# Human IL-8 Instant ELISA Kit

Enzyme-linked immunosorbent assay for quantitative detection of human IL-8

Catalog Number BMS204-3INST (128 tests)

Pub. No. MAN0016506 Rev. A.0 (30)

**WARNING!** Read the Safety Data Sheets (SDSs) and follow the handling instructions. Wear appropriate protective eyewear, clothing, and gloves. Safety Data Sheets (SDSs) are available from **thermofisher.com/support**.

#### **Product description**

The Human IL-8 Instant ELISA Kit is an enzyme-linked immunosorbent assay for the quantitative detection of human IL-8.

#### Summary

Interleukin-8/Neutrophil-Activating Peptide-1 selectively stimulates the ability of neutrophils and T-lymphocytes to invade injured or inflamed tissue. IL-8 purified from peripheral blood monocytes is a 10kDa protein showing at least 4 variant forms (77, 72, 70, and 69 amino acids, respectively), which differ in the length of the N-terminal and readily form dimers in solution. Two cystin-bridges are essential for the biological activity of IL-8. Exogenous stimuli like LPS, but also IL-1, TNF $\alpha$  and TNF $\beta$  induce the secretion of IL-8 in a variety of different cell types including monocytes, endothelial and epithelial cells, peripheral blood mononuclear cells, dermal fibroblasts, keratinocytes, neutrophils, hepatocytes, synovial cells, and Tlymphocytes. When IL-8 was subcutaneously injected into rats, both lymphocytes and neutrophils migrated to the site of injection within 3 hours. At lower dosages, only lymphocytes migrated towards the site of injection, while at higher dosages primarily neutrophils were attracted. It was found that T-lymphocytes are 10 times more sensitive to IL-8 than neutrophils. IL-8 exerts its effects via specific cell membrane receptors (chemotactic agonist receptor-family) with homogeneous high-affinity activity and two binding sites for its ligand. The receptor density is determined by the cell type and ranges from 300 on T-lymphocytes up to 20,000 on neutrophils. After binding of IL-8, the receptor expression is downregulated >90% within 10 minutes at 37°C, together with the internalization of the ligand. IL-8 is proteolytically degraded in the cytoplasm and released into the culture medium as soluble fragments. The IL-8 receptors are probably recycled.

Besides its chemotactic influence, IL-8 exerts other distinct characteristics. In neutrophils it triggers the secretion of superoxide anions and lysosomal enzymes, thereby indirectly augmenting the permeability of blood vessels, and IL-8 enhances the fungicidal activity against Candida albicans. Neutrophils are more readily liberated from the bone marrow reservoir under the influence of this cytokine. In vitro, IL-8 stimulates a rapid Mac-1 as well as CR 1, p150,95 and LFA-1 expression on neutrophils, which enables the adherence to activated vascular endothelial cells expressing, e.g., sICAM-1. This may account for the accumulation of neutrophils at IL-8 injection sites. Other findings suggest that endothelial-derived IL-8 may function to attenuate inflammatory events at the interface between vessel wall and blood, via inhibiting neutrophil adhesion to cytokine-activated endothelial monolayers. Therefore, these cells seem to be protected against neutrophil-mediated damage. In basophils, besides its chemotactic effects, IL-8 stimulates the histamin liberation in atopic as well as healthy persons.

For literature updates refer to our website.

### Principles of the test

An anti-human IL-8 coating antibody is adsorbed onto microwells. Human IL-8 present in the sample or standard binds to antibodies adsorbed to the microwells; a biotin-conjugated anti-human IL-8 antibody binds to human IL-8 captured by the first antibody. Streptavidin-HRP binds to the biotin conjugated anti-human IL-8.

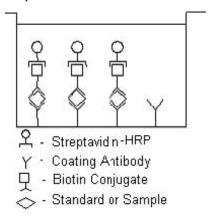


Fig. 1 First incubation.

Following incubation unbound biotin conjugated antihuman IL-8 and Streptavidin-HRP is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

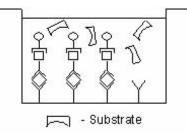


Fig. 2 Second incubation.

A colored product is formed in proportion to the amount of soluble human IL-8 present in the sample. The reaction is terminated by addition of acid and absorbance is measured at 450 nm. A standard curve is prepared from 7 human IL-8 standard dilutions and human IL-8 sample concentration determined.

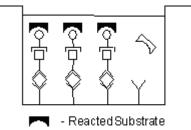


Fig. 3 Stop reaction.



# **Reagents provided**

1 aluminum pouch with a Microwell Plate (12 strips of 8 wells each) coated with monoclonal antibody to human IL-8, Biotin-Conjugate (anti-human IL-8 polyclonal antibody), Streptavidin-HRP and Sample Diluent, lyophilized

2 aluminum pouches with a human IL-8 Standard curve (colored)

1 bottle (25 mL) Wash Buffer Concentrate 20x (phosphate-buffered saline with 1% Tween  $^{^{\rm TM}}$  20)

1 vial (12 mL) Sample Diluent (Use when an external predilution of the samples is needed)

- 1 vial (15 mL) Substrate Solution (tetramethyl-benzidine)
- 1 vial (15 mL) Stop Solution (1M Phosphoric acid)

2 Adhesive Films

# Storage instructions

Store ELISA plate and standard curves or whole kit at  $-20^{\circ}$ C. The plate and the standard curves can also be removed, stored at  $-20^{\circ}$ C, remaining kit reagents can be stored between 2°C and 8°C. Expiry of the kit and reagents is stated on labels.

The 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, the reagent is not contaminated by the first handling.

# Sample collection

Cell culture supernatant, serum, plasma (EDTA and 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.

**Note:** Elevated blank signal was observed when using DMEM cell culture medium. No elevated blank signal was observed when using RPMI cell culture medium.

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

Samples must be stored frozen at –20°C to avoid loss of bioactive human IL-8. If samples are to be run within 24 hours, they may be stored at 2°C to 8°C (for sample stability refer to "Performance characteristics" on page 4). Avoid repeated freeze-thaw cycles. Prior to assay, the frozen sample should be brought to room temperature slowly and mixed gently.

# Materials required but not provided

- 5 mL and 10 mL graduated pipettes
- 5  $\mu L$  to 1,000  $\mu L$  adjustable single channel micropipettes with disposable tips
- adjustable multichannel micropipettes (for volumes between 50  $\mu L$  and 500  $\mu L)$  with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, and 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 linear regression analysis

# Precautions for use

• All reagents 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 statements(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.
- Do not pipet 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 samples.
- Rubber or disposable latex gloves should be worn while handling kit reagents or samples.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- To avoid microbial contamination or cross-contamination of reagents or samples that may invalidate the test, use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing substrate reagent.
- 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 samples and all potentially contaminated materials as if 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 and samples

- 1. Buffer concentrate should be brought to room temperature and diluted before starting the test procedure.
- 2. If crystals have formed in the buffer concentrate, warm it gently until crystals have completely dissolved.

# Wash buffer (1x)

- Pour entire contents (25 mL) of the Wash Buffer Concentrate (20x) into a clean 500 mL graduated cylinder. Bring to final volume to 500 mL with glass-distilled or deionized water. Mix gently to avoid foaming.
- 2. Transfer to a clean wash bottle and store at 2°C to 25°C. The Wash Buffer (1x) is stable for 30 days.

# Test protocol

Note:

- Use plate immediately after removal from –20°C!
- Do not wait until pellets have completely dissolved before applying samples; the binding reaction in the standard strips starts immediately after addition of water!
- Do not try to dissolve pellets by pipetting up and down in the wells; some parts of the pellet could stick to the tip creating high variation of results.
- Perform the washing step with at least 400  $\mu$ L of washing buffer as stated in the manual or fill the wells completely; otherwise any pellet residues sticking to the rim of the well will not be removed and create high variation of results.
- Allow the washing buffer to sit in the wells for a few seconds before aspiration.
- Remove covers of the standard strips carefully so that all the lyophilized pellets remain in the wells.

**Note:** In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.

 Determine the number of Microwell Strips required to test the desired number of samples plus Microwell Strips for blanks and standards (colored). Each sample, standard and blank sample should be assayed in duplicate. Remove extra Microwell Strips from holder and store in foil bag with the desiccant provided at – 20°C sealed tightly. Place Microwell Strips containing the standard curve in position A1/A2 to H1/H2 (see Table 1).

Table 1Example of the arrangement of blanks, standards, andsamples in the microwell strips.

	1	2	3	4
A	Standard 1 1000.0 pg/mL	Standard 1 1000.0 pg/mL	Sample 1	Sample 1
В	Standard 2 500.0 pg/mL	Standard 2 500.0 pg/mL	Sample 2	Sample 2
С	Standard 3 250.0 pg/mL	Standard 3 250.0 pg/mL	Sample 3	Sample 3
D	Standard 4 125.0 pg/mL	Standard 4 125.0 pg/mL	Sample 4	Sample 4
E	Standard 5 62.5 pg/mL	Standard 5 62.5 pg/mL	Sample 5	Sample 5
F	Standard 6 31.3 pg/mL	Standard 6 31.3 pg/mL	Sample 6	Sample 6
G	Standard 7 15.6 pg/mL	Standard 7 15.6 pg/mL	Sample 7	Sample 7
Н	Blank	Blank	Sample 8	Sample 8

- 2. Add distilled water to all standard and blank wells as indicated on the label of the standard strips (A1/A2 to H1/H2).
- 3. Add 100  $\mu$ L of distilled water to the sample wells.
- 4. Add 50  $\mu$ L of each sample, in duplicate, to the designated wells and mix the contents.
- Cover with an adhesive film and incubate at room temperature (18°C to 25°C) for 3 hours on a microplate shaker.
- 6. Remove adhesive film and empty wells. Wash the microwell strips 6 times 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, tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing or place upside down on a wet absorbent paper for no longer than 15 minutes. Do not allow wells to dry.

- 7. Pipet 100  $\mu L$  of TMB Substrate Solution to all wells, including the blank wells.
- Incubate the microwell strips at room temperature (18°C to 25°C) for about 10 minutes. Avoid direct exposure to intense light.

The color development on the plate should be monitored and the substrate reaction stopped (see next step) 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 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.9–0.95.

- 9. Stop the enzyme reaction by quickly pipetting 100 µL of Stop Solution into each well, including the blank wells. 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°C to 8°C in the dark.
- **10.** Read absorbance of each microwell on a spectrophotometer using 450 nm as the primary wave length (optionally 620 nm as the reference wave length; 610 nm to 650 nm 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 human IL-8 standards.

### **Calculation of results**

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20% of the mean.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human IL-8 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 IL-8 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 IL-8 concentration.
- Samples have been diluted 1:2, thus 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 IL-8 levels. Such samples require further external predilution according to expected human IL-8 values with Sample Diluent in order to precisely quantitate the actual human IL-8 level.

**Note:** There is a common dilution factor for samples due to the conjugate, which must then be included in the calculation. The samples contribute 100  $\mu$ L to the final volume per well. These 100  $\mu$ L are composed of 50  $\mu$ L of Sample Diluent plus 50  $\mu$ L of the sample. This is a 1:2 dilution.

The remaining 50  $\mu$ L to give 150  $\mu$ L are due to the addition of 50  $\mu$ L conjugate to all wells.

50  $\mu$ L Sample Diluent and 50  $\mu$ L conjugate results in 100  $\mu$ L reconstitution volume, addition of 50  $\mu$ L sample (50  $\mu$ L + 50  $\mu$ L = 1:2 dilution)

• It is suggested that each testing facility establishes a control sample of known human IL-8 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 4.

**Note:** Do not use this standard curve to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

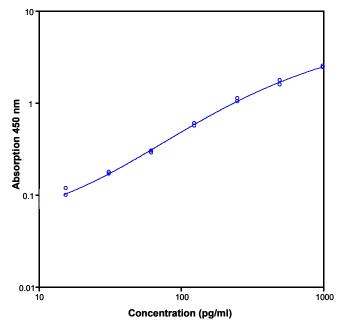


Fig. 4 Representative standard curve for Human IL-8 Instant ELISA Kit. Human IL-8 was diluted in serial 2-fold steps in Sample Diluent. Each symbol represents the mean of 3 parallel titrations.

Table 2Typical data using the Human IL-8 Instant ELISA Kit.Measuring wavelength: 450 nmReference wavelength: 620 nm

Standard	Human IL-8 concentration (pg/mL)	0.D. (450 nm)	0.D. mean	C.V. (%)
1	1000.0	2.402 2.508	2.455	2.2
2	500.0	1.731 1.556	1.644	5.3
3	250.0	1.020 1.118	1.069	4.6
4	125.0	0.559 0.591	0.575	2.8
5	62.5	0.286 0.299	0.293	2.2
6	31.3	0.167 0.177	0.172	2.9
7	15.6	0.099 0.118	0.109	8.8
Blank	0.0	0.026 0.027	0.027	1.9

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

- Because 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 IL-8 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 1.3 pg/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 IL-8. Two standard curves were run on each plate. Data below show the mean human IL-8 concentration and the coefficient of variation for each sample. The calculated overall intra-assay coefficient of variation was 8.1%.

Positive Sample	Experiment	Mean concentration (pg/mL)	Coefficient of variation (%)
	1	606.9	15
1	2	543.7	11
	3	527.1	9
	1	344.1	2
2	2	306.2	11
	3	295.4	10
	1	187.6	4
3	2	144.1	6
	3	140.5	9
	1	65.2	4
4	2	57.0	7
	3	57.8	10
	1	56.2	7
5	2	47.4	10
	3	47.4	5
	1	554.0	7
6	2	506.4	11
	3	390.6	5
	1	296.3	6
7	2	254.8	9
	3	207.3	3
	1	200.0	13
8	2	196.5	12
	3	202.2	10

#### 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 IL-8. Two standard curves were run on each plate. Data below show the mean human IL-8 concentration and the coefficient of variation calculated on 18 determinations of each sample. The calculated overall inter-assay coefficient of variation was 10.8%.

Table 4 The mean human IL-8 concentration and the coefficient of variation of each sample.

Sample	Mean concentration (pg/mL)	Coefficient of variation (%)	
1	559.2	7.5	
2	315.2	8.1	
3	157.4	16.7	
4	60.0	7.6	
5	50.3	10.0	
6	483.7	17.4	
7	252.8	17.6	
8	199.6	1.4	

#### Spike recovery

The spike recovery was evaluated by spiking 4 levels of human IL-8 into serum. Recoveries were determined in 3 independent experiments with 6 replicates each. The unspiked serum was used as blank in these experiments. Average recovery ranged from 72–118% with an overall mean recovery of 88%.

#### **Dilution parallelism**

Four serum samples with different levels of human IL-8 were analyzed at serial 2-fold dilutions with 4 replicates each. The recovery ranged between 108% and 120% with an overall recovery of 115%.

Sample	Dilution	Mean human IL-8 concentration (pg/mL)		% Recovery	
Sample	Ditation	Expected value	Observed value	of exp. val.	
	-	-	598.1	-	
1	1:2	299.0	349.7	116.9	
1	1:4	174.8	195.7	111.9	
	1:8	97.8	108.9	111.3	
	-	-	322.4	-	
2	1:2	161.2	174.7	108.4	
Z Z	1:4	87.4	101.3	116.0	
	1:8	50.7	59.6	117.6	
	-	-	56.1	-	
3	1:2	28.0	33.4	119.1	
3	1:4	16.7	19.2	114.9	
	1:8	9.6	10.6	110.0	
	-	-	220.3	-	
4	1:2	110.1	122.2	111.0	
	1:4	61.1	73.1	119.6	

### Sample stability

#### Freeze-thaw stability

Aliquots of serum samples (spiked or unspiked) were stored at  $-70^{\circ}$ C and thawed 5 times, and the human IL-8 levels determined. There was no significant loss of human IL-8 immunoreactivity detected by freezing and thawing.

#### Storage stability

Aliquots of serum samples (spiked or unspiked) were stored at  $-20^{\circ}$ C,  $2^{\circ}$ C to  $8^{\circ}$ C, room temperature, and at  $37^{\circ}$ C, and the human IL-8 level determined after 24 hours. There was no significant loss of human IL-8 immunoreactivity detected during storage under above conditions.

#### Specificity

The assay detects both natural and recombinant human IL-8. To define the specificity of this ELISA, several peptides with high homology to human IL-8 were tested for cross-reactivity. At concentrations up to 1000 pg/mL, connective tissue activating peptide 3, platelet factor 4, and neutrophil activating peptide 2, as well as IL-6, IL-2R, rhTNF $\beta$ , and CD8 did not show any cross-reactivity.

### **Expected values**

A panel of 40 serum samples from randomly selected apparently healthy donors (males and females) was tested for human IL-8.

Sample matrix	Number of samples evaluated	Range (pg/mL)	% detectable	Mean of detectable (pg/mL)
Serum	40	nd <sup>[1]</sup> –666	22.5	114

 nd = nondetectable, samples measured below the lowest standard point are considered to be nondetectable.

# **Reagent preparation summary**

#### Wash buffer (1x)

Add Wash Buffer Concentrate 20 x (25 mL) to 475 mL distilled water

### Test protocol summary

**Note:** Samples have been diluted 1:2, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 2).

- 1. Place standard strips in position A1/A2 to H1/H2.
- 2. Add distilled water, in duplicate, to all standard and blank wells as indicated on the label of the standard strips.
- 3. Add 100 µL distilled water to sample wells.
- 4. Add 50 µL sample to designated wells.
- 5. Cover microwell strips and incubate 3 hours at room temperature (18°C to 25°C) if available on a microplate shaker.
- 6. Empty and wash microwell strips 6 times with 400  $\mu L$  Wash Buffer.
- 7. Add 100  $\mu L$  of TMB Substrate Solution to all wells including blank wells.
- **8**. Incubate the microwell strips for about 10 minutes at room temperature (18°C to 25°C).
- 9. Add 100 µL Stop Solution to all wells including blank wells.
- 10. Blank microwell reader and measure color intensity at 450 nm.

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**Note:** For SDSs for reagents and chemicals from other manufacturers, contact the manufacturer.

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