

ENG

Instructions for use:  
**HUMAN sCD30 ELISA**

Catalogue number:  
**RAF091R**

**For research use only!**

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## HISTORY OF CHANGES

Previous version	Current Version
ENG.004.A	ENG.005.A
Visual change of the document (rebranding)	
Chap. 4 : The sentence concerning storage after reconstitution	
Chap. 10 point i : shaker settings (rpm) information removed	

### 1. INTENDED USE

The Human sCD30 ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of Human sCD30. The Human sCD30 ELISA is for research use only. Not for diagnostic or therapeutic procedures

### 2. SUMMARY

The CD30 (Ki-1) molecule was identified by a monoclonal antibody which was originally found to react with an epitop present in Hodgkin's and Reed-Sternberg cells in Hodgkin's disease. Later, the Ki-1 antigen was found to be consistently expressed by a subgroup of diffuse large-cell lymphomas that were called Ki-1 positive (Ki-1+) anaplastic large-cell lymphomas (ALCL).

Characterization of the CD30 antigen has shown it to be in its mature form a transmembrane protein of about 120 kDa elaborated from an 84 kDa cytoplasmic precursor primarily through glycosylation. The cloning of the CD30 gene has allowed the identification of a cDNA with an open reading frame predicting a 595 amino acid polypeptide. The extracellular domain of CD30, comprising 365 residues, has proved to be homologous to that of the TNF-receptor superfamily. The CD30 gene is localized at chromosome 1q36, closely linked to other members of the TNF receptor superfamily comprising TNF-receptors, nerve growth factor, CD40, APO-1/Fas, CD27, OX40 and the neurotrophin receptor. The CD30 ligand (CD30L) has been identified, showing significant homology to TNF $\alpha$ , TNF $\beta$ , FasL, CD40L, CD27L and 4-1BBI. CD30L is expressed on activated T-cells. Interactions of the cytokine receptor CD30 with its ligand induces pleiotropic biologic effects, such as differentiation, activation, proliferation and cell death. In CD30+ ALCL cell lines binding of CD30L induces apoptotic cell death. CD30 furthermore seems to be involved in the control of the CD40/CD40L signal, T-cell proliferation and B-cell maturation induced by T-cell cytokines. Thus, CD30 seems to transmit information that is essential for the immune response.

CD30 expression is strictly dependent on activation and proliferation of T- and B-cells. In pathological conditions, CD30 positivity is regarded as a peculiar attribute of Hodgkin's and Reed-Sternberg cells.

There is growing evidence for a potential role of the CD30 molecule in clinical use and therapy. An 85 kDa soluble form of the CD30 molecule (sCD30) has been shown to be released by CD30+ cell in vitro and in vivo.

It is probably derived from the 120 kDa membrane bound molecule by proteolytic cleavage. Serum sCD30 detection can be regarded as a marker of the amount of CD30+ cells present in the body.

Increased serum levels of sCD30 have been reported for patients with CD30+ ALCL and CD30+ embryonal carcinoma of the testis and were found to correlate with the clinical phase of the disease, i.e. presentation complete remission (CR), relapse. Elevated serum values of sCD30 are shown in the majority of patients with Hodgkin's Disease which again correlate with the presence of B symptoms and with the stage of the disease, i.e. tumor burden.

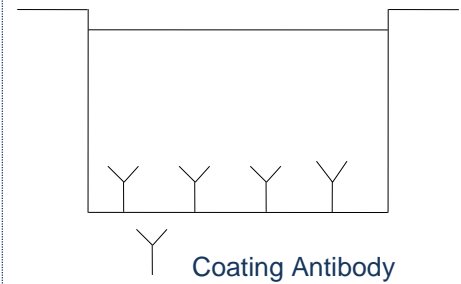
While elevations of the soluble CD30 in serum of patients affected by infectious diseases usually are not detected, infectious mononucleosis is a notable exception. Serum levels of sCD30 are also increased in most patients with HBsAg-positive chronic hepatitis and signs of active HBV replication, thus there is association of the raised sCD30 levels with the active phase of the illness. Abnormal soluble CD30 serum accumulation has been reported in Omenn's syndrome, a severe immunodeficiency. High elevations of sCD30 levels are found in patients of systemic lupus erythematosus which correlate with disease activity, in patients with the autoimmune liver disease primary biliary cirrhosis and in patients with rheumatoid arthritis

Example Version

### 3. TEST PRINCIPLE

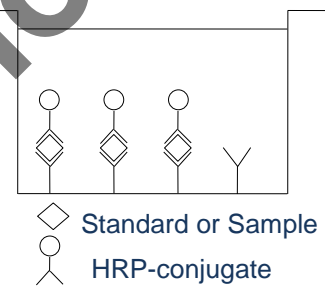
An anti-Human sCD30 coating antibody is adsorbed onto microwells.

Figure 1 **Coated Microwell**



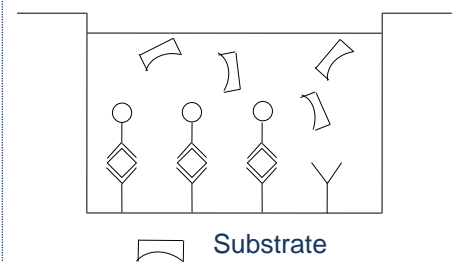
Human sCD30 present in the sample or standard binds to antibodies adsorbed to the microwells. A HRP-conjugated anti-Human sCD30 antibody is added and binds to Human sCD30 captured by the first antibody.

Figure 2 **First Incubation**



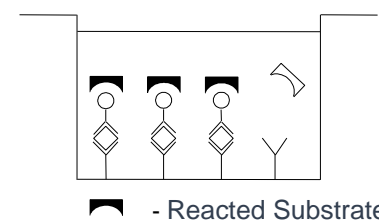
Following incubation unbound HRP-conjugated anti-Human sCD30 is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

Figure 3 **Second Incubation**



A coloured product is formed in proportion to the amount of Human sCD30 present in the sample or standard. The reaction is terminated by addition of acid and absorbance is measured at 450 nm. A standard curve is prepared from 7 Human sCD30 standard dilutions and Human sCD30 concentration determined.

Figure 4



#### 4. REAGENT SUPPLIED

- 1 aluminium pouch with a Antibody Coated Microtiter Plate (12 strips of 8 wells each) with monoclonal antibody to Human sCD30
- 1 vial (70 µl) HRP-Conjugate anti-Human sCD30 monoclonal antibody
- 2 vials Human sCD30 Standard lyophilized, 200 ng/ml upon reconstitution
- 1 vial Control high, lyophilized
- 1 vial Control low, lyophilized
- 1 vial (12 ml) Sample Diluent
- 1 vial (5 ml) Assay Buffer Concentrate 20x (PBS with 1% Tween 20 and 10% BSA)
- 1 bottle (50 ml) Wash Buffer Concentrate 20x (PBS with 1% Tween 20)
- 1 vial (15 ml) Substrate Solution (tetramethyl-benzidine)
- 1 vial (15 ml) Stop Solution (1M Phosphoric acid)
- 2 Adhesive Films

#### 5. STORAGE INSTRUCTIONS – ELISA KIT

Store kit reagents between 2° and 8°C except controls. Store lyophilized controls at -20°C. Immediately after use remaining reagents should be returned to cold storage (2° to 8°C), controls to -20°C, respectively. Expiry of the kit and reagents is stated on labels.

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, this reagent is not contaminated by the first handling.

#### 6. SAMPLE COLLECTION AND STORAGE INSTRUCTIONS

Cell culture supernatant, serum and plasma (EDTA, citrate, heparin) were tested with this assay. Other biological samples might be suitable for use in the assay. Remove serum or plasma from the clot or cells as soon as possible after clotting and separation.

Pay attention to a possible “Hook Effect” due to high sample concentrations (see chapter 11).

Samples containing a visible precipitate must be clarified prior to use in the assay. Do not use grossly hemolyzed or lipemic samples.

Samples should be aliquoted and must be stored frozen at -20°C to avoid loss of bioactive Human sCD30. If samples are to be run within 24 hours, they may be stored at 2° to 8°C (for sample stability refer to 13.5). Avoid repeated freeze-thaw cycles. Prior to assay, the frozen sample should be brought to room temperature slowly and mixed gently.

#### 7. MATERIALS REQUIRED BUT NOT PROVIDED

- 5 ml and 10 ml graduated pipettes
- 5 µl to 1000 µl adjustable single channel micropipettes with disposable tips
- 50 µl to 300 µl adjustable multichannel micropipette with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, cylinders necessary for preparation of reagents
- Device for delivery of wash solution (multichannel wash bottle or automatic wash system)
- Microwell strip reader capable of reading at 450 nm (620 nm as optional reference wave length)
- Glass-distilled or deionized water
- Statistical calculator with program to perform regression analysis

## 8. PRECAUTIONS FOR USE

- All chemicals should be considered as potentially hazardous. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water. See material safety data sheet(s) and/or safety statement(s) for specific advice.
- Reagents are intended for research use only and are not for use in diagnostic or therapeutic procedures.
- Do not mix or substitute reagents with those from other lots or other sources.
- Do not use kit reagents beyond expiration date on label.
- Do not expose kit reagents to strong light during storage or incubation.
- Do not pipette by mouth.
- Do not eat or smoke in areas where kit reagents or samples are handled.
- Avoid contact of skin or mucous membranes with kit reagents or samples.
- Rubber or disposable latex gloves should be worn while handling kit reagents or samples.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- In order to avoid microbial contamination or cross-contamination of reagents or samples which may invalidate the test use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.
- Exposure to acid inactivates the conjugate.
- Glass-distilled water or deionized water must be used for reagent preparation.
- Substrate solution must be at room temperature prior to use.
- Decontaminate and dispose samples and all potentially contaminated materials as they could contain infectious agents. The preferred method of decontamination is autoclaving for a minimum of 1 hour at 121.5°C.
- Liquid wastes not containing acid and neutralized waste may be mixed with sodium hypochlorite in volumes such that the final mixture contains 1.0% sodium hypochlorite. Allow 30 minutes for effective decontamination. Liquid waste containing acid must be neutralized prior to the addition of sodium hypochlorite.

## 9. PREPARATION OF REAGENTS

Buffer concentrates should be brought to room temperature and should be diluted before starting the test procedure.

If crystals have formed in the Buffer Concentrates, warm them gently until they have completely dissolved.

### 9.1 Wash Buffer (1x)

Pour entire contents (50 ml) of the Wash Buffer Concentrate (20x) into a clean 1000 ml graduated cylinder. Bring to final volume of 1000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. The pH of the final solution should adjust to 7.4.

Transfer to a clean wash bottle and store at 2° to 25°C. Please note that Wash Buffer (1x) is stable for 30 days.

Wash Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Wash Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 – 6	25	475
1 – 12	50	950

### 9.2 Assay Buffer (1x)

Pour the entire contents (5 ml) of the Assay Buffer Concentrate (20x) into a clean 100 ml graduated cylinder. Bring to final volume of 100 ml with distilled water. Mix gently to avoid foaming.

Store at 2° to 8°C. Please note that the Assay Buffer (1x) is stable for 30 days.

Assay Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Assay Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 – 6	2.5	47.5
1 – 12	5.0	95.0

### 9.3 HRP-Conjugate

Please note that the HRP-Conjugate should be used within 30 minutes after dilution.

Make a 1:100 dilution of the concentrated HRP-Conjugate solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	HRP-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

### 9.4 Human sCD30 Standard

Reconstitute Human sCD30 standard by addition of distilled water.

Reconstitution volume is stated in the Quality Control Sheet. Swirl or mix gently to insure complete and homogeneous solubilization (concentration of reconstituted standard = 200 ng/ml).

Allow the standard to reconstitute for 10-30 minutes. Mix well prior to making dilutions.

The standard has to be used immediately after reconstitution and cannot be stored.



### 9.4.1 External Standard Dilution

Label 7 tubes, one for each standard point.

S1, S2, S3, S4, S5, S6, S7

Then prepare 1:2 serial dilutions for the standard curve as follows:

Pipette 225  $\mu$ l of Sample Diluent into each tube.

Pipette 225  $\mu$ l of reconstituted standard (concentration = 200 ng/ml) into the first tube, labelled S1, and mix (concentration of standard 1 = 100 ng/ml). Pipette 225  $\mu$ l of this dilution into the second tube, labelled S2, and mix thoroughly before the next transfer. Repeat serial dilutions 5 more times thus creating the points of the standard curve (see Figure 5).

Sample Diluent serves as blank.

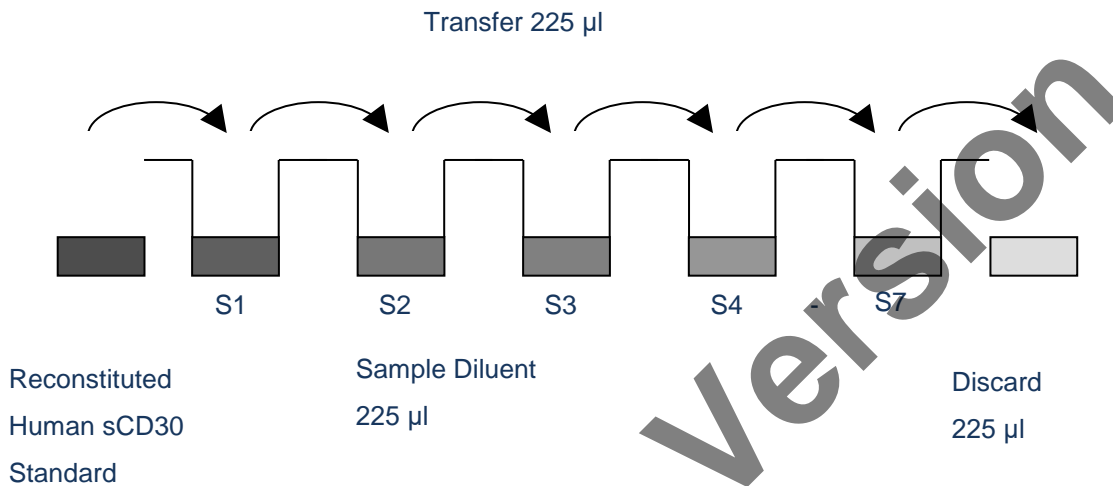


Figure 5 Dilute standards - tubes

### 9.5 Controls

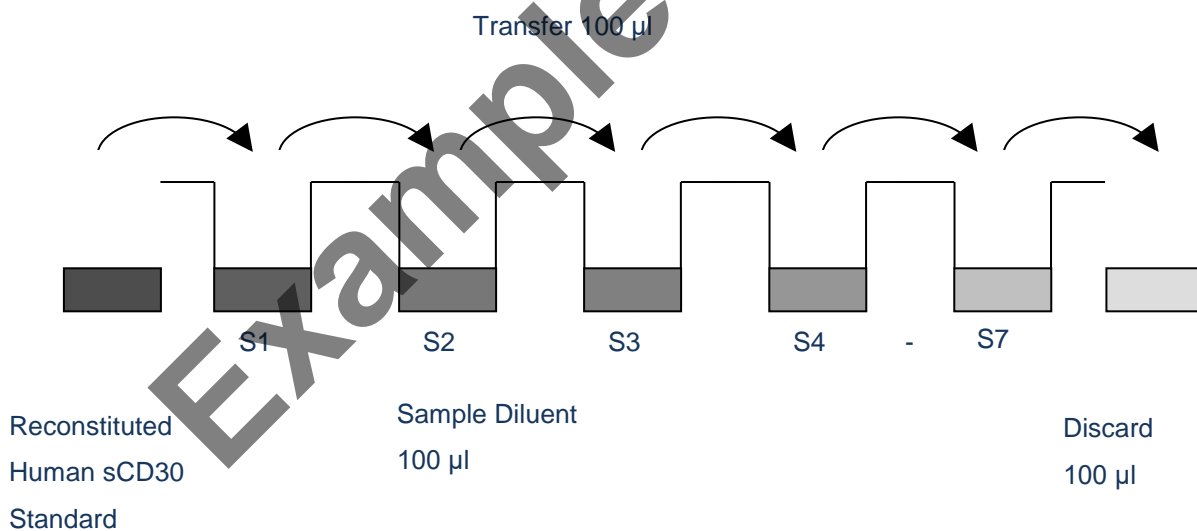
Reconstitute lyophilized controls by

Addition of distilled water (10-30 minutes). Reconstitution volume is stated in the Quality Control Sheet Swirl or mix gently to ensure complete and homogeneous solubilization. Further treat the controls like your samples in the assay. For control range please refer to certificate of analysis. Store reconstituted controls aliquoted at  $-20^{\circ}\text{C}$ . Avoid repeated freeze and thaw cycles.

## 10. TEST PROTOCOL

- a. Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Each sample, standard, blank and optional control sample should be assayed in duplicate. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2° -8°C sealed tightly.
- b. Wash the microwell strips twice with approximately 400 µl Wash Buffer per well with thorough aspiration of microwell contents between washes. Allow the Wash Buffer to sit in the wells for about 10 – 15 seconds before aspiration. Take care not to scratch the surface of the microwells. After the last wash step, empty wells and tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing. Alternatively microwell strips can be placed upside down on a wet absorbent paper for not longer than 15 minutes. Do not allow wells to dry.
- c. Standard dilution on the microwell plate (Alternatively the standard dilution can be prepared in tubes – see 9.4.1): Add 100 µl of Sample Diluent in duplicate to all standard wells. Pipette 100 µl of prepared standard (see Preparation of Standard, concentration = 200.0 ng/ml) in duplicate into well A1 and A2 (see Table 1). Mix the contents of wells A1 and A2 by repeated aspiration and ejection (concentration of standard 1, S1 = 100.0 ng/ml), and transfer 100 µl to wells B1 and B2, respectively (see Figure 6). Take care not to scratch the inner surface of the microwells. Continue this procedure 5 times, creating two rows of Human sCD30 standard dilutions ranging from 100.0 to 1.6 ng/ml. Discard 100 µl of the contents from the last microwells (G1, G2) used.

Figure 6



In case of an external standard dilution (see 9.4.1), pipette 100 µl of these standard dilutions (S1 - S7) in the standard wells according to Table 1.

	1	2	3	4
A	Standard 1 (100.0 ng/ml)	Standard 1 (100.0 ng/ml)	Sample 1	Sample 1
B	Standard 2 (50.0 ng/ml)	Standard 2 (50.0 ng/ml)	Sample 2	Sample 2
C	Standard 3 (25.0 ng/ml)	Standard 3 (25.0 ng/ml)	Sample 3	Sample 3
D	Standard 4 (12.5 ng/ml)	Standard 4 (12.5 ng/ml)	Sample 4	Sample 4
E	Standard 5 (6.3 ng/ml)	Standard 5 (6.3 ng/ml)	Sample 5	Sample 5
F	Standard 6 (3.1 ng/ml)	Standard 6 (3.1 ng/ml)	Sample 6	Sample 6
G	Standard 7 (1.6 ng/ml)	Standard 7 (1.6 ng/ml)	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

Table 1 Table depicting an example of the arrangement of blanks, standards and samples in the microwell strips:

- d. Add 100 µl of Sample Diluent in duplicate to the blank wells.
- e. Add 75 µl of Sample Diluent to the sample wells.
- f. Add 25 µl of each sample in duplicate to the sample wells.
- g. Prepare HRP-Conjugate (see Preparation of HRP-Conjugate).
- h. Add 50 µl of HRP-Conjugate to all wells.
- i. Cover with an adhesive film and incubate at room temperature (18 to 25°C) for 3 hours, on a microplate shaker.
- j. Remove adhesive film and empty wells. Wash microwell strips 3 times according to point b. of the test protocol. Proceed immediately to the next step.
- k. Pipette 100 µl of TMB Substrate Solution to all wells.
- l. Incubate the microwell strips at room temperature (18° to 25°C) for about 10 min. Avoid direct exposure to intense light.

**The colour development on the plate should be monitored and the substrate reaction stopped (see next point of this protocol) before positive wells are no longer properly recordable. Determination of the ideal time period for colour development has to be done individually for each assay.**

It is recommended to add the stop solution when the highest standard has developed a dark blue colour. Alternatively the colour development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.90 – 0.95.

- m. Stop the enzyme reaction by quickly pipetting 100 µl of Stop Solution into each well. It is important that the Stop Solution is spread quickly and uniformly throughout the microwells to completely inactivate the enzyme. Results must be read immediately after the Stop Solution is added or within one hour if the microwell strips are stored at 2 - 8°C in the dark.
- n. Read absorbance of each microwell on a spectro-photometer using 450 nm as the primary wave length (optionally 620 nm as the reference wave length; 610 nm to 650 nm is acceptable). Blank the plate reader according to the manufacturer's instructions by using the blank wells. Determine the absorbance of both the samples and the standards.

**Note: In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.**

## 11. CALCULATION OF RESULTS

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 % of the mean value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the Human sCD30 concentration on the abscissa. Draw a best fit curve through the points of the graph (a 5-parameter curve fit is recommended).
- To determine the concentration of circulating Human sCD30 for each sample, first find the mean absorbance value on the ordinate and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the abscissa and read the corresponding Human sCD30 concentration.
- If instructions in this protocol have been followed samples have been diluted 1:4 (25  $\mu$ l sample + 75  $\mu$ l Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 4).
- Calculation of samples with a concentration exceeding standard 1 will result in incorrect, low Human sCD30 levels (Hook Effect). Such samples require further external predilution according to expected Human sCD30 values with Sample Diluent in order to precisely quantitate the actual Human sCD30 level.
- It is suggested that each testing facility establishes a control sample of known Human sCD30 concentration and runs this additional control with each assay. If the values obtained are not within the expected range of the control, the assay results may be invalid.
- A representative standard curve is shown in Figure 7. This curve cannot be used to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

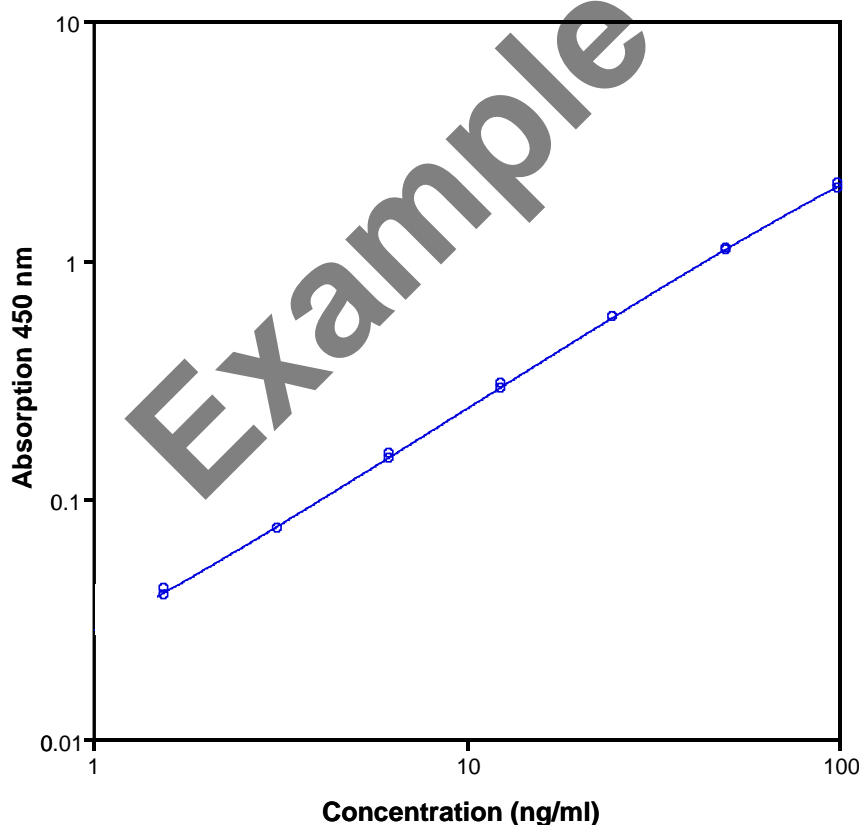


Figure 7

*Representative standard curve for Human sCD30 ELISA. Human sCD30 was diluted in serial 2-fold steps in Sample Diluent. Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.*

Standard	Human sCD30 Concentration (ng/ml)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	100.0	2.065	2.023	3.0
		1.980		
2	50.0	1.120	1.105	2.0
		1.090		
3	25.0	0.573	0.573	0.1
		0.573		
4	12.5	0.289	0.296	3.2
		0.302		
5	6.3	0.148	0.151	2.6
		0.154		
6	3.2	0.075	0.075	0.0
		0.075		
7	1.6	0.040	0.041	3.5
		0.042		
Blank	0	0.008	0.008	0
		0.008		

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Table 2 Typical data using the Human sCD30 ELISA

The OD values of the standard curve may vary according to the conditions of assay performance (e.g. operator, pipetting technique, washing technique or temperature effects). Furthermore shelf life of the kit may affect enzymatic activity and thus colour intensity. Values measured are still valid.

## 12. LIMITATIONS

- Since exact conditions may vary from assay to assay, a standard curve must be established for every run.
- Bacterial or fungal contamination of either screen samples or reagents or cross-contamination between reagents may cause erroneous results.
- Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Empty wells completely before dispensing fresh wash solution, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.
- The use of radioimmunotherapy has significantly increased the number of patients with Human anti-mouse IgG antibodies (HAMA). HAMA may interfere with assays utilizing murine monoclonal antibodies leading to both false positive and false negative results. Serum samples containing antibodies to murine immunoglobulins can still be analysed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the sample.

Example Version

## 13. PERFORMANCE CHARACTERISTICS

### 13.1 Sensitivity

The limit of detection of Human sCD30 defined as the analyte concentration resulting in an absorbance significantly higher than that of the dilution medium (mean plus 2 standard deviations) was determined to be 0.3 ng/ml (mean of 6 independent assays).

### 13.2 Reproducibility

#### 13.2.1 Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 7 serum samples containing different concentrations of Human sCD30. 2 standard curves were run on each plate. Data below show the mean Human sCD30 concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 4.1%.

Sample	Experiment	Mean Human sCD30 Concentration (ng/ml)	Coefficient of Variation (%)
1	1	82.9	2.6
	2	90.2	2.5
	3	71.2	5.5
2	1	43.7	3.9
	2	47.2	5.7
	3	46.0	4.5
3	1	28.6	1.4
	2	31.9	5.7
	3	29.8	2.6
4	1	25.1	5.5
	2	28.9	9.4
	3	29.5	3.3
5	1	98.4	2.0
	2	99.1	0.7
	3	91.3	2.7
6	1	50.7	3.4
	2	53.3	5.6
	3	52.3	6.3
7	1	34.1	2.8
	2	33.7	6.3
	3	32.5	1.7

Table 3 The mean Human sCD30 concentration and the coefficient of variation for each sample

### 13.2.2 Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 7 serum samples containing different concentrations of Human sCD30. 2 standard curves were run on each plate. Data below show the mean Human sCD30 concentration and the coefficient of variation calculated on 18 determinations of each sample (see Table 4). The calculated overall inter-assay coefficient of variation was 5.6%.

Sample	Mean Human sCD30 Concentration (ng/ml)	Coefficient of Variation (%)
1	81.4	11.8
2	45.6	3.9
3	30.1	5.7
4	27.8	8.5
5	96.3	4.5
6	52.1	2.5
7	33.4	2.5

Table 4 The mean Human sCD30 concentration and the coefficient of variation of each sample

### 13.3 Spiking Recovery

The spiking recovery was evaluated by spiking 4 levels of Human sCD30 into pooled Human serum. Recoveries were determined in 2 independent experiments with 8 replicates each.

The amount of endogenous Human sCD30 in unspiked serum was subtracted from the spike values.

The recovery ranged from 95% to 115% with an overall mean recovery of 104%.



### 13.4 Dilution Linearity

Serum samples with different levels of Human sCD30 were analysed at serial 2 fold dilutions with 4 replicates each.

The recovery ranged from 90% to 106% with an overall recovery of 99% (see Table 5).

Sample	Dilution	Expected Human sCD30 Concentration (ng/ml)	Observed Human sCD30 Concentration (ng/ml)	Recovery of Expected Human sCD30 Concentration (%)
1	1:4	--	83.7	--
	1:8	41.8	38.8	93
	1:16	20.9	20.7	99
	1:32	10.5	10.7	102
2	1:4	--	50.0	--
	1:8	25.0	22.7	91
	1:16	12.5	13.3	106
	1:32	6.3	6.4	102
3	1:4	--	75.4	--
	1:8	37.7	33.8	90
	1:16	18.8	18.9	100
	1:32	9.4	10.0	106
4	1:4	--	85.3	--
	1:8	42.7	39.7	93
	1:16	21.3	20.9	98
	1:32	10.7	11.7	106

Table 5

### 13.5 Sample Stability

#### 13.5.1 Freeze-Thaw Stability

Aliquots of serum samples (spiked or unspiked) were stored at -20°C and thawed 5 times, and the Human sCD30 levels determined. There was no significant loss of Human sCD30 immunoreactivity detected by freezing and thawing.

#### 13.5.2 Storage Stability

Aliquots of serum samples (spiked or unspiked) were stored at -20°C, 2-8°C, room temperature (RT) and at 37°C, and the Human sCD30 level determined after 24 h. There was no significant loss of Human sCD30 immunoreactivity detected during storage under above conditions.

### 13.6 Specificity

The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a Human sCD30 positive serum. There was no crossreactivity detected.

### 13.7 Expected Values

Panels of 40 serum as well as EDTA, citrate and heparin plasma samples from randomly selected apparently healthy donors (males and females) were tested for Human sCD30. The levels measured may vary with the sample collection used.

For detected Human sCD30 levels see Table 6.

Sample Matrix	Number of Samples Evaluated	Range (ng/ml)	Mean (ng/ml)	Standard Deviation (ng/ml)
Serum	40	7.7 – 60.5	26.2	12.8
Plasma (EDTA)	40	11.0 – 79.4	21.8	14.0
Plasma (Citrate)	40	6.3 – 335.9	27.0	51.0
Plasma (Heparin)	40	10.4 – 43.3	20.9	6.8

Table 6

Example Version

## 14. REAGENT PREPARATION SUMMARY

### 15.1 Wash Buffer (1x)

Add Wash Buffer Concentrate 20x (50 ml) to 950 ml distilled water.

Number of Strips	Wash Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	25	475
1 - 12	50	950

### 15.2 Assay Buffer (1x)

Add Assay Buffer Concentrate 20x (5 ml) to 95 ml distilled water.

Number of Strips	Assay Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

### 15.3 HRP-Conjugate

Make a 1:100 dilution of HRP-Conjugate in Assay Buffer (1x):

Number of Strips	HRP-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

### 15.4 Human sCD30 Standard

Reconstitute lyophilized Human sCD30 standard with distilled water. (Reconstitution volume is stated in the Quality Control Sheet.)

### 15.5 Controls

Reconstitute lyophilized controls by addition of distilled water (10-30 minutes). Reconstitution volume is stated in the Quality Control Sheet.)

## 15. ASSAY PROCEDURE - SUMMARY

1. Determine the number of microwell strips required.
2. Wash microwell strips twice with Wash Buffer.
3. Standard dilution on the microwell plate: Add 100  $\mu$ l Sample Diluent, in duplicate, to all standard wells. Pipette 100  $\mu$ l prepared standard into the first wells and create standard dilutions by transferring 100  $\mu$ l from well to well. Discard 100  $\mu$ l from the last wells. Alternatively external standard dilution in tubes (see 9.4.1): Pipette 100  $\mu$ l of these standard dilutions in the microwell strips.
4. Add 100  $\mu$ l Sample Diluent, in duplicate, to the blank wells.
5. Add 75  $\mu$ l Sample Diluent to sample wells.
6. Add 25  $\mu$ l sample in duplicate, to designated sample wells.
7. Prepare HRP-Conjugate.
8. Add 50  $\mu$ l HRP-Conjugate to all wells.
9. Cover microwell strips and incubate 3 hour at room temperature (18° to 25°C).
10. Empty and wash microwell strips 3 times with Wash Buffer.
11. Add 100  $\mu$ l of TMB Substrate Solution to all wells.
12. Incubate the microwell strips for about 10 minutes at room temperature (18°to 25°C).
13. Add 100  $\mu$ l Stop Solution to all wells.
14. Blank microwell reader and measure colour intensity at 450 nm.





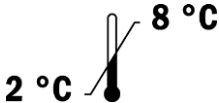


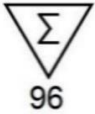

Note: If instructions in this protocol have been followed samples have been diluted 1:4 (25  $\mu$ l sample + 75  $\mu$ l Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 4).

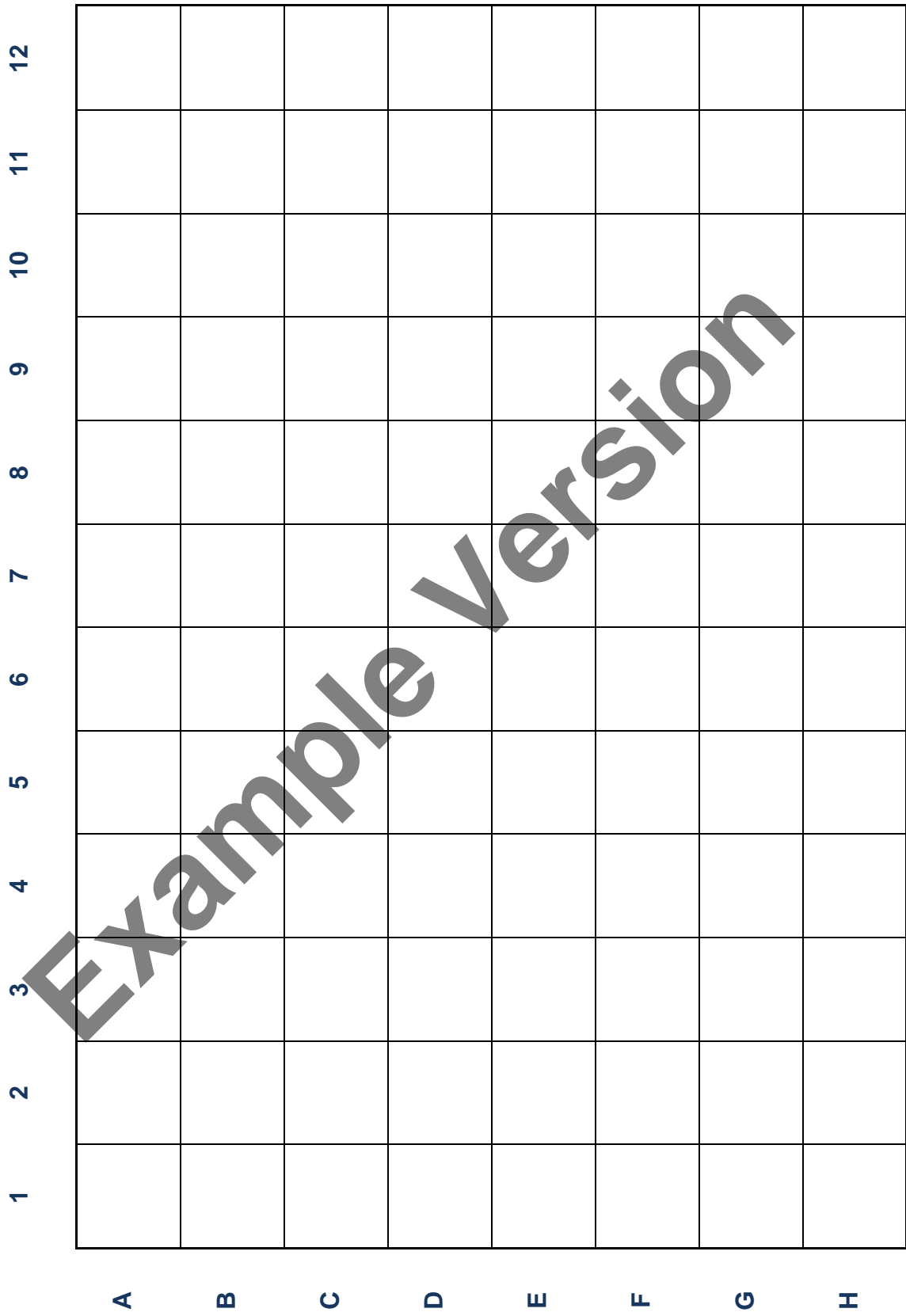
## 16. REFERENCES

1. Barclay AN, Birkeland ML, Brown MH, Beyers AD, Davis SJ, Somoza C, Williams AF: The Leucocyte Antigen Facts Book, London, UK. Academic, 1993 p 166.
2. Beutler B, van Huffel C: Unraveling function in the TNF ligand and receptor families. *Science* 264:667, 1994.
3. Caligaris-Cappio F, Bertero MT, Converso M, Stacchini A, Vinante F, Romagnani S, Pizzolo G: Circulating levels of soluble CD30, a marker of cells producing Th2-type cytokines, are increased in patients with systemic lupus erythematosus and correlate with disease activity. *Clin. and Exp. Rheumatology* 13:339-343, 1995.
4. Chang KL, Arber DA, Weiss LM: CD30: A review. *Applied Immunohistochem* 1:244, 1993.
5. Chilosi M, Facchetti F, Notarangelo LD, Romagnani S, Del Prete G, Almerigogna F, De Carli M, Pizzolo G: CD30 cell expression and abnormal soluble CD30 serum accumulation in Omenn's syndrome: evidence for a T helper 2-mediated condition. *Eur. J. Immunol.* 26:329-334, 1996.
6. Clark EA, Ledbetter JA: How B and T cells talk to each other. *Nature* 367:425, 1994.
7. Durkop H, Latza U, Hummel M, Eitelbach F, Seed B, Stein H: Molecular cloning and expression of a new member of the Nerve Growth Factor Receptor family which is characteristic for Hodgkin's disease. *Cell* 68:1, 1992.
8. Falini B, Pileri S, Pizzolo G, Dürkop H, Flenghi L, Stirpe F, Martelli MF, Stein H: CD (Ki-1) Molecule: A new cytokine receptor of the tumor necrosis factor receptor superfamily as a tool for diagnosis and immunotherapy. *Blood*, Vol 85, no. 1, pp1-14, 1995.
9. Farrah T, Smith C: An emerging cytokine family. *Nature* 358:26, 1992.
10. Fattovich G, Vinante F, Giustina G, Morosato L, Alberti A, Ruol A, Pizzolo G: Serum levels of soluble CD30 in chronic hepatitis B virus infection. *Clin. Esp. Immunol.* 103:105-110, 1996.
11. Fonatsch C, Latza U, Durkop H, Rieder H, Stein H: Assignment of the Human CD30 (Ki-1) gene to 1p36. *Genomics* 14:825, 1992.
12. Froese P, Lemke H, Gerdes J, Havsteen B, Schwarting R, Hansen H, Stein H: Biochemical characterization and biosynthesis of the Ki-1 antigen in Hodgkin-derived and virus-transformed Human B and T lymphoid cell lines. *J. Immunol.* 139:2081, 1987
13. Gerli R, Muscat C, Bistoni O, Falini B, Tomassini C, Agea E, Tognellini R, Biagini P, Bertotto A: High levels of the soluble form of CD30 molecule in rheumatoid arthritis (RA) are expression of CD30+ T cell involvement in the inflamed joints. *Clin Exp. Immunol.* 102:547-550, 1995.
14. Gruss HF, Boiani N, Williams DE, Armitage RJ, Smith CA, Goodwin RG: Pleiotropic effects of the CD30 ligand on CD30 expressing cell and lymphoma cell lines. *Blood* 83:2045, 1994.
15. Hansen PH, Kisseleva T, Kobarg J, Horn-Lohrens O, Havsteen B, Lemke H: A zinc metalloproteinase is responsible for the release of CD30 on Human tumor cell lines. *Int. J. Cancer* 63:750-756, 1995.
16. Josimovic-Alasevic O, Durkop H, Schwarting R, Backe E, Stein H, Diamantstein T: Ki-1 (CD30) antigen is released by Ki-1 positive tumor-cells in vitro and in vivo. I. Partial characterization of soluble Ki-1 antigen and detection of the antigen in cell culture supernatants and in serum by an enzyme-linked immunosorbent assay. *Eur. J. Immunol.* 19:157, 1989.
17. Krams SM, Cao S, Hayashi M, Villanueva JC, Martinez OM: Elevations in IFN-gamma, IL-5, and IL-10 in patients with the autoimmune disease primary biliary cirrhosis: association with autoantibodies and soluble CD30. *Clin. Immunol. Immunopathol.* 80(3 Pt 1):311-20, 1996.
18. Latza U, Foss HD, Dürkop H, Eitelbach F, Dieckmann KP, Loy V, Unger M, Pizzolo G, Stein H: CD30 antigen in embryonal carcinoma and embryogenesis and release of the soluble molecule. *American J. of Pathology* Vol 146, no. 2, 1995.

19. Nadali G, Vinante F, Stein H, Todeschini G, Tecchio C, Morosato L, Chilosi M, Menestrina F, Kinney MC, Greer JP, Latza U, Perona G., Pizzolo G: Serum levels of the soluble form of CD30 molecule as a tumor marker in CD30+ anaplastic large-cell lymphoma. *J. of Clin. Oncology* 13:6, 1355-1360, 1995.
20. Nadali G, Vinante F, Ambrosetti A, Todeschini G, Veneri D, Zanotti R, Meneghini V, Ricetti MM, Benedetti F, Vassanelli A, Perona G, Chilosi M, Menestrina F, Fiacchini M, Stein H, Pizzolo G: Serum levels of soluble CD30 are elevated in the majority of untreated patients with Hodgkin's disease and correlate with clinical features and prognosis. *J Clin Oncol.* 12:793, 1994.
21. Nadali G, Vinante F, Ambrosetti A, Todeschini G, Veneri D, Zanotti R, Meneghini V, Ricetti MM, Benedetti F, Vassanelli A, et-al: Serum levels of soluble CD30 are elevated in the majority of untreated patients with Hodgkin's disease and correlate with clinical features and prognosis. *J Clin. Oncol.* 12 (4):793-7, 1994.
22. Nawrocki JF, Kirtsen ES, fisher RI: Biochemical and structural properties of a Hodgkin's disease-related membrane protein. *J. Immunol.* 141:672, 1988.
23. Schwab U, Stein H, Gerdes J, Lemke H, Kirchner H, Schaadt M, Diehl V: Production of a monoclonal antibody specific for Hodgkin and Sternberg-Reed cells of Hodgkin's disease and a subset of normal lymphoid cells. *Nature* 299:65, 1982.
24. Smith CA, Gruss HJ, Davis T, Anderson D, Farrah T, Baker E, Sutherland GR, Brannan CI, Copeland NG, Jenkins NA, Grabstein KH, Gliniak B, McAlister IB, Fanslow W, Alderson M, Falk B, Gimpel S, Gillis S, Din WS, Goodwin RG, Armitage RJ: CD30 antigen, a marker for Hodgkin's lymphoma, is a receptor whose ligand defines an emerging family of cytokines with homology to TNF. *Cell* 73:1349, 1993.
25. Smith CA, Farrah T, Goodwin RG: The TNF receptor superfamily of cellular and viral proteins: Activation, costimulation, and death. *Cell* 76:959, 1994
26. Stein H, Mason DY, Gerdes J, O'Connor N, Wainscoat J, Pallesen G, Gatter K, Falini B, Delsol G, Lemke H, Schwarting R, Lennert K: The expression of the Hodgkin's disease associated antigen Ki-1 in reactive and neoplastic lymphoid tissue: Evidence that Reed-Sternberg cells and histiocytic malignancies are derived from activated lymphoid cells. *Blood* 66:848, 1985.
27. Stein H, Gerdes J, Falini B: Phenotypic and genotypic markers in malignant lymphomas: Cellular origin of Hodgkin and Sternberg-Reed cells and implications for the classification of T-cell and B-cell lymphomas, in Sefert G, Hubner K (eds): *Pathology of Cells Receptors and Tumor Markers*, Stuttgart, Gustav Fischer Verlag, 1987, p121.
28. Vinante F, Morosato L, Siviero F, Nadali G, Rigo A, Veneri D, de Sabata D, Vincenzi C, Chilosi M, Semenzato G, Pizzolo G: Soluble forms of p55IL-2R\*, CD8, and CD30 molecules as markers of lymphoid cell activation in infectious mononucleosis. *Haematologica* 79:413-419, 1994.

## 17. EXPLANATION OF SYMBOLS

	Catalogue number
	Batch code
	Caution
	Use by date
	Temperature limit
	Manufacturer
	Read electronic instructions for use - eIFU
	The content is sufficient for 96 tests
	Biological risks







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Example Version

