



FasL, soluble (human) ELISA kit Catalog #: ALX-850-246

Enzyme-linked Immunosorbent Assay for quantitative detection of human sFas-L.



Product Manual

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Please read entire booklet before proceeding with the assay.



Carefully note the handling and storage conditions of each kit component.



Please contact Enzo Life Sciences Technical Support if necessary.

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INTENDED USE

The human sFas-L ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of human sFas-L. **The human sFas-L ELISA is for research use only. Not for diagnostic or therapeutic procedures.**

SUMMARY

Fas (APO-1, CD95) is a type I membrane protein that belongs to the TNF/nerve growth factor receptor family. Fas mediates apoptosis, the programmed cell death, when it is cross-linked with specific binding partners. The natural binding partner of Fas is its ligand, Fas-L, which is a 37 kDa type II-membrane protein that belongs to the TNF family which includes TNF, lymphotoxin, TNF-related apoptosis-inducing ligand (TRAIL), CD40 ligand, CD27 ligand, CD30 ligand, and OX40 ligand.

Fas-L is predominantly expressed on activated T-cells and NK cells, thus Fas-L-mediated cell death is involved in the T or NK cell-mediated cytotoxicity, some pathologic tissue damages, and the regulation of lymphocyte homeostasis.

Fas-L is also expressed in the testis, eye, and some malignant tumor cells, which has been proposed to contribute to their immune-privileged status.

A soluble form of Fas-L (sFas-L) is naturally produced by metallo-proteinase-mediated processing. The soluble form resulting from this cleavage was shown to induce apoptosis in susceptible cells.

Several lines of evidence suggest that sFas-L may be involved in the pathogenesis of tissue injury.

Circulating sFas-L is elevated in the serum of patients with various diseases.

Markedly elevated levels of sFas-L have been shown in TEN (Toxic Epidermal Necrolysis, Lyell's Syndrome) patients' sera. Fas-L furthermore turned out to be a sensor for DNA damage in skin cancer. Elevated expression levels of Fas-L have been measured in various proliferative disorders and cancers like esophageal carcinomas metastasizing colorectal tumors, hepatocellular carcinoma, multiple myeloma, sarcoma, Non-Hodgkin's lymphoma and nasal lymphoma.

Liver dysfunction was shown to be paralleled by increased sFas-L levels as well as kidney damage.

Fas-L is discussed to be involved in the pathogenesis of autoimmune diseases, especially the concentrations of sFas-L are remarkably higher in the sera and synovial fluids of patients with severe rheumatoid arthritis as compared to normal controls.

Increased levels of soluble Fas-L in the serum of graft-versus-host-disease patients make it a good marker for treatment of the disease.

Levels of soluble Fas Ligand in bronchoalveolar lavage (BAL) fluid of humans with acute lung injury (ARDS) and serum levels in congestive heart failure and multiple organ failure were significantly higher than in healthy controls.

Cerebrospinal fluid from patients with severe brain injury contains high concentrations of Fas-L.

Elevations of serum Fas-L levels in hematological disorders and HIV infections are furthermore described.

For literature update refer to www.enzolifesciences.com

PRINCIPLES OF THE TEST

An anti-human sFas-L coating antibody is adsorbed onto microwells.

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

Following incubation unbound biotin-conjugated anti-human sFas-L antibody is removed during a wash step. Streptavidin-HRP is added and binds to the biotin-conjugated anti-human sFas-L antibody.

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

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

Figure 1

Coated Microwell

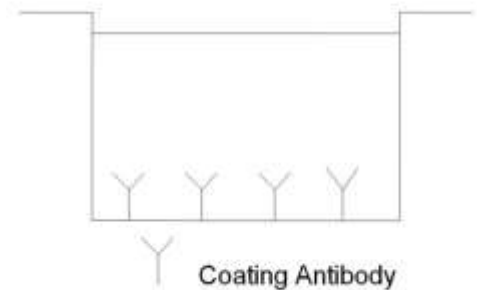


Figure 2

First Incubation

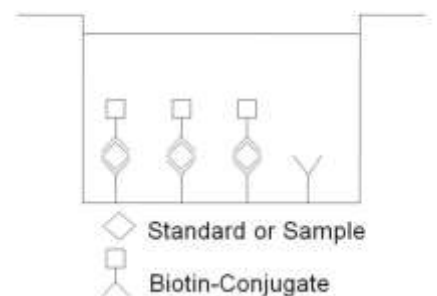


Figure 3

Second Incubation

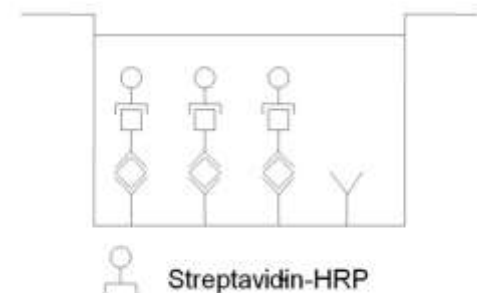


Figure 4

Third Incubation

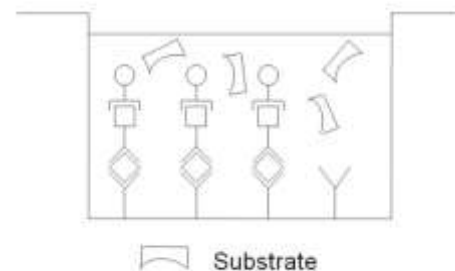
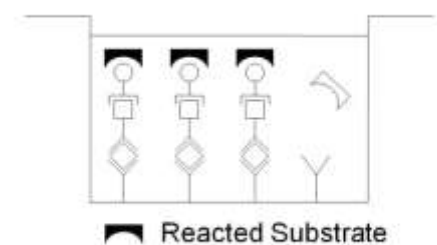


Figure 5



REAGENTS PROVIDED

Reagents for human sFas-L ELISA ALX-850-246-KI01 (96 tests)

- 1 aluminium pouch with a **Microwell Plate coated** with monoclonal antibody to human sFas-L
- 1 vial (100 μ L) **Biotin-Conjugate** anti-human sFas-L monoclonal antibody
- 1 vial (150 μ L) **Streptavidin-HRP**
- 2 vials human sFas-L **Standard** lyophilized, 20ng/mL upon reconstitution
- 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)
- 4 **Adhesive Films**

STORAGE INSTRUCTIONS – ELISA KIT

Store kit reagents between 2° and 8°C. Immediately after use remaining reagents should be returned to cold storage (2° to 8°C). 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.

SPECIMEN COLLECTION AND STORAGE INSTRUCTIONS

Cell culture supernatant, serum, plasma (EDTA, citrate, heparin) and amniotic fluid 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.

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

Samples should be aliquoted and must be stored frozen at -20°C to avoid loss of bioactive human sFas-L. 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.

OTHER MATERIALS NEEDED

- 5 mL and 10 mL graduated pipettes
- 5 μ L to 1000 μ L adjustable single channel micropipettes with disposable tips
- 50 μ L to 300 μ L 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

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.



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- 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 specimens.
- Rubber or disposable latex gloves should be worn while handling kit reagents or specimens.
- 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 specimens 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 specimens 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.

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.

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 1000mL with glass-distilled or deionized water.

Mix gently to avoid foaming.

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

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

BIOTIN-CONJUGATE

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

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

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

STREPTAVIDIN-HRP

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

Make a 1:200 dilution of the concentrated **Streptavidin-HRP** solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	Streptavidin-HRP (mL)	Assay Buffer (1x) (mL)
1 - 6	0.03	5.97
1 - 12	0.06	11.94

HUMAN SFAS-L STANDARD

Reconstitute **human sFas-L standard** by addition of distilled water.

Reconstitution volume is stated on the label of the standard vial. Swirl or mix gently to insure complete and homogeneous solubilization

(concentration of reconstituted standard = 20 ng/mL).

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

After usage remaining standard cannot be stored and has to be discarded.

Standard dilutions can be prepared directly on the microwell plate (see 10.c) or alternatively in tubes (see next section).

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 μ L of Sample Diluent into each tube.

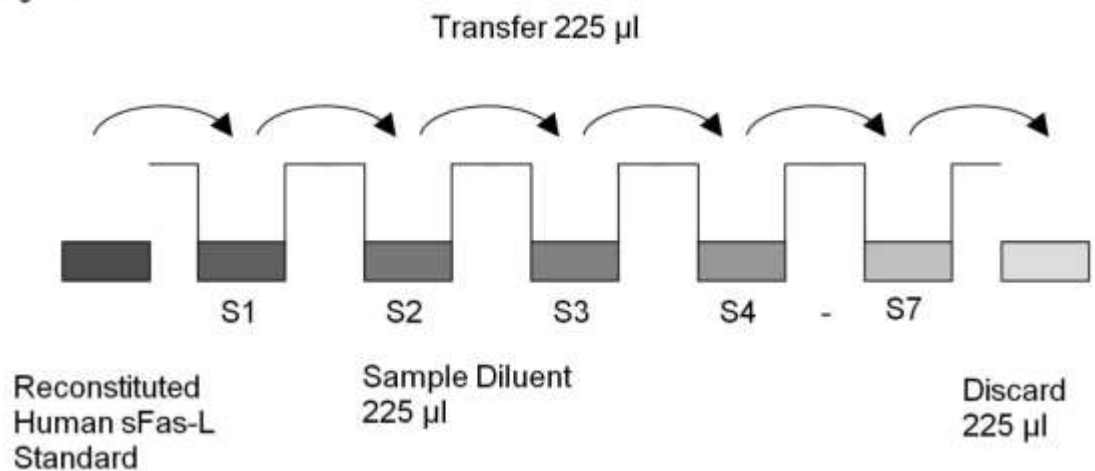
Pipette 225 μ L of reconstituted standard (concentration = 20ng/mL) into the first tube, labeled S1, and mix (concentration of standard 1 = 10 ng/mL).

Pipette 225 μ L of this dilution into the second tube, labeled S2, and mix thoroughly before the next transfer.

Repeat serial dilutions 5 more times thus creating the points of the standard curve (see **Figure 6**).

Sample Diluent serves as blank.

Figure 6



TEST PROTOCOL

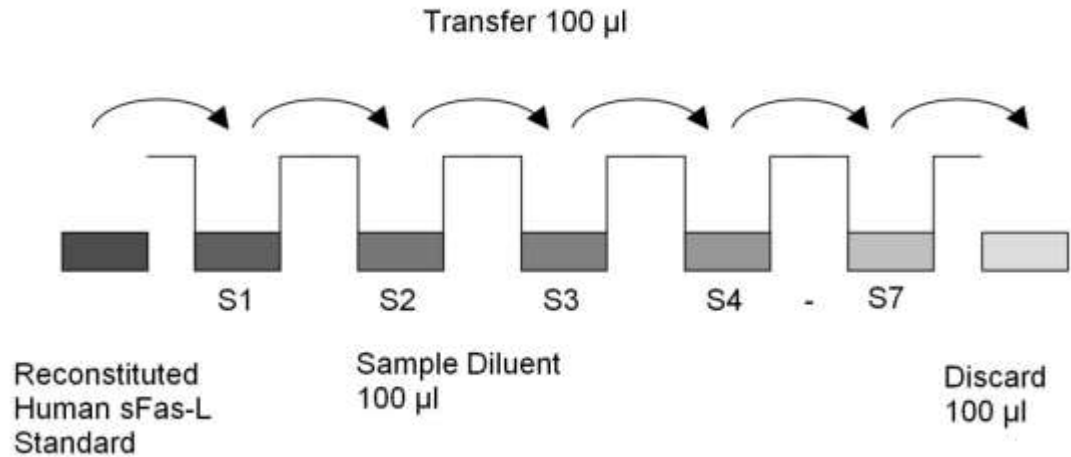
- a. Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Each sample, standard, blank and optional control sample should be assayed in duplicate. Remove extra microwell strips from holder and 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 **page 11**):

Add 100 μL of Sample Diluent in duplicate to all **standard wells**. Pipette 100 μL of prepared **standard** (see Preparation of Standard, **page 10**, concentration = 20.00ng/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 = 10.00ng/mL), and transfer 100 μL to wells B1 and B2, respectively (see **page 10**). Take care not to scratch the inner surface of the microwells. Continue this procedure 5 times, creating two rows of human sFas-L standard dilutions ranging from 10.00 to 0.16ng/mL. Discard 100 μL of the contents from the last microwells (G1, G2) used.

Figure 7



In case of an **external standard dilution** (see **page 11**), pipette 100 µL of these standard dilutions (S1 - S7) in the standard wells according to **Table 1**.

Table 1

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

	1	2	3	4
A	Standard 1 (10.00ng/mL)	Standard 1 (10.00ng/mL)	Sample 1	Sample 1
B	Standard 2 (5.00ng/mL)	Standard 2 (5.00ng/mL)	Sample 2	Sample 2
C	Standard 3 (2.50ng/mL)	Standard 3 (2.50ng/mL)	Sample 3	Sample 3
D	Standard 4 (1.25ng/mL)	Standard 4 (1.25ng/mL)	Sample 4	Sample 4
E	Standard 5 (0.63ng/mL)	Standard 5 (0.63ng/mL)	Sample 5	Sample 5
F	Standard 6 (0.31ng/mL)	Standard 6 (0.31ng/mL)	Sample 6	Sample 6
G	Standard 7 (0.16ng/mL)	Standard 7 (0.16ng/mL)	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

- d. Add 100 μ L of **Sample Diluent** in duplicate to the **blank wells**.
- e. Add 50 μ L of **Sample Diluent** to the sample wells.
- f. Add 50 μ L of each **sample** in duplicate to the **sample wells**.
- g. Prepare **Biotin-Conjugate** (see **Preparation of Biotin-Conjugate**, page 10).
- h. Add 50 μ L of **Biotin-Conjugate** to all wells.
- i. Cover with an adhesive film and incubate at room temperature (18 to 25°C) for 2 hours, if available on a microplate shaker set at 100 rpm.
- j. Prepare Streptavidin-HRP (refer to **Preparation of Streptavidin-HRP**, page 10).
- k. Remove adhesive film and empty wells. **Wash** microwell strips 4 times according to point b. of the test protocol. Proceed immediately to the next step.
- l. Add 100 μ L of diluted **Streptavidin-HRP** to all wells, including the blank wells.
- m. Cover with an adhesive film and incubate at room temperature (18° to 25°C) for 1 hour, if available on a microplate shaker set at 100 rpm.
- n. Remove adhesive film and empty wells. **Wash** microwell strips 4 times according to point b. of the test protocol. Proceed immediately to the next step.
- o. Pipette 100 μ L of **TMB Substrate Solution** to all wells.
- p. Incubate the microwell strips at room temperature (18°to 25°C) for about 10 min. Avoid direct exposure to intense light.

The color 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 color 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 color. Alternatively the color development can be monitored by the ELISA reader at 620nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.9 – 0.95.

- a. 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.
- b. Read absorbance of each microwell on a spectro-photometer using 450nm as the primary wave length (optionally 620nm as the reference wave length; 610nm to 650nm 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.

CALCULATION OF RESULTS

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 per cent of the mean value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human sFas-L 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 sFas-L 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 sFas-L concentration.
- **If instructions in this protocol have been followed samples have been diluted 1:2 (50 μL sample + 50 μL Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**
- **Calculation of samples with a concentration exceeding standard 1 may result in incorrect, low human sFas-L levels. Such samples require further external predilution according to expected human sFas-L values with Sample Diluent in order to precisely quantitate the actual human sFas-L level.**

- It is suggested that each testing facility establishes a control sample of known human sFas-L 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 1. This curve cannot be used to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

Figure 1: Representative standard curve for human sFas-L ELISA. Human sFas-L 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.

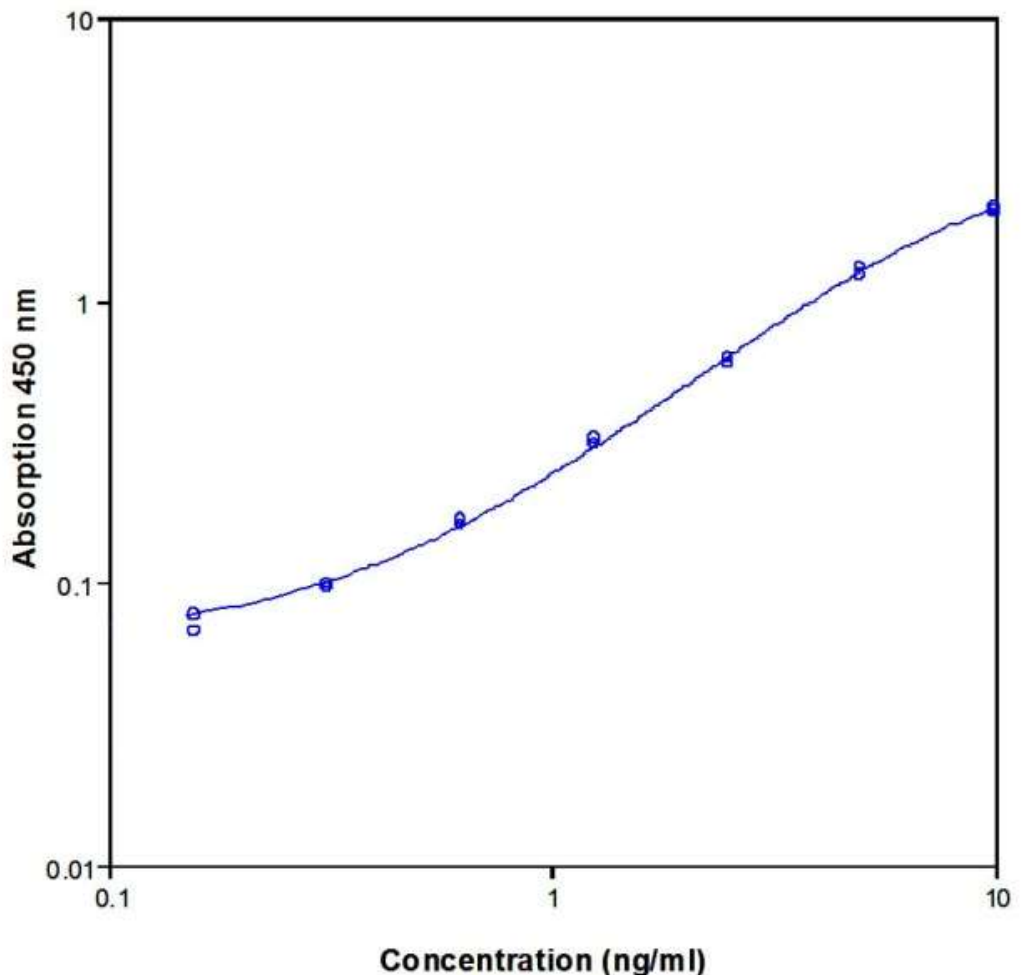


Table 2

Typical data using the human sFas-L ELISA

Measuring wavelength: 450nm

Reference wavelength: 620nm

Standard	Human sFas-L Concentration (ng/mL)	O.D. at 450nm	Mean O.D. at 450nm	C.V. (%)
1	10.00	2.055	2.108	3.6
		2.161		
2	5.00	1.227	1.269	4.7
		1.311		
3	2.50	0.591	0.610	4.4
		0.629		
4	1.25	0.31	0.318	3.6
		0.326		
5	0.63	0.16	0.165	3.9
		0.169		
6	0.31	0.096	0.0998	2.2
		0.099		
7	0.16	0.076	0.072	8.9
		0.067		
Blank	0	0.031	0.028	10.7
		0.025		

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 color intensity. Values measured are still valid.

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 analyzed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the sample.

PERFORMANCE CHARACTERISTICS

Sensitivity

The limit of detection of human sFas-L 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 0.07ng/mL (mean of 6 independent assays).

Reproducibility

Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human sFas-L. 2 standard curves were run on each plate. Data below show the mean human sFas-L concentration and the coefficient of variation for each sample (see **Table 3**). The calculated overall intra-assay coefficient of variation was 6.1%.

Table 3

The mean human sFas-L concentration and the coefficient of variation for each sample

Sample	Experiment	Mean Human sFas-L Concentration (ng/mL)	Coefficient of Variation (%)
1	1	13.87	2.5
	2	13.25	7.9
	3	11.67	11.7
2	1	10.61	5.2
	2	10.57	4.9
	3	10.36	10.4
3	1	7.81	2.2
	2	7.46	5.3
	3	7.00	7.2
4	1	7.18	2.5
	2	6.34	3.6
	3	6.24	6.5
5	1	3.67	10.0
	2	3.61	2.0
	3	3.79	5.1
6	1	3.40	5.4
	2	3.59	9.1
	3	3.29	7.0
7	1	1.71	7.5
	2	1.75	3.6
	3	1.46	5.2
8	1	0.67	8.5
	2	0.81	1.2
	3	0.67	5.8

Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human sFas-L. 2 standard curves were run on each plate. Data below show the mean human sFas-L 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 7.0%.

Table 4

The mean human sFas-L concentration and the coefficient of variation of each sample

Sample	Mean Human sFas-L Concentration (ng/mL)	Coefficient of Variation (%)
1	12.92	8.8
2	10.51	1.3
3	7.42	5.5
4	6.59	7.8
5	3.69	2.4
6	3.43	4.4
7	1.64	9.6
8	0.72	11.5

Spike Recovery

The spike recovery was evaluated by spiking 4 levels of human sFas-L into different pooled normal human serum samples. Recoveries were determined in 3 independent experiments with 6 replicates each.

The unspiked serum was used as blank in these experiments.

The recovery ranged from 82% to 98% with an overall mean recovery of 85%.

Dilution Parallelism

4 serum samples with different levels of human sFas-L were analyzed at serial 2 fold dilutions with 4 replicates each.

The recovery ranged from 97% to 119% with an overall recovery of 106% (see **Table 5**)

Table 5

Sample	Dilution	Expected Human sFas-L Concentration (ng/mL)	Observed Human sFas-L Concentration (ng/mL)	Recovery of Expected Human sFas-L Concentration (%)
1	1:2	-	13.5	-
	1:4	6.8	7.3	107.5
	1:8	3.6	3.7	102.9
	1:16	1.9	2.0	106.3
2	1:2	-	11.3	-
	1:4	5.7	5.5	98.1
	1:8	2.8	2.9	105.5
	1:16	1.5	1.6	111.2
3	1:2	-	6.8	-
	1:4	3.4	4.0	119.2
	1:8	2.0	2.2	107.3
	1:16	1.1	1.1	101.4
4	1:2	-	6.5	-
	1:4	3.3	3.2	97.3
	1:8	1.6	1.7	106.6
	1:16	0.8	1.0	113.5

Sample Stability

Freeze-Thaw Stability

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

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 sFas-L level determined after 24 h. There was no significant loss of human sFas-L immunoreactivity detected during storage at -20°C, 2-8°C and RT.

A significant loss of human sFas-L immunoreactivity was detected during storage at 37°C after 24 h.

Specificity

The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a human sFas-L positive serum.

There was no crossreactivity detected.

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 sFas-L.

The levels measured may vary with the sample collection used. Elevated human sFas-L levels depend on the type of immunological disorder.

For detected human sFas-L levels see **Table 6**

Table 6

Sample Matrix	Number of Samples Evaluated	Range (ng/mL)	% Detectable	Mean of Detectable (ng/mL)
Serum	40	nd *-1.09	2.5	--
Plasma (EDTA)	40	nd *- 0.80	5.0	0.62
Plasma (Citrate)	40	nd *	--	--
Plasma (Heparin)	40	nd *- 1.81	5.0	1.08

* n.d. = non-detectable, samples measured below the lowest standard point are considered to be non-detectable.

REAGENT PREPARATION SUMMARY

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

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

Biotin-Conjugate

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

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

Streptavidin-HRP

Make a 1:200 dilution of **Streptavidin-HRP** in Assay Buffer (1x):

Number of Strips	Streptavidin-HRP (mL)	Assay Buffer (1x) (mL)
1 - 6	0.03	5.97
1 - 12	0.06	11.94

Human sFas-L Standard

Reconstitute lyophilized **human sFas-L standard** with distilled water. (Reconstitution volume is stated on the label of the standard vial.)

TEST PROTOCOL 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 μ L Sample Diluent, in duplicate, to all standard wells. Pipette 100 μ L prepared standard into the first wells and create standard dilutions by transferring 100 μ L from well to well. Discard 100 μ L from the last wells.

Alternatively external standard dilution in tubes (see **page 11****Error! Reference source not found.**): Pipette 100 μ L of these standard dilutions in the microwell strips.
4. Add 100 μ L Sample Diluent, in duplicate, to the blank wells.
5. Add 50 μ L Sample Diluent to sample wells.
6. Add 50 μ L sample in duplicate, to designated sample wells.
7. Prepare Biotin-Conjugate.
8. Add 50 μ L Biotin-Conjugate to all wells.
9. Cover microwell strips and incubate 2 hours at room temperature (18° to 25°C).
10. Prepare Streptavidin-HRP.
11. Empty and wash microwell strips 4 times with Wash Buffer.
12. Add 100 μ L diluted Streptavidin-HRP to all wells.
13. Cover microwell strips and incubate 1 hour at room temperature (18° to 25°C).
14. Empty and wash microwell strips 4 times with Wash Buffer.
15. Add 100 μ L of TMB Substrate Solution to all wells.
16. Incubate the microwell strips for about 10 minutes at room temperature (18° to 25°C).
17. Add 100 μ L Stop Solution to all wells.
18. Blank microwell reader and measure color intensity at 450nm.

Note: If instructions in this protocol have been followed samples have been diluted 1:2 (50 μ L sample + 50 μ L Sample Diluent), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).



Product Manual



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