

# **Rapid Human Cystatin C ELISA Kit**

## (Catalog Number: 31241)

For the quantitative determination of human cystatin C concentrations in serum, plasma or urine samples

#### IMD (Hong Kong)

Address: Unit 513, 5/F, Biotech Centre 2, No. 11 Science Park West Avenue, Hong Kong Science Park, Sha Tin, Hong Kong Website: www.immunodiagnostics.com.hk Email: info@immunodiagnostics.com.hk Tel: (+852) 3502 2780

#### IMD (Canada)

Address: 3330 Bayview Avenue, Block #6, Toronto, M2M 3R8, Ontario, Canada Email: info@immunodiagnostics.ca Tel: +1-437-886-5136

## **TABLE OF CONTENTS**

Contents	Page
INTRODUCTION	1
PRINCIPLE OF THE ASSAY	1
INTENDED USE	1
REAGENTS SUPPLIED	1
OTHER MATERIALS REQUIRED, BUT NOT PROVIDED	2
STORAGE	2
PREPARATION OF REAGENTS	2
PREPARATION OF STANDARDS AND SAMPLES	2
ASSAY PROCEDURE	3
CALCULATION	3
TYPICAL STANDARD CURVE	4
ASSAY CHARACTERISTICS	4
REFERENCES	5
SUMMARY OF ASSAY PROCEDURE	6

### INTRODUCTION

Human cystatin C (or cystatin 3), which is composed of 120 amino acid residues, belongs to the cystatins superfamily that inactivates lysosomal cysteine proteinases. As a strongly cationic and low-molecular weight (13.4 kDa) protein, it is almost freely filtered across the glomerular membrane, and is mainly used as a biomarker of kidney function. A growing body of evidence suggests that cystatin C is a more reliable biomarker of glomerular filtration rate than creatinine<sup>1-3</sup>. In addition to kidney disease, altered serum levels of cystatin C are associated with several types of cardiovascular disease, including myocardial infarction, stroke, heart failure, peripheral arterial disease and metabolic syndrome<sup>4-7</sup>. It also seems to play a role in brain disorders involving amyloid, such as Alzheimer's disease<sup>8,9</sup>. Furthermore, cystatin C has also been investigated as a prognostic marker in several forms of cancer<sup>10-12</sup>.

### PRINCIPLE OF THE ASSAY

This assay is a sandwich enzyme-linked immunosorbent assay (ELISA) designed for the quantitative detection of human cystatin C in samples in 1 hour. The microtiter plate is pre-coated with antibody specific to human cystatin C. Standards and samples are pipetted into the wells and any human cystatin C present is sandwiched by the immobilized antibody and a second horseradish peroxidase (HRP)-linked antibody specific to human cystatin C that is co-incubated with the samples. After wash step to remove any unbound substances, the HRP substrate solution is added and color develops in proportion to the amount of human cystatin C bound initially. The assay is stopped, and the optical density of the wells is determined using a micro-plate reader. Since the increases in absorbance are directly proportional to the amount of captured human cystatin C, the unknown sample concentration can be interpolated from a reference curve included in each assay.

### **INTENDED USE**

This Rapid Human Cystatin C ELISA kit is designed for quantification of human cystatin C in serum, plasma and urine samples.

### **REAGENTS SUPPLIED**

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

- 1. Microtiter strips (96 wells), coated with antibody against human cystatin C
- 2. 10×Wash buffer, 30 mL
- 3. 5×Assay buffer, 30 mL
- 4. 100×Detection antibody solution, antibody against human cystatin C conjugated with horseradish peroxidase, 0.12 mL
- 5. Human cystatin C standard, 15 ng of native human cystatin C, lyophilized
- 6. Substrate solution, 12 mL, ready for use
- 7. Stop solution, 12 mL, ready for use
- 8. Plate cover

Website: www.immunodiagnostics.com.hk

*E-mail:* info@immunodiagnostics.com.hk(HK) /info@immunodiagnostics.ca(Canada) *Tel:* +852 3502 2780 (HK) / +1-437-886-5136 (Canada)

### OTHER MATERIALS REQUIRED, BUT NOT PROVIDED

- 1. Pipettes and pipette tips
- 2. 96-well plate or manual strip washer
- 3. Buffer and reagent reservoirs
- 4. Paper towels or absorbent paper
- 5. Plate reader capable of reading absorbency at 450 nm
- 6. Distilled water or deionized water
- 7. Horizontal micro-plate shaker capable of 600 rpm

### STORAGE

The kit should be stored at  $2-8^{\circ}$ C upon receipt, and all reagents should be equilibrated to room temperature before use. Remove any unused antibody-coated strips from the human cystatin C microtiter plate, return them to the foil pouch and re-seal. Once opened, the strips may be stored at  $2-8^{\circ}$ C for up to one month.

### PREPARATION OF REAGENTS

Bring all reagents and materials to room temperature before assay.

### A. 1×Assay buffer

Prepare 1×Assay buffer by mixing the 5×Assay buffer (30 mL) with 120 mL of distilled water or deionized water. If precipitates are observed in the 5×Assay buffer bottle, warm the bottle in a 37°C water bath until the precipitates disappear. The 1×Assay buffer may be stored at 2-8°C for up to one month.

### B. 1×Wash buffer

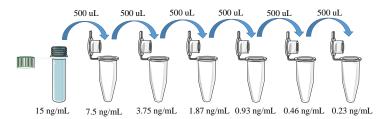
Prepare 1×Wash buffer by mixing the 10×Wash buffer (30 mL) with 270 mL of distilled water or deionized water. If precipitates are observed in the 10×Wash buffer bottle, warm the bottle in a 37°C water bath until the precipitates disappear. The 1×Wash buffer may be stored at 2-8°C for up to one month.

### C. 1×Detection antibody solution

Spin down the 100×Detection antibody solution briefly and dilute the desired amount of the antibody 1:100 with 1×Assay buffer, 100  $\mu$ L of the 1×Detection antibody solution is required per well. Prepare only as much 1×Detection antibody solution as needed. Return the 100×Detection antibody solution to 2-8°C immediately after the necessary volume is removed.

### PREPARATION OF STANDARDS AND SAMPLES

**Human Cystatin C Standards:** Reconstitute the lyophilized standard with 1 mL of  $1 \times Assay$  buffer to generate a standard stock solution of 15 ng/mL. Allow the standard to sit for 10 minutes with gentle agitation prior to making dilutions. Prepare serially diluted standards using  $1 \times Assay$  buffer as shown below.



 $1 \times Assay$  buffer serves as the zero standard (0 ng/mL). The reconstituted standard stock should be aliquoted and frozen at -20°C for one month. Avoid repeating freezing/thawing cycles. Please do not store the diluted standard solutions.

### **Sample Preparation:**

Serum or plasma sample generally requires a **160-fold** dilution in this assay. A suggested dilution step is to add 5  $\mu$ L of serum or plasma sample to 795  $\mu$ L of 1×Assay buffer. Urine sample generally requires a **20-fold** dilution. A suggested dilution step is to add 50  $\mu$ L of urine sample to 950  $\mu$ L of 1×Assay buffer. It is recommended that the users establish their own dilution factors based on the concentration range of their samples.

### ASSAY PROCEDURE

It is recommended that all standards and samples be assayed in duplicate.

- 1. Add 100  $\mu$ L of standard or sample per well.
- 2. Add 100  $\mu$ L of the 1×Detection antibody solution to each well, seal the plate with a plate cover. Incubate at room temperature for 30 minutes, shaking the plate at 600 rpm on a horizontal micro-plate shaker.
- 3. Discard the content and tap the plate on a clean paper towel to remove residual solution in each well. Add 300  $\mu$ L of 1×Wash buffer to each well and incubate for 1 minute. Discard the 1×Wash buffer and tap the plate on a clean paper towel to remove residual wash buffer. Repeat the wash step for a total 4 washes.
- 4. Add 100  $\mu$ L of Substrate solution to each well. Incubate at room temperature for 15 minutes. **Protect from light.**
- 5. Add 100  $\mu$ L of Stop solution to each well, gently tap the plate frame for a few seconds to ensure thorough mixing.
- 6. Measure absorbance of each well at 450 nm immediately.

### CALCULATION

- 1. Subtract the absorbance of the blank from that of standards and samples.
- 2. Generate a standard curve by plotting the absorbance obtained (y-axis) against human cystatin C concentrations (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 human cystatin C concentration of samples from standard curve and multiply the value by the dilution factor.

Website: www.immunodiagnostics.com.hk

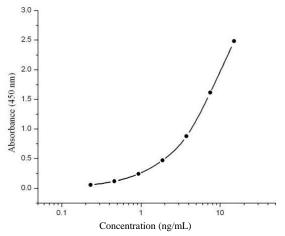
*E-mail:* info@immunodiagnostics.com.hk(HK) /info@immunodiagnostics.ca(Canada) *Tel:* +852 3502 2780 (HK) / +1-437-886-5136 (Canada)

### TYPICAL STANDARD CURVE

The following standard curve is provided for demonstration only. A standard curve should be generated for each set of sample assay.

Cystatin C (ng/mL)	Absorbance (450 nm)	Blanked Absorbance
0	0.069	0
0.23	0.127	0.058
0.46	0.187	0.118
0.93	0.309	0.24
1.87	0.539	0.47
3.75	0.946	0.877
7.5	1.685	1.616
15	2.551	2.482





### ASSAY CHARACTERISTICS

### A. Sensitivity

The lowest level of human cystatin C that can be detected by this assay is 0.23 ng/mL.

### **B.** Specificity

The antibodies used in this assay are specific to human cystatin C and do not cross-react with mouse and rat cystatin C, and other cytokine or hormone molecules.

Website: www.immunodiagnostics.com.hkE-mail: info@immunodiagnostics.com.hk(HK) /info@immunodiagnostics.ca(Canada)Tel: +852 3502 2780 (HK) / +1-437-886-5136 (Canada)

### C. Precision

### Intra-assay Precision (Precision within an assay)

Three samples of known concentration were tested 12 times on one plate.

Sample	Mean (ng/mL)	SD (ng/mL)	CV (%)
1	507.3	30.1	5.9
2	377.2	23.1	6.1
3	137.4	10.8	7.9

### Inter-assay Precision (Precision between assays)

Three samples of known concentration were tested in 10 separate assays.

Sample	Mean (ng/mL)	SD (ng/mL)	CV (%)
1	499.3	39.0	7.8
2	377.2	23.1	6.1
3	137.4	10.8	7.9

### **D.** Recovery

Serum samples were spiked with different amounts of human cystatin C and assayed.

Sample	Average % Recovery	Range %
Serum	99	94-107

### REFERENCES

- 1. Stevens LA, Coresh J, Schmid CH, et al. (2008) Am J Kidney Dis. 51:395-406.
- 2. Dharnidharka VR, Kwon C, et al. (2002) Am. J. Kidney Dis. 40 (2): 221-6.
- 3. Hermida J, Tutor JC. (2006) Ther Drug Monit. 28 (3): 326-31.
- 4. Zethelius B, Berglund L, et al. (2008) N. Engl. J. Med. 358 (20): 2107-16.
- 5. Ix JH, Shlipak MG, Chertow GM, et al. (2007) Circulation 115 (2): 173-9.
- 6. Deo R, Fyr CL, Fried LF, et al. (January 2008) Am. Heart J. 155 (1): 62-8.
- 7. Servais A, Giral P, Bernard M, et al. (2008) Am. J. Med. 121 (5): 426-32.
- 8. Mi W, Pawlik M, Sastre M, et al. (2007) Nat. Genet. 39 (12): 1440-2.
- 9. Kaeser SA, Herzig MC, et al. (2007) Nat. Genet. 39 (12): 1437-9.
- 10. Zurdel J, Finckh U, Menzer G, et al. (2002) Br J Ophthalmol 86 (2): 214-9.
- 11. Strojan P, Oblak I, Svetic B, et al. (2004) Br. J. Cancer 90 (10): 1961-8.
- 12. Kos J, Krasovec M, Cimerman N, et al. (2000) Clin. Cancer Res. 6 (2): 505–11.

Website: www.immunodiagnostics.com.hk

*E-mail:* info@immunodiagnostics.com.hk(HK) /info@immunodiagnostics.ca(Canada) *Tel:* +852 3502 2780 (HK) / +1-437-886-5136 (Canada)

### SUMMARY OF ASSAY PROCEDURE

Add 100  $\mu$ L of standard or sample per well. Add 100  $\mu$ L of 1×Detection antibody solution to each well. Incubate at room temperature for 30 minutes (600 rpm). Aspirate and wash each well 4 times. Aspirate and wash each well 4 times. Add 100  $\mu$ L of Substrate solution to each well. Incubate at room temperature for 15 minutes. Add 100  $\mu$ L of Stop solution to each well. Add 100  $\mu$ L of Stop solution to each well. Add 100  $\mu$ L of Stop solution to each well. Calculation