

AssayLite™ Human Prealbumin Fluorescent Immunoassay Kit

(Orange Fluorescent Probe)

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This product is manufactured under patented technology by Assaypro LLC

US Patent No. 9,945,847

For any questions regarding troubleshooting or performing the assay, please contact our support team at support@assaypro.com.

Thank you for choosing Assaypro.

Table of Contents

- 1 Assay Summary
- 2 Assay Mechanism
- 3 Assay Template
- 4 Introduction
- 4 Principle of the Assay
- 4 Caution and Warning
- 5 Reagents
- 5 Storage Conditions
- 5 Other Supplies Required
- 5 Sample Collection, Preparation, and Storage
- 7 Reagent Preparation
- 8 Assay Procedure
- 8 Data Analysis
- 9 Standard Curve
- 9 Performance Characteristics
- 11 Troubleshooting
- 12 References

Assay Summary

- Step 1. Add 50 μ l of Standard/Sample and 50 μ l of Fluorescent Probe per well. Incubate 45 minutes at 37°C.
- Step 2. Wash, then add 50 µl of Stabilizing Solution per well.
- Step 3. Read at EX 485/20 nm, EM 680/30 nm

Symbol Key



Consult instructions for use.

Assay Mechanism

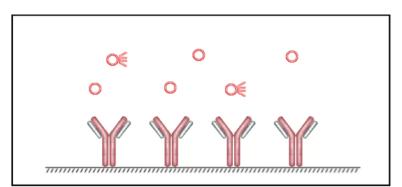


Figure 1. Standard, samples, and the fluorescent probe are added to wells and incubated. The fluorescent probe competes for binding sites with the standard and samples.

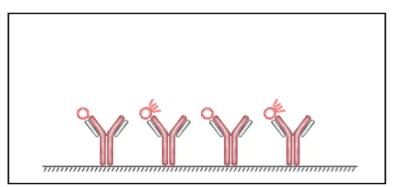


Figure 2. The microplate is washed and the endpoint fluorescence is measured. The fluorescence intensity is inversely proportional to the concentration of the Antigen A in the standard or samples.



Assay Template

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AssayLite[™] Human Prealbumin (Transthyretin, TTR) Fluorescent Immunoassay Kit

Catalog No. FEP2010 Sample insert for reference use only

Introduction

Prealbumin (transthyretin, TTR, ATTR, TBPA) is a hepatic secretory protein thought to be important in the evaluation of nutritional deficiency and nutrition support (1). Prealbumin plays an important physiological role as a transporter of thyroxine and retinol-binding protein (2). Decreased prealbumin levels have been suggested to associate with malnutrition (3) and chronic kidney disease (4).

Principle of the Assay

The AssayLite[™] Human Prealbumin Fluorescent Immunoassay Kit employs a **quantitative competitive fluorescent probe technique** that measures prealbumin in human **plasma, serum, saliva, milk, and cell culture samples** in approximately 45 minutes. A polyclonal antibody specific for human prealbumin has been pre-coated onto a 96-well opaque microplate with removable strips. Human prealbumin in standards and samples is competed with a human prealbumin fluorescent probe. All unbound material is washed away before the endpoint fluorescence is measured.

Caution and Warning

- This product is for **Research Use Only** and is not intended for use in diagnostic procedures.
- Prepare all reagents (diluent buffer, wash buffer, standard, and fluorescent probe), as instructed, prior to running the assay.
- Prepare all samples prior to running the assay. The dilution factors for the samples are suggested in this insert. However, the user should determine the optimal dilution factor.
- The kit should not be used beyond the expiration date.
- Avoid direct light exposure to the assay.
- Store fluorescent probe in a dark place. Do not freeze.

Reagents

- Human Prealbumin Microplate: A 96-well opaque polystyrene microplate (12 strips of 8 wells) coated with a polyclonal antibody against human prealbumin.
- Sealing Tapes: Each kit contains 3 precut, pressure sensitive aluminum sealing tapes that can be cut to fit the format of the individual assay.
- Human Prealbumin Standard: Human prealbumin in a buffered protein base (54 μg, lyophilized).
- Orange Fluorescent Human Prealbumin Probe (10x): Lyophilized.
- EIA Diluent Concentrate (10x): A 10-fold concentrated buffered protein base (30 ml).
- Wash Buffer Concentrate (20x): A 20-fold concentrated buffered surfactant (30 ml).
- Stabilizing Solution (1x): A solution to stabilize the fluorescent component (8 ml).

Storage Condition

- Upon arrival, immediately store components of the kit at recommended temperatures up to the expiration date.
- Store Microplate, Diluent Concentrate (10x), Stabilizing Solution, and Wash Buffer at 2-8°C.
- Unused microplate wells may be returned to the foil pouch with the desiccants and resealed. May be stored for up to 30 days in a vacuum desiccator.
- Store Standard at 2-8°C before reconstituting with Diluent and at -20°C after reconstituting with Diluent.
- Store Fluorescent Probe in a dark place at 2-8°C. Do not freeze.

Other Supplies Required

- Pipettes (1-20 μl, 20-200 μl, 200-1000 μl, and multiple channel)
- Deionized or distilled reagent grade water
- Incubator (37°C)
- Fluorescent Microplate Reader

Sample Collection, Preparation, and Storage

• **Plasma:** Collect plasma using one-tenth volume of 0.1 M sodium citrate as an anticoagulant. Centrifuge samples at 3000 x g for 10 minutes and collect plasma. A 40-fold sample dilution is suggested into EIA Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or

below for up to 3 months. Avoid repeated freeze-thaw cycles (EDTA or Heparin can also be used as an anticoagulant).

- Serum: Samples should be collected into a serum separator tube. After clot formation, centrifuge samples at 3000 x g for 10 minutes and remove serum. A 40-fold sample dilution is suggested into EIA Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.
- Saliva: Collect saliva using sample tube. Centrifuge samples at 800 x g for 10 minutes. A 10-fold sample dilution is suggested into EIA Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.
- Milk: Collect milk using sample tube. Centrifuge samples at 800 x g for 10 minutes. A 100-fold sample dilution is suggested into EIA Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.
- Cell Culture Supernatant: Centrifuge cell culture media at 1500 rpm for 10 minutes at 4°C to remove debris and collect supernatant. If necessary, dilute samples into EIA Diluent; user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -80°C. Avoid repeated freeze-thaw cycles.

Applicable samples may also include biofluids, cell culture, and tissue homogenates. If necessary, user should determine optimal dilution factor depending on application needs.

	Guidelines for Dilutions of 100-fold or Greater (for reference only; please follow the insert for specific dilution suggested)				
	100x		10000x		
 A) 4 μl sample: 396 μl buffer (100x) = 100-fold dilution Assuming the needed volume is less than or equal to 400 μl. 		A) B)	4 μl sample : 396 μl buffer (100x) 4 μl of A : 396 μl buffer (100x) = 10000-fold dilution Assuming the needed volume is less than or equal to 400 μl.		
1000x			100000x		
A) B)	4 μl sample : 396 μl buffer (100x) 24 μl of A : 216 μl buffer (10x) = 1000-fold dilution Assuming the needed volume is less than or equal to 240 μl.	A) B) C)	4 μl sample : 396 μl buffer (100x) 4 μl of A : 396 μl buffer (100x) 24 μl of B : 216 μl buffer (10x) = 100000-fold dilution Assuming the needed volume is less than or equal to 240 μl.		

Refer to Dilution Guidelines for further instruction.

Reagent Preparation

- Freshly dilute all reagents and bring all reagents to room temperature before use.
- **EIA Diluent Concentrate (10x)**: Dilute the EIA Diluent Concentrate 10-fold with reagent grade water to produce a 1x solution. When diluting the concentrate, make sure to rinse the bottle thoroughly to extract any precipitates left in the bottle. Mix the 1x solution gently until the crystals have completely dissolved. Store for up to 30 days at 2-8°C.
- Human Prealbumin Standard: Reconstitute the Human Prealbumin Standard (54 µg) with 1 ml of EIA Diluent to generate a 54 µg/ml standard stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to making dilutions. Prepare duplicate or triplicate standard points by serially diluting from the standard stock solution (54 µg/ml) 4-fold with EIA Diluent to produce 13.5, 3.375, 0.844, 0.211, and 0.053 µg/ml solutions. EIA Diluent serves as the zero standard (0 µg/ml). Any remaining stock solution should be stored at -20°C and used within 30 days. Avoid repeated freeze-thaw cycles.

Standard Point	Dilution	[Prealbumin] (µg/ml)
P1	1 part Standard (54 μg/ml)	54
P2	1 part P1 + 3 parts EIA Diluent	13.5
P3	1 part P2 + 3 parts EIA Diluent	3.375
P4	1 part P3 + 3 parts EIA Diluent	0.844
P5	1 part P4 + 3 parts EIA Diluent	0.211
P6	1 part P5 + 3 parts EIA Diluent	0.053
P7	EIA Diluent	0

- Orange Fluorescent Human Prealbumin Probe (10x): Reconstitute the fluorescent probe with 1 ml of EIA Diluent to generate a stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to dilution. From the stock solution, dilute 10-fold with EIA Diluent to produce a 1x working solution. Any remaining stock solution should be stored at 2-8°C and used within 7 days. Do not freeze.
- Wash Buffer Concentrate (20x): Dilute the Wash Buffer Concentrate 20fold with reagent grade water to produce a 1x solution. When diluting the concentrate, make sure to rinse the bottle thoroughly to extract any precipitates left in the bottle. Mix the 1x solution gently until the crystals have completely dissolved.

Assay Procedure

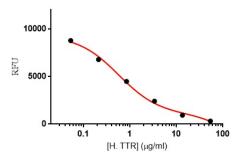
- Prepare all reagents, standard solutions, and samples as instructed. Bring all reagents to room temperature before use. The assay is incubated at 37°C.
- Remove excess microplate strips from the plate frame and return them immediately to the foil pouch with desiccants inside. Reseal the pouch securely to minimize exposure to water vapor and store in a vacuum desiccator.
- Add 50 μ l of Human Prealbumin Standard or sample to each well, and immediately add 50 μ l of Orange Fluorescent Human Prealbumin Probe to each well (on top of the standard or sample). Gently tap plate to ensure thorough mixing. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 45 minutes. Start the timer after the last addition.
- Wash the microplate manually or automatically using a microplate washer. Invert the plate and decant the contents; hit 4-5 times on absorbent material to completely remove the liquid. If washing manually, wash five times with 200 µl of Wash Buffer per well. Invert the plate each time and decant the contents; hit 4-5 times on absorbent material to completely remove the liquid. If using a microplate washer, wash six times with 300 µl of Wash Buffer per well; invert the plate and hit 4-5 times on absorbent material to completely remove the liquid.
- Immediately add 50 μl of Stabilizing Solution to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed.
- Read the endpoint fluorescence on a microplate reader at an excitation wavelength of 485/20 nm and emission wavelength of 680/30 nm.
- For the Synergy H1F, a gain of 90 is suggested; however, the user should determine the optional gain/amplification.

Data Analysis

- Calculate the mean value of the duplicate or triplicate readings for each standard and sample.
- To generate a standard curve, plot the graph using the standard concentrations on the x-axis and the corresponding mean emitted fluorescence on the y-axis. The best fit line can be determined by regression analysis using log-log or four-parameter logistic curve fit.
- Determine the unknown sample concentration from the Standard Curve and multiply the value by the dilution factor.

Standard Curve

• The curve is provided for illustration only. A standard curve should be generated each time the assay is performed.



Human TTR Standard Curve

Note: Standard curve reading with Biotek® Synergy H1F

Performance Characteristics

Reader	Standard Point	μg/ml	Human Prealbumin Average Orange RFU
	P1	54	320
	P2	13.5	930
DiaTak Suparau	P3	3.375	2401
BioTek – Synergy H1F	P4	0.844	4483
пт	P5	0.211	6789
	P6	0.053	8773
	P7	0	10683

- The minimum detectable dose of human prealbumin as calculated by 2SD from the mean of a zero standard was established to be 0.044 µg/ml.
- Intra-assay precision was determined by testing three plasma samples twenty times in one assay.
- Intra-assay and inter-assay coefficients of variation were 5.5% and 10.3%, respectively.

Reference Value

- Normal human prealbumin plasma and serum levels range from 120 450 μg/ml.
- Plasma and serum samples from healthy adults were tested (n=40). On average, human prealbumin level was 180 μg/ml.

Sample	n	Average Value (µg/ml)
Pooled Normal Plasma	10	208
Normal Plasma	20	172
Pooled Normal Serum	10	160

Recovery

Standard Added Value	0.5 – 10 μg/ml	
Recovery %	87 – 112%	
Average Recovery %	98%	

Linearity

• Plasma and serum samples were serially diluted to test for linearity.

Average Percentage of Expected Value (%)			
Sample Dilution	Plasma	Serum	
20x	103%	108%	
40x	92%	99%	
80x	106%	92%	
160x	91%	90%	
320x	89%	91%	

Cross-Reactivity

Species	Cross-Reactivity (%)
Canine	None
Bovine	None
Monkey	10%
Mouse	> 4%
Rat	None
Swine	15%
Rabbit	None

• 10% FBS in culture media will not affect the assay.

Troubleshooting

Issue	Causes	Course of Action
	Use of improper	 Check the expiration date listed before use.
	components	 Do not interchange components from different lots.
		 Check that the correct wash buffer is being used. Check that all wells are empty after aspiration.
	Improper wash step	 Check that an weis are empty arter aspiration. Check that the microplate washer is dispensing properly.
	P - P P	 If washing by pipette, check for proper pipetting
-		technique.
Low Precision	Splashing of reagents while loading wells	Pipette properly in a controlled and careful manner.
Те Г		 Pipette properly in a controlled and careful manner.
~ Ъ	Inconsistent volumes loaded into wells	 Check pipette calibration.
Š	loaded lifto wells	 Check pipette for proper performance.
	Insufficient mixing of	 Thoroughly agitate the Standard and Fluorescent Probe
	reagent dilutions	after reconstitution.
		Thoroughly mix dilutions.
		Check the microplate pouch for proper sealing.
	Improperly sealed microplate	 Check that the microplate pouch has no punctures. Check that there designante are inside the microplate
	micropiate	 Check that three desiccants are inside the microplate pouch prior to sealing.
	Microplate was left	Each step of the procedure should be performed
	unattended between	uninterrupted.
	steps	
	Omission of step	 Consult the provided procedure for complete list of steps.
ity	Steps performed in incorrect order	Consult the provided procedure for the correct order.
sus	Insufficient amount of	Check pipette calibration.
Inte	reagents added to wells	Check pipette for proper performance.
nal	Wash step was skipped	• Consult the provided procedure for all wash steps.
Sig	Improper wash step	 Check that the correct wash buffer is being used.
High	Improper reagent preparation	 Consult reagent preparation section for the correct dilutions of all reagents.
Unexpectedly Low or High Signal Intensity	Insufficient or prolonged incubation periods	• Consult the provided procedure for correct incubation time.
edly L	Prolonged exposure of	 Overexposure can affect the stability of the Fluorescent Probe, store in a dark location.
cte	assay or Fluorescent	 Cover and cap all reagents when not in use.
ədxə	Probe to light	 Cover assay with aluminum sealing film immediately after loading.
Ω	Contamination of	 A new tip must be used for each addition of different
-	reagents	samples or reagents during the assay procedure.
	Contents of wells	 Verify that the aluminum sealing film is firmly in place
	evaporated	before placing the assay in the incubator.
	Used filters with an	• As an example, do not use a filter combination of 620/20
	overlapping bandpass	EX and 660/40 EM, use a 660/20 filter instead.

ficient ndard rve Fit		 Pipette properly in a controlled and careful manner. Check pipette calibration. Check pipette for proper performance.
Defic Stan Curv	Insufficient mixing of reagent dilutions	 Thoroughly agitate the Standard and Fluorescent Probe after reconstitution. Thoroughly mix dilutions.

References

- (1) Chertow GM et al. (2005) Kidney Int. 68(6):2794-800.
- (2) Hamilton JA et al. (2001) Cell Mol Life Sci. 58(10):1491-521.
- (3) Beck FK et al. (2002) Am Fam Physician. 15; 65(8):1575-8.
- (4) Kaysen GA et al. (2004) J Am Soc Nephrol. 15(3):538-48.

Version 1.1R