



SWINE INSULIN ELISA TEST KIT

#### PRODUCT PROFILE AND INSTRUCTIONS

#### **INTENDED USE**

The Swine Insulin ELISA test is an immunoassay designed for the quantitative determination of circulating insulin, a peptide hormone in serum/plasma samples of Swine and related species. The test is intended for professional use as an aid in the diagnosis and monitoring of physiological/pathological conditions related to circulating Insulin.

#### INTRODUCTION

Insulin is a peptide hormone very intimately involved in the control and regulation of all cellular activities of carbohydrate homeostasis, and is secreted by the beta cells of the pancreas. The circulating sugars intern insert a feedback regulation on the secretion of Insulin. Physiological circulating levels of Insulin is very important for many cellular, organ and body functions. Any changes in levels leads to Diabetes and related complex cycle of pathological events.

#### TEST PRINCIPLE

The Insulin ELISA Test Kit is based on the principle of a solid phase enzyme-linked immunosorbent assay. The assay system utilizes anti-Insulin antibodies for solid phase (microtiter wells) immobilization and a mouse monoclonal antibodies in the antibody-enzyme (horseradish peroxidase) conjugate solution. The test sample is allowed to react simultaneously with the antibodies, resulting in Insulin molecules being sandwiched between the solid phase and enzyme-linked antibodies. After a 60 minute incubation period, at 37C, the wells are washed with wash buffer to remove unbound labeled antibodies. A solution of TMB is added and incubated for 20 minutes, resulting in the development of a blue color. The color development is stopped with the addition of 2N HCl, and the absorbency is measured spectrophotometrically at 450nm. The intensity of the color formed is proportional to the amount of enzyme present and is directly related to the amount of unlabeled Insulin in the sample. By reference to a series of Insulin standards assayed in the same way, the concentration of Insulin in the unknown sample is computed and quantified.

### MATERIALS PROVIDED

- 1. Antibody-coated microtiter wells, 96-well plate
- 2. Reference Standards: 0, 1, 2.5, 5, 10, 25, ng/ml (0.5mL/Vial)
- 3. Enzyme Conjugate Reagent, 12 mL
- 4. TMB Color Reagent (ready to use), 12 mL
- 5. 20X Wash buffer, 20 mL
- 6. Stop solution (2N HCl), 6mL
- 7. Instructions

### MATERIALS REQUIRED, BUT NOT PROVIDED

- 1. Precision pipettes: 50uL, 100uL, 200uL, and 1.0mL
- 2. Disposable pipette tips
- 3. Distilled water
- 4. Glass tubes or flasks to prepare TMB Solution
- 5. Vortex mixer or equivalent
- 6. Absorbent paper of paper towel
- 7. Graph paper
- 8. Microtiter plate reader

### SPECIMEN COLLECTION AND PREPARATION

Serum should be prepared from a whole blood specimen obtained by acceptable medical techniques. This kit is for use with serum samples without additives only.

# STORAGE OF TEST KIT AND INSTRUMENTATION

Unopened test kits should be stored at 2-8°C upon receipt and the microtiter plate should be kept in a sealed bag with desiccants to minimize exposure to damp air. Opened test kits will remain stable until the expiration date shown, provided it is stored as prescribed above. A microtiter plate reader with a bandwidth of 10nm or less, with a bandwidth of 10nm or less and an optical density range of 0-2 OD or greater at a 450nm wavelength is acceptable for use in absorbency measurement.

# REAGENT PREPARATION

- 1. All reagents should be brought to room temperature (18-25°C) before use.
- 2. To prepare the wash buffer add one part of the reagent buffer to 19 parts of distilled water. Prepare desired amount and excess solution can be stored (refrigerated) and is stable for one week.
- 3. Ready to use standards should be stored, sealed, at 2-8°C. If not used for long term, should be stored at -20°C.

### ASSAY PROCEDURE

# One must follow accurately these steps to ensure correct results. Use clean pipettes and sterile, disposable tips:

- 1. Secure the desired number of coated wells in the holder.
- 2. Dispense 50ul of standards, specimens, and controls into appropriate wells.
- 3. Dispense 100ul of Enzyme Conjugate into each well. Mix for 30 seconds. It is very important to have complete mixing at this step, use the shaker.
- 4. Incubate at 37C incubator for 1 hour.
- 5. Remove the incubation mixture by dumping plate contents into a waste container.

- 6. Rinse and dump the microtiter wells five (5) times with wash buffer.
- 7. Strike the wells sharply onto absorbent paper or paper towels to remove all residual water droplets.
- 8. Dispense 100ul of TMB solution into each well. Gently mix for 10 seconds.
- 9. Incubate at room temperature for 20 minutes, in the dark.
- 10. Stop reaction by adding 50 ul of 2N HCl to each well.
- 11. Gently mix for 30 seconds. It is important to observe a color change from blue to yellow.
- 12. Read optical density at 450nm with a microtiter well reader.

Important note: The wash steps are very critical. Insufficient washing will result in poor precision and falsely elevated absorbency readings.

# **CALCULATION OF RESULTS**

Calculate the mean absorbency value (A450) for each set of reference standards, specimens, controls and patient samples. Construct a standard curve by plotting the mean absorbency obtained from each reference standard against its concentration in ng/ml on graph paper, with absorbency values on the vertical or Y axis, and concentrations on the horizontal or X axis. Use the mean absorbency values for each specimen to determine the corresponding concentration of Insulin in ng/ml from the standard curve.

#### EXPECTED VALUES AND SENSITIVITY

Each laboratory must establish its own normal ranges based on patient population. The minimal detectable concentration of Swine Insulin by this assay is estimated to be 0.5ng/ml.

# **REFERENCES**

- 1. Blundell TL and Humbel RE Nature, 1980 287p781
- 2. Eisenbarth GS. N Eng. J Med.1986 314 p1360
- 3. Clark PMS and Hales CN, Text Book of Diabetes Vol-1, 1991 p 335
- 4. Clark PMS and Hales CN, Diabetes Reviews 10, 1994 p 79
- 5. Anderson. L et. al., Clinical Chem. 1993, Vol. 38 p578
- 6. Atinmo T et.al. The J Nutrition, 1976 p 1654

Revised 062007-1

Catalog No: ERK S8009