

Creatine Kinase (MB-Isoform) ELISA Kit

Cat. No.:DEIA1893

Pkg.Size:96T

Intended use

Determination of Circulating Creatinine Kinase (MB-Isoform) Concentrations in Human Serum by a Microplate Immunoassay.

General Description

In this method, CK-MB calibrator, specimen or control is first added to a streptavidin coated well. Biotinylated monoclonal and enzyme labeled antibodies (directed against distinct and different epitopes of CK-MB) are added and the reactants mixed. Reaction between the various CK-MB antibodies and native CK-MB forms a sandwich complex that binds with the streptavidin coated to the well. After the completion of the required incubation period, the enzyme-CK-MB antibody bound conjugate is separated from the unbound enzyme CK-MB conjugate by aspiration or decantation. The activity of the enzyme present on the surface of the well is quantitated by reaction with a suitable substrate to produce color.

The employment of several serum references of known (CK-MB) levels permits the construction of a dose response curve of activity and concentration. From comparison to the dose response curve, an unknown specimen's activity can be correlated with CK-MB concentration.

Principle Of The Test

The essential reagents required for an immunoassay include high affinity and specificity antibodies (enzyme conjugated and immobilized), with different and distinct epitope recognition, in excess, and native antigen. In this procedure, the immobilization takes place during the assay at the surface of a microplate well through the interaction of streptavidin coated on the well and exogenously added biotinylated monoclonal anti-CK-MB antibody. Upon mixing biotin labeled monoclonal antibody, the enzyme-labeled antibody and a serum containing the native antigen reaction results between the native antigen and the antibodies, without competition or steric hindrance, to form a soluble sandwich complex. Simultaneously, the complex is deposited to the well through the high affinity reaction of streptavidin and biotinylated antibody. After equilibrium is attained, the antibody-bound fraction is separated from unbound antigen by decantation or aspiration. The enzyme activity in the antibody-bound fraction is directly proportional to the native antigen concentration. By utilizing several different serum references of known antigen values, a dose response curve can be generated from which the antigen concentration of an unknown can be ascertained.

Reagents And Materials Provided

A. CK-MB Calibrators -1.0 ml/vial (Lyophilized) (A- F)

Six vials of references for CK-MB antigen at levels of 0(A), 5(B), 25(C), 100(D), 200(E), and 400(F) ng/ml.

Reconstitute each vial with 1.0ml of distilled or deionized water.

The reconstituted calibrators are stable for 7 days at 2-8°C. In order to store for a longer period of time aliquot the reconstituted calibrators in cryo vials and store at -10°C. DO NOT FREEZE THAW MORE THAN ONCE. A preservative has been added.

Note: The calibrators, human serum based, were calibrated using gravimetric protein weight from a >99% purified preparation as seen with PAGE.

B. CK-MB Enzyme Reagent-13ml/vial

One vial containing enzyme labeled affinity purified antibody and biotin labeled monoclonal mouse IgG in buffer, dye, and preservative. Store at 2-8°C.

C. Streptavidin Plate - 96 wells

One 96-well microplate coated with streptavidin and packaged in an aluminum bag with a drying agent. Store at 2-8°C.

D. Wash Solution- 20 ml

One vial containing a surfactant in buffered saline. A preservative has been added. Store at 2-30°C.

E. Substrate A -7.0ml/vial

One bottle containing tetramethylbenzidine (TMB) in buffer. Store at 2-8°C.

F. Substrate B – 7.0ml/vial

One bottle containing hydrogen peroxide (H₂O₂) in buffer. Store at 2-8°C.

G. Stop Solution 8.0ml/vial One bottle containing a strong acid (1N HCl). Store at 2-30°C.

H. Product Instructions

Note 1: Do not use reagents beyond the kit expiration date.

Note 2: Opened reagents are stable for sixty days when stored at 2-8°C.

Note 3: Above reagents are for a single 96-well microplate.

Materials Required But Not Supplied

1. Pipette(s) capable of delivering 25µl and 50 µl volumes with a precision of better than 1.5%.
2. Dispenser(s) for repetitive deliveries of 0.100ml and 0.300ml volumes with a precision of better than 1.5% (optional).
3. Microplate washer or a squeeze bottle (optional).
4. Microplate Reader with 450nm and 620nm wavelength absorbance capability (The 620nm filter is optional)
5. Absorbent Paper for blotting the microplate wells.
6. Plastic wrap or microplate cover for incubation steps.
7. Vacuum aspirator (optional) for wash steps.
8. Timer.
9. Storage container for storage of wash buffer.
10. Distilled or deionized water.
11. Quality Control Materials.

Specimen Collection And Handling

The specimens shall be blood serum in type and the usual precautions in the collection of venipuncture samples should be observed. The blood should be collected in a plain redtop venipuncture tube without additives or gel barrier. Allow the blood to clot. Centrifuge the specimen to separate the serum from the cells. Samples may be refrigerated at 2-8°C for a maximum period of five days. If the specimen(s) cannot be assayed within this time, the sample(s) may be stored at temperatures of -20°C for up to 30 days. Avoid repetitive freezing and thawing. When assayed in duplicate, 0.050 ml of the specimen is required.

Reagent Preparation

Wash Buffer

Dilute contents of wash solution to 1000ml with distilled or deionized water in a suitable storage container.

Store at room temperature 20-27°C for up to 60 days.

Working Substrate Solution

Pour the contents of the amber vial labeled Solution 'A' into the clear vial labeled Solution 'B'. Place the yellow cap on the clear vial for easy identification. Mix and label accordingly. Store at 2 - 8°C.

Note: Do not use the working substrate if it looks blue.

Assay Steps

Before proceeding with the assay, bring all reagents, serum references and controls to room temperature (20-25°C).

1. Format the microplate wells for calibrator, control and specimen to be assayed in duplicate. Replace any unused microwell strips back into the aluminum bag, seal and store at 2-8°C.
2. Pipette 0.025 ml (25µl) of the appropriate calibrators, controls and samples into the assigned wells.
3. Add 0.100 ml (100µl) of the CK-MB Enzyme Reagent to each well. It is very important to dispense all reagents close to the bottom of the microwell.

Note: Use a multichannel pipet to quickly dispense the Enzyme Reagent to avoid drift if the dispensing is to take more than a few minutes.

4. Swirl the microplate gently for 20-30 seconds to mix. Cover with a plastic wrap.
5. Incubate for 15 minutes at room temperature (20-25°C).
6. Discard the contents of the microplate by decantation or aspiration. If decanting, tap and blot the plate dry with absorbent paper.
7. Add 350ul of wash buffer (see Reagent Preparation Section), decant (tap and blot) or aspirate. Repeat two additional times for a total of three washes. An automatic or manual plate washer can be used. Follow the manufacturer's instruction for proper usage. If a squeeze bottle is used, fill each well to the top by squeezing the container. Avoiding air bubbles. Decant the wash and repeat two additional times. Add 0.100 ml (100µl) of working substrate solution to all wells (see Reagent Preparation Section).

DO NOT SHAKE THE PLATE AFTER SUBSTRATE ADDITION

8. Incubate at room temperature for 15 minutes.
9. Add 0.050ml (50 µl) of stop solution to each well and mix gently for 15-20 seconds. Read the absorbance in each well at 450nm (using a reference wavelength of 620-630nm to minimize well imperfections) in a microplate reader. The results should be read within thirty minutes of adding the stop solution.

NOTE: Always add reagents in the same order to minimize reaction time differences between wells.

Quality Control

Each laboratory should assay controls at levels in the low, normal and elevated range for monitoring assay performance. These controls should be treated as unknowns and values determined in every test procedure performed.

Calculation

A dose response curve is used to ascertain the concentration of CK-MB in unknown specimens.

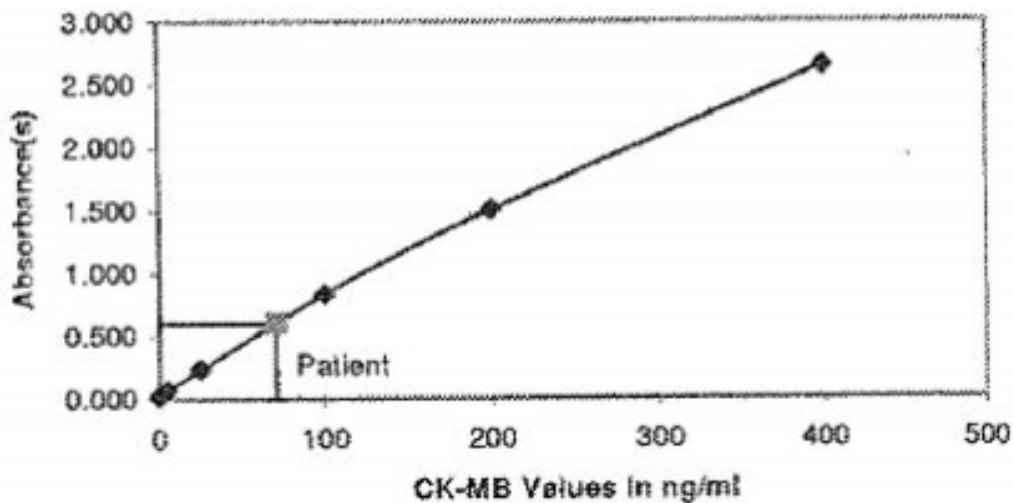
1. Record the absorbance obtained from the printout of the microplate reader.
2. Plot the absorbance for each duplicate serum reference versus the corresponding CKMB concentration in ng/ml on linear graph paper (do not average the duplicates of the serum references before plotting).
3. Draw the best-fit curve through the plotted points.
4. To determine the concentration of CK-MB for an unknown, locate the average absorbance of the duplicates for each unknown on the vertical axis of the graph, find the intersecting point on the curve, and read the concentration (in ng/ml) from the horizontal axis of the graph (the duplicates of the unknown may be averaged as indicated).

Note: Computer data reduction software designed for IEMA (ELISA) assays may also be used for the data reduction.

Typical Standard Curve

These data are intended for illustration only and should not be used to calculate results from another run.

Sample I.D.	Well Number	Abs (A)	Mean Abs (B)	Value (ng/ml)
Cal A	A1	0.022	0.022	0
	B1	0.023		
Cal B	C1	0.072	0.071	5
	D1	0.070		
Cal C	E1	0.243	0.236	25
	F1	0.230		
Cal D	G1	0.851	0.833	100
	H1	0.815		
Cal E	A2	1.503	1.504	200
	B2	1.505		
Cal F	C2	2.567	2.612	400
	D2	2.658		
Ctrl 1	E2	0.046	0.049	2.35
	F2	0.052		
Ctrl 2	G2	0.585	0.592	70.3
	H2	0.589		
Specimen	A3	0.140	0.136	12.4
	B3	0.131		



Precautions

Not for Internal or External Use in Humans or Animals.

All products that contain human serum have been found to be non-reactive for Hepatitis B Surface antigen, HIV 1&2 and HCV antibodies by FDA licensed reagents. Since no known test can offer complete assurance that infectious agents are absent, all human serum products should be handled as potentially hazardous and capable of transmitting disease. Good laboratory procedures for handling blood products can be found in the Center for Disease Control / National Institute of Health, "Biosafety in Microbiological and Biomedical Laboratories," 2nd Edition, 1988, HHS.

REFERENCES

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4. Bruns DE, "Diagnosis of acute myocardial infarction when skeletal muscle damage is present: a caveat regarding use of creatine kinase isoenzymes", Clin Chem, 35,705 (1989).