

# Human Anti-Histones ELISA (IgG)

(Catalog Number: 31A030)

For the quantitative determination of human anti-histones  
ELISA (IgG class antibodies) in serum or plasma

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## INTRODUCTION

Histones are cationic proteins which associate with DNA in the nucleus of eukaryotic cells to form nucleosomes. Anti-histone antibodies occur in a number of clinical conditions, primarily in systemic lupus erythematosus (SLE) and drug-induced lupus (DIL), and in other systemic and organ specific autoimmune diseases, and certain neurological and infectious diseases. Anti-histone antibodies are found in up to 80% of SLE patients, and 95% of the cases with DIL by procainamide, hydralazine, chlorpromazine, and quinidine. Besides SLE and DIL, anti-histone antibodies are commonly seen in other rheumatic diseases, including myositis and systemic sclerosis (SSc). Therefore, anti-histone antibodies are a common biomarker for evaluating the autoimmune diseases.

## PRINCIPLE OF THE ASSAY

The determination of anti-histone antibodies is based on an indirect enzyme linked immune reaction. The microtiter plate is pre-coated with purified total histones, which bind to the anti-histone antibodies present in the standards and samples. After incubation and washing, any unbound antibodies will be removed. Then goat anti-human IgG-horseradish peroxidase (HRP) conjugates are added, which bind to the captured anti-histone antibodies. After incubation and washing, any unbound conjugates will be also removed. Then substrate is catalyzed by the HRP to produce a blue color that changes to yellow after adding the stopping buffer. The density of the yellow coloration is directly proportional to the amount of captured anti-histone antibodies in the plate. The light absorbance (OD value) under 450nm wavelength of the wells is determined using a microplate reader. The antibody concentration of the unknown sample can be estimated with the provided calibrators in the kit. Since no international standard has been established for anti-histone antibodies, the standards are calibrated against Anti-Nuclear Factor Serum (Homogeneous) Human (NIBSC code: W1064, non-WHO reference material), and presented as relevant unit (RU) per mL. The kit offers **semiquantitative** and **quantitative** interpretation of the data, which is in the section of **DATA INTERPRETATION**.

## INTENDED USE

Human Anti-Histone ELISA (IgG) is an *in vitro* ELISA (Enzyme-Linked Immunosorbent Assay) kit for the accurate quantitative measurement of IgG class antibodies against total histones in human serum or plasma.

## REAGENTS SUPPLIED

*Each kit is sufficient for one 96-well plate and contains the following components:*

1. ELISA plate, covered with purified total histones for detecting human sourced anti-histone antibodies, 12 strips (8 wells/strip), sealed
2. 5×Sample buffer, 12 mL
3. Calibrator 1 (10 RU/mL)
4. Calibrator 2 (50 RU/mL)
5. Calibrator 3 (300 RU/mL)

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6. Positive control, human sourced, ready for use
7. Negative control, human sourced, ready for use
8. 10×Wash buffer, 50 mL
9. Goat anti-human IgG-HRP solution, 12  $\mu$ L, ready for use
10. Substrate solution, 12 mL, ready for use
11. Stopping solution, 2 M H<sub>2</sub>SO<sub>4</sub>, 12 mL, ready for use

### **OTHER MATERIALS REQUIRED, BUT NOT PROVIDED**

1. Pipettes or pipette tips
2. Microplate washer
3. Buffer and reagent containers
4. Paper towels or absorbent paper
5. Plate reader capable of reading absorbance at 450 nm
6. Distilled/deionized water

### **STORAGE**

The kit should be stored at 2-8°C upon receipt. Remove any unused antibody-coated strips from the microtiter plate, return them to the foil pouch and re-seal. Once opened, the strips can be stored at 2-8°C for up to one month.

### **PREPARATION OF REAGENTS**

*Bring all reagents and materials to room temperature before assay.*

#### **A. Sample preparation**

Vortex and centrifuge the sample tubes with a microcentrifuge at 16,000×g for 1 minute. Dilute the sample (serum or plasma) into sample buffer following the ratio of 1:101, and store under 2-8°C before further usage.

#### **B. Calibrators, Positive control and Negative control**

The calibrators and controls are diluted with sample buffer following the ratio of 1:101, and store under 2-8°C before further usage.

#### **C. 1×Wash buffer**

Prepare 1×Wash buffer by diluting the 10×Wash buffer (50 mL) with 450 mL of distilled/deionized water (v/v = 1:9). If crystals are observed in the 10×Washing buffer bottle, incubate the bottle in a 37°C water bath until the crystals is fully dissolved and further vortex the bottle for 1 minute. The 1×Wash buffer can be stored at 2-8°C for up to one month.

#### **D. Goat anti-human IgG - HRP solution**

Vortex the bottle to ensure the liquid is fully mixed before use. Dilute the anti-human IgG-HRP in 1×Sample buffer. Once the bottle is open, store at 2-8°C.

#### **E. Substrate solution**

Substrate solution is ready for use. As the solution is highly sensitive to the light, ensure the bottle is fully closed after use. The solution is clear and colorless. Dispose the solution if it turns blue.

#### **F. Stopping solution**

Stopping solution contains 2 M H<sub>2</sub>SO<sub>4</sub>, ready for use.

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## ASSAY PROCEDURE

*It is recommended that all standards and samples be run with blank wells and in duplicate.*

1. Add 100  $\mu\text{L}$  of calibrator, positive control, negative control or sample dilution into each well; incubate at room temperature (around 23°C) for 30 minutes.
2. Discard the content and tap the plate on a clean paper towel to remove residual liquid in each well. Add 300  $\mu\text{L}$  of 1 $\times$ Wash buffer to each well and incubate for 1 minute. Discard the 1 $\times$ Wash buffer and tap the plate on a clean paper towel to remove residual wash buffer. Repeat the wash step for a total 3 washes.

**Note:** When the residual in the well (>10  $\mu\text{L}$ ) can interfere the reaction between the reagents, leading to a lower OD value. The inadequately washing (e.g., less than 3 repeats, inadequate wash buffer or washing for a short period of time) of the plates can cause a higher OD value.

3. Add 100  $\mu\text{L}$  of diluted Goat anti-human IgG-HRP solution to each well, incubate at room temperature (around 23°C) for 1 hour.
4. Wash each well 3 times as in step 2.
5. Add 100  $\mu\text{L}$  of Substrate solution to each well (e.g., 5 seconds between two wells), incubate at room temperature for 10 minutes.
6. Add 100  $\mu\text{L}$  of Stopping solution to each well with the same pace as adding the substrate (e.g., 5 seconds between two wells), gently tap the plate frame for a few seconds to ensure thorough mixing.
7. Measure absorbance of each well at 450 nm within 30 minutes.

## DATA INTERPRETATION

### ○ Semi-quantitative:

Comparing the OD value of the sample with the calibrators:

- > Calibrator 1 – no specific suggestion
- > Calibrator 2 – suggestion for seeking a doctor
- > Calibrator 3 – suggestion for treatment

### ○ Quantitative:

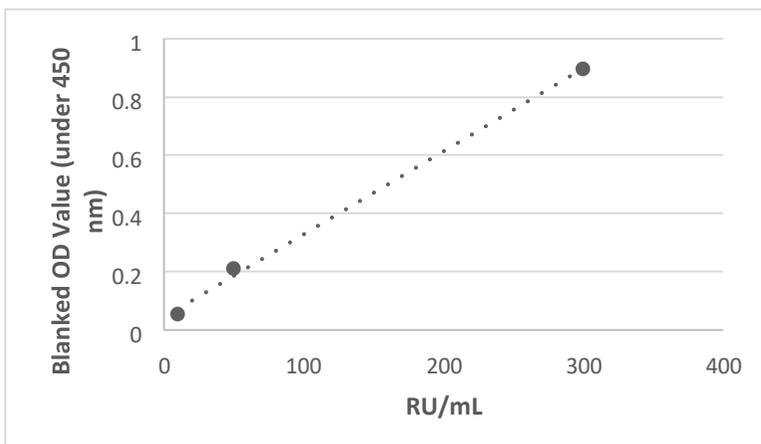
1. Subtract the absorbance of the blank wells from that of standards and samples.
2. Generate a standard curve by plotting the absorbance obtained (OD value, y-axis) against the concentration of the 3 Calibrators (RU/mL, x-axis). The best fit line can be generated with any curve-fitting software by regression analysis. Any curve of 4-parameter or log-log curve fitting can be used for calculation.
3. Determine anti-histone antibody concentrations of samples from standard curve.
4. The cutoff value is set to 42 RU/mL.

## TYPICAL STANDARD CURVE

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## ASSAY CHARACTERISTICS

### A. Linearity

The linearity of Anti-dsDNA ELISA (IgG) was determined by assaying 8 serial dilutions of 5 serum samples. The linear regression was calculated,  $R_2$  amounting to  $>0.98$  within the concentration range of 10 RU/mL to 300 RU/mL.

### B. Reproducibility

The reproducibility of the test was investigated by determine the intra- and inter-assay coefficients of variation (CV) using 3 sera. The intra-assay CVs are based on 20 determinations and the inter-assay CVs on 4 determinations performed in 6 different plates.

Serum	Intra-assay variation, n=20		Inter-assay variation, n=4 x 6	
	Mean value (IU/mL)	CV (%)	Mean value (IU/mL)	CV (%)
1	82.57±3.39	4%	63.77±5.72	9%
2	222.41±9.98	3%	173.15±13.94	8%
3	418.77±13.23	5%	362.63±27.29	8%

## REFERENCES

1. DUMORTIER, H., & MULLER, S. (2007). HISTONE AUTOANTIBODIES. IN AUTOANTIBODIES (PP. 169-176). ELSEVIER.
2. DOOLEY, M. A. (2016). DRUG-INDUCED LUPUS. IN SYSTEMIC LUPUS ERYTHEMATOSUS (PP. 473-479). ACADEMIC PRESS.
3. FIRESTEIN, G. S., BUDD, R., GABRIEL, S. E., MCINNES, I. B., & O'DELL, J. R. (2016). KELLEY AND FIRESTEIN'S TEXTBOOK OF RHEUMATOLOGY E-BOOK. ELSEVIER HEALTH SCIENCES.

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4. PORTANOVA, J. P., ARNDT, R. E., TAN, E. M., & KOTZIN, B. L. (1987). ANTI-HISTONE ANTIBODIES IN IDIOPATHIC AND DRUG-INDUCED LUPUS RECOGNIZE DISTINCT INTRAHISTONE REGIONS. THE JOURNAL OF IMMUNOLOGY, 138(2), 446-451.
5. PORTANOVA, J. P., RUBIN, R. L., JOSLIN, F. G., AGNELLO, V. D., & TAN, E. M. (1982). REACTIVITY OF ANTI-HISTONE ANTIBODIES INDUCED BY PROCAINAMIDE AND HYDRALAZINE. CLINICAL IMMUNOLOGY AND IMMUNOPATHOLOGY, 25(1), 67-79.

### **SUMMARY OF ASSAY PROCEDURE**

