Session 2	Sample 1	25.77	0.99	3.8
	Sample 2	12.53	0.55	4.4
	Sample 3	5.35	0.28	5.2
	Sample 4	41.11	0.53	1.3
	Sample 5	31.86	0.64	2.0
Session 3	Sample 1	22.94	0.89	3.9
	Sample 2	10.67	0.37	3.4
	Sample 3	5.23	0.36	6.8
	Sample 4	39.23	1.14	2.9
	Sample 5	28.98	1.71	5.9

### Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in three independent experiments by two technicians. Each assay was carried out with 6 replicates (3 duplicates) of samples containing different concentrations of IL-6: 3 in human pooled serum and 2 in supernatant. 1 standard curve was run on each plate. Data below show the mean IL-6 concentration and the coefficient of variation for each sample. **The calculated overall coefficient of variation was 9.1%.**

	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5
Mean IL-6 pg/ml	25	12	6	41	31
SD	3	1	1	2	1
CV%	12.2	8.7	13.9	5.9	4.8

## 12.4. Dilution Parallelism

In two independent experiments two spiked human serum samples with different levels of IL-6 were analysed at different serial two-fold dilutions (1:2 to 1:8) with two replicates each. Recoveries ranged from 80 to 109% with an overall **mean recovery of 89%.**

### 12.5. Spike Recovery

The spike recovery was evaluated by spiking 3 concentrations of IL-6 in human serum and culture medium in 3 separate experiments. Recoveries ranged from 107 to 123% with an overall **mean recovery of 115%**.

### 12.6. Stability

#### Storage Stability

Aliquots of spiked serum and spiked medium were stored at  $-20^{\circ}\text{C}$ ,  $+2-8^{\circ}\text{C}$ , room temperature (RT) and at  $37^{\circ}\text{C}$ . And the IL-6 level was determined after 24h. There was no significant loss of IL-6 reactivity in medium during storage at  $+2-8^{\circ}\text{C}$ , RT and  $37^{\circ}\text{C}$ . However, there was significant loss in serum during storage at  $+2-8^{\circ}\text{C}$  (20%), RT (39%) and  $37^{\circ}\text{C}$  (38%).

#### Freeze-thaw Stability

Aliquots of spiked serum and spiked medium were stored frozen at  $-20^{\circ}\text{C}$  and thawed up to 5 times and the IL-6 level was determined. A slight loss (12%) of IL-6 reactivity was observed in serum after 3 cycles of freezing and thawing.

### 12.7. Expected serum values

A panel of 20 human sera were tested for IL-6. See results below:

Number of samples evaluated	Range (pg/ml)	Mean (pg/ml)	Standard deviation (pg/ml)
20	[0 – 4.72]	1.3	1.4

### 12.8. Standard Calibration

This immunoassay is calibrated against the International Reference Standard NIBSC 89/548.

NIBSC 89/548 is quantitated in International Units (IU).

It has been calculated that **1IU NIBSC (approximately 10 pg) corresponding to 11 pg ELISA Genie IL-6**.

## 13. Assay Summary

**Total procedure length: 3h45mn**

**Add 100µl of sample, controls and diluted standard**

**and 50µl Biotinylated anti-IL-6HS**



**Incubate 3 hours at room temperature**



**Wash three times**



**Add 100µl of Streptavidin-HRP**



**Incubate 30 min at room temperature**



**Wash three times**



**Add 100µl of ready-to-use TMB**

**Protect from light. Let the color develop for 12-15 min.**



**Add 100µl H<sub>2</sub>SO<sub>4</sub>**



**Read Absorbance at 450 nm**

**Notes**

**Notes**





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