

LSBio™ Human PLAU / Urokinase / UPA ELISA Kit

Catalog No. LS-F10435

User Manual

**Please Read the Manual Carefully
Before Starting your Experiment**



For research use only. Not approved for use in humans or for clinical diagnosis.

INTENDED USE

Human uPA total antigen assay is intended for the quantitative determination of total urokinase plasminogen activator in human plasma, serum, urine, cell culture media, or tissue extracts. **For research use only.**

BACKGROUND

Urokinase plasminogen activator (uPA) is a serine protease that activates plasminogen to plasmin in the blood fibrinolytic system. It is also implicated in events related to cell invasion/migration [1].

ASSAY PRINCIPLE

Human uPA will bind to the capture antibody coated on the microtiter plate. Free and complexed enzyme will react with the capture antibody on the plate. After appropriate washing steps, polyclonal anti-human uPA primary antibody binds to the captured enzyme. Excess antibody is washed away and bound polyclonal antibody is then reacted with the secondary antibody conjugated to horseradish peroxidase. TMB substrate is used for color development at 450nm. A standard calibration curve is prepared along with the samples to be measured using dilutions of uPA.

REAGENTS PROVIDED

- **96-well antibody coated microtiter strip plate** (removable wells 8x12) containing anti-human uPA antibody, blocked and dried.
- **10X Wash Buffer:** 1 bottle of 50ml
- **Human uPA standard:** 1 vial lyophilized standard
- **Anti-human uPA primary antibody:** 1 vial lyophilized polyclonal antibody
- **Anti-rabbit horseradish peroxidase secondary antibody:** 1 vial concentrated HRP labeled antibody
- **TMB substrate solution:** 1 bottle of 10ml solution

STORAGE AND STABILITY

Store all kit components at 4°C upon arrival. Return any unused microplate strips to the plate pouch with desiccant. Reconstituted standards and primary may be stored at -80°C for later use. Do not freeze-thaw the standard and primary antibody more than once. Store all other unused kit components at 4°C. This kit should not be used beyond the expiration date.

OTHER REAGENTS AND SUPPLIES REQUIRED

- Microtiter plate shaker capable of 300 rpm uniform horizontally circular movement
- Manifold dispenser/aspirator or automated microplate washer
- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes and Pipette tips
- Deionized or distilled water
- Polypropylene tubes for dilution of standard
- Paper towels or laboratory wipes
- 1N H₂SO₄ or 1N HCl
- Bovine Serum Albumin Fraction V (BSA)
- Tris(hydroxymethyl)aminomethane (Tris)
- Sodium Chloride (NaCl)

PRECAUTIONS

- FOR LABORATORY RESEARCH USE ONLY. NOT FOR DIAGNOSTIC USE.
- Do not mix any reagents or components of this kit with any reagents or components of any other kit. This kit is designed to work properly as provided.
- Always pour peroxidase substrate out of the bottle into a clean test tube. Do not pipette out of the bottle as contamination could result.
- Keep plate covered except when adding reagents, washing, or reading.
- DO NOT pipette reagents by mouth and avoid contact of reagents and specimens with skin.
- DO NOT smoke, drink, or eat in areas where specimens or reagents are being handled.

PREPARATION OF REAGENTS

- TBS buffer:** 0.1M Tris, 0.15M NaCl, pH 7.4
- Blocking buffer (BB):** 3% BSA (w/v) in TBS
- 1X Wash buffer:** Dilute 50ml of 10X wash buffer concentrate with 450ml of deionized water.

SAMPLE COLLECTION

Collect plasma using EDTA or citrate as an anticoagulant. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. Assay immediately or aliquot and store at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

ASSAY PROCEDURE

Perform assay at room temperature. Vigorously shake plate (300rpm) at each step of the assay.

Preparation of Standard

Reconstitute standard by adding 1ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. This will result in a 500ng/ml standard solution.

Dilution table for preparation of human uPA standard:

uPA concentration (ng/ml)	Dilutions
50	900 μl (BB) + 100 μl (from vial)
20	600 μl (BB) + 400 μl (50ng/ml)
10	500 μl (BB) + 500 μl (20ng/ml)
5	500 μl (BB) + 500 μl (10ng/ml)
2	600 μl (BB) + 400 μl (5ng/ml)
1	500 μl (BB) + 500 μl (2ng/ml)
0.5	500 μl (BB) + 500 μl (1ng/ml)
0.2	600 μl (BB) + 400 μl (0.5ng/ml)
0.1	500 μl (BB) + 500 μl (0.2ng/ml)
0	500 μl (BB) Zero point to determine background

NOTE: DILUTIONS FOR THE STANDARD CURVE AND ZERO STANDARD MUST BE MADE AND APPLIED TO THE PLATE IMMEDIATELY.

Standard and Unknown Addition

Remove microtiter plate from bag and add 100 μl uPA standards (in duplicate) and unknowns to wells. Carefully record position of standards and unknowns. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

NOTE: The assay measures uPA antigen in the 0.1-50 ng/ml range. If the unknown is thought to have high uPA levels, dilutions may be made in blocking buffer or similar biological fluid devoid of uPA.

Primary Antibody Addition

Reconstitute primary antibody by adding 10ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. Add 100 μl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Secondary Antibody Addition

Dilute 2 μl of conjugated secondary antibody in 10ml of blocking buffer and add 100 μl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Substrate Incubation

Add 100 μl TMB substrate to all wells and shake plate for 2-10 minutes. Substrate will change from colorless to different strengths of blue. Quench reaction by adding 50 μl of 1N H_2SO_4 or HCl stop solution to all wells when samples are visually in the same range as the standards. Add stop solution to wells in the same order as substrate upon which color will change from blue to yellow. Mix thoroughly by gently shaking the plate.

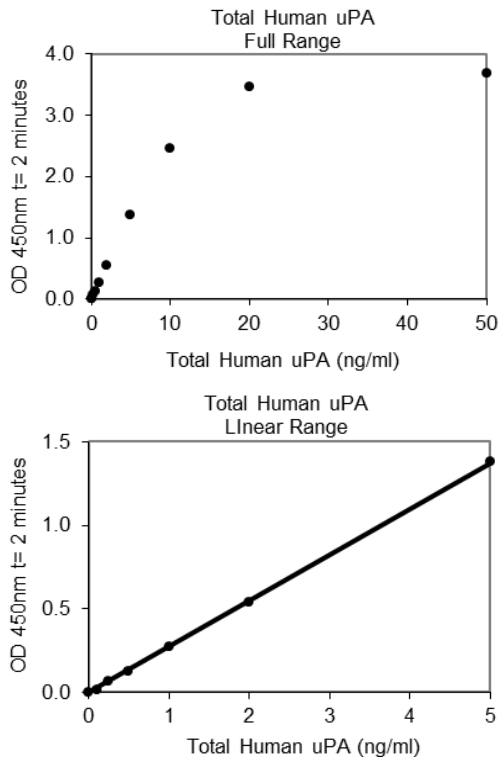
Measurement

Set the absorbance at 450nm in a microtiter plate spectrophotometer. Measure the absorbance in all wells at 450nm. Subtract zero point from all standards and unknowns to determine corrected absorbance (A_{450}).

Calculation of Results

Plot A_{450} against the amount of uPA in the standards. Fit a straight line through the linear points of the standard curve using a linear fit procedure if unknowns appear on the linear portion of the standard curve. Alternatively, create a standard curve by analyzing the data using a software program capable of generating a four parameter logistic (4PL) curve fit. The amount of uPA in the unknowns can be determined from this curve. If samples have been diluted, the calculated concentration must be multiplied by the dilution factor.

A typical standard curve (EXAMPLE ONLY):



EXPECTED VALUES

The concentration of uPA antigen in human plasma has been reported to be 3.5 ± 1.4 ng/ml (n=54) [2]. Culture media of fibroblasts, endothelial, and kidney cells showed antigen levels of 1.2, 23 and 65 ng/ml, respectively [2]. The uPA antigen level in human bile is reported as 0.705 ng/ml [3].

Detergent extracts of human tumor tissues had the following uPA antigen levels [4]:

Tumor Tissue	Mean	Range	n
Lung	6.28	3.33-18.23	6
Cervix	5.03	2.33-8.72	6
Colon	3.65	2.30-8.80	6
Melanoma	1.04	0.62-1.77	6
Breast	2.67	0.00-8.96	9

Abnormalities in uPA levels have been reported in the following conditions:

- Venous Thrombosis: Low levels of uPA is associated with clot formation [5].
- Inflammatory Disease: Low levels of uPA may aggravate this condition [6].

PERFORMANCE CHARACTERISTICS

Sensitivity: The minimum detectable dose (MDD) was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates (range OD₄₅₀: 0.069-0.084) and calculating the corresponding concentration. The MDD was 0.066 ng/ml.

Intra-assay Precision: These studies are currently in progress. Please contact us for more information.

Inter-assay Precision: These studies are currently in progress. Please contact us for more information.

Recovery: These studies are currently in progress. Please contact us for more information.

Linearity: To assess the linearity of the assay, pooled citrated human plasma samples containing normal concentrations of antigen were serially diluted to produce samples with values within the dynamic range of the assay.

Sample	1:2	1:4
n	4	4
Average % of Expected	100	103
Range	94-107%	95-111%

Specificity: These studies are currently in progress. Please contact us for more information.

Sample Values: Samples were evaluated for the presence of the antigen at varying dilutions.

Sample Type	Dilution	Mean (ng/mL)
Citrate Plasma	Undiluted	2.60
	1:2	2.60

DISCLAIMER

This information is believed to be correct but does not claim to be all-inclusive and shall be used only as a guide. The supplier of this kit shall not be held liable for any damage resulting from handling of or contact with the above product.

REFERENCES

1. Kjølner L: Biol Chem. 2002, 383:5-19.
2. Binnema DJ, *et al.*: Thromb Res. 1986, 43(5):569-577.
3. Kondera-Anasz Z, *et al.*: Med Sci Monit. 2000, 6(3):616-617.
4. Ferrier CM, *et al.*: Brit J of Can. 1999, 79(9/10):1534-1541.
5. Singh I, *et al.*: Circulation. 2003, 107(6): 869-875.
6. Yang YH, *et al.*: J Immunol. 2001, 167(2):1047-1052.

Example of ELISA Plate Layout

96 Well Plate: 20 Standard wells, 76 Sample wells

	1	2	3	4	5	6	7	8	9	10	11	12
A	0	0.1 ng/ml	0.2 ng/ml	0.5 ng/ml	1 ng/ml	2 ng/ml	5 ng/ml	10 ng/ml	20 ng/ml	50 ng/ml		
B	0	0.1 ng/ml	0.2 ng/ml	0.5 ng/ml	1 ng/ml	2 ng/ml	5 ng/ml	10 ng/ml	20 ng/ml	50 ng/ml		
C												
D												
E												
F												
G												
H												

Important Note: During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. We recommend briefly centrifuging the vial to dislodge any liquid in the container's cap prior to opening.

Warning: This reagent may contain sodium azide and sulfuric acid. The chemical, physical, and toxicological properties of these materials have not been thoroughly investigated. Standard Laboratory Practices should be followed. Avoid skin and eye contact, inhalation, and ingestion. Sodium azide forms hydrazoic acid under acidic conditions and may react with lead or copper plumbing to form highly explosive metal azides. On disposal, flush with large volumes of water to prevent accumulation.

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