

# Human IgE ELISA Kit

Enzyme-linked Immunosorbent Assay for quantitative detection of human IgE

**Catalog Numbers** BMS2097 or BMS2097TEN

**Pub. No.** MAN0016543 **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](http://thermofisher.com/support).

## Product description

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

## Summary

IgE is the least common serum Ig, playing a fundamental role in allergic reactions but not in agglutination or complement activation. It is found in the lungs, skin and mucous membrane. The heavy chain contains an extra domain, by which IgE attaches with high affinity to Fc epsilon Receptor I (FcεRI) found primarily on eosinophils, mast cells and basophils. FcεRI recognises allergens such as pollen, venoms, fungus, spores, dust mites, or pet dander. Upon binding of the allergen to the IgE present on the cell, release of vasoactive amines, like histamine, or factors like heparin and leukotrienes, into surrounding tissue is initiated.

Vasodilatation and increased small vessel permeability causes fluid to escape from capillaries into the tissues, which leads to the characteristic symptoms of an allergic reaction.

Most of these typical allergic reactions like mucus secretion, sneezing, coughing or tear production are considered beneficial to expel remaining allergens from the body.

Studies have shown that conditions such as asthma, rhinitis, eczema, urticaria, dermatitis, and some parasitic infections (e.g., helminths) lead to increased IgE levels. Binding of eosinophils with Fc receptors to IgE-coated helminths results in killing of the parasite. Low levels of IgE can occur in a rare inherited disease that affects muscle coordination (ataxia-telangiectasia).

For literature update refer to our website.

## Principles of the test

An anti-human IgE coating antibody is adsorbed onto microwells.

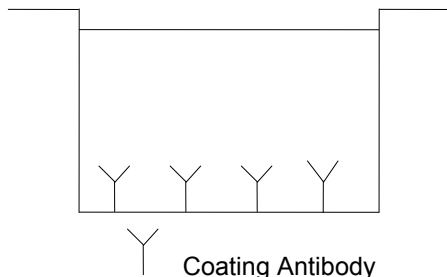


Fig. 1 Coated microwell

Human IgE present in the sample or standard binds to antibodies adsorbed to the microwells and a HRP-conjugated anti-human IgE antibody is added and binds to human IgE captured by the first antibody.

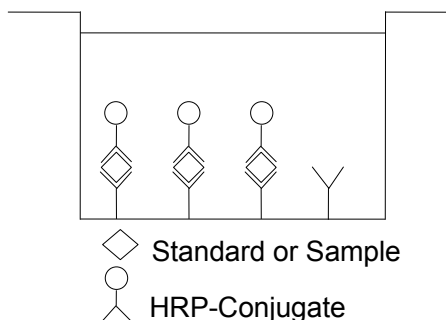


Fig. 2 First incubation

Following incubation unbound HRP-conjugated anti-human IgE antibody is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

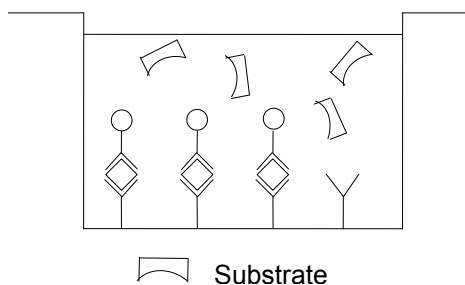


Fig. 3 Second incubation

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

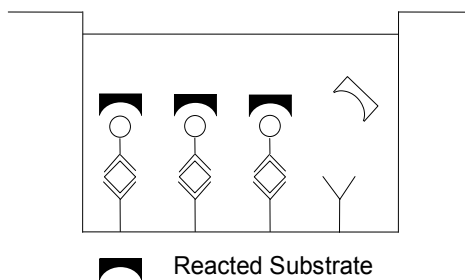


Fig. 4 Third incubation

## Reagents provided

### Reagents for human IgE ELISA BMS2097 (96 tests)

- 1 aluminum pouch with a Microwell Plate (12 strips of 8 wells each) coated with monoclonal antibody to human IgE
- 1 vial (70 µL) HRP-Conjugate anti-human IgE monoclonal antibody
- 2 vials human IgE Standard lyophilized, 1000 ng/mL upon reconstitution

1 vial (5 mL) Assay Buffer Concentrate 20x (PBS with 1% Tween™ 20, 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)

2 Adhesive Films

### Reagents for human IgE ELISA BMS2097TEN(10x96 tests)

10 aluminum pouches with a Microwell Plate (12 strips of 8 wells each) coated with monoclonal antibody to human IgE

10 vials (70 µL) HRP-Conjugate anti-human IgE monoclonal antibody

10 vials human IgE Standard lyophilized, 1000 ng/mL upon reconstitution

2 vial (5 mL) Assay Buffer Concentrate 20x (PBS with 1% Tween™ 20, 10% BSA)

4 bottles (50 mL) Wash Buffer Concentrate 20x (PBS with 1% Tween™ 20)

10 vials (15 mL) Substrate Solution (tetramethyl-benzidine)

1 vial (100 mL) Stop Solution (1M Phosphoric acid)

10 Adhesive Films

### Storage instructions – ELISA kit

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

### Sample collection and storage instructions

Serum and plasma (citrate, heparin, EDTA) were tested with this assay. Other biological samples might be suitable for use in the assay.

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

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

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 µL to 1000 µL adjustable single channel micropipettes with disposable tips
- 50 µL to 300 µL 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)
- Microplate shaker
- 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 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 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.
- 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 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 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

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

### Wash buffer (1x)

1. Pour entire contents (50 mL) of the Wash Buffer Concentrate (20x) into a clean 1000 mL graduated cylinder. Bring to final volume of 1000 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. Please note that Wash Buffer (1x) is stable for 30 days.
3. 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)

1. 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.
2. Store at 2°C to 8°C. Please note that the Assay Buffer (1x) is stable for 30 days.
3. 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

## HRP-Conjugate

**Note:** The HRP-Conjugate should be used within 30 minutes after dilution.

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

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

## Human IgE standard

1. Reconstitute human IgE standard by addition of distilled water.
2. 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 = 1,000 ng/mL).
3. Allow the standard to reconstitute for 10-30 minutes. Mix well prior to making dilutions.

The standard has to be used immediately after reconstitution and cannot be stored.

## External standard dilution

1. Label 7 tubes, one for each standard point: S1, S2, S3, S4, S5, S6, S7.
2. Prepare 2-fold serial dilutions for the standard curve as follows: Pipette 225 µL of Assay Buffer (1x) into each tube.
3. Pipette 225 µL of reconstituted standard (concentration = 1,000 ng/mL) into the first tube, labeled S1, and mix (concentration of S1 = 500 ng/mL).
4. Pipette 225 µL of this dilution into the second tube, labeled S2, and mix thoroughly before the next transfer.
5. Repeat serial dilutions 5 more times thus creating the points of the standard curve (see Figure 5).

Assay Buffer (1x) serves as blank.

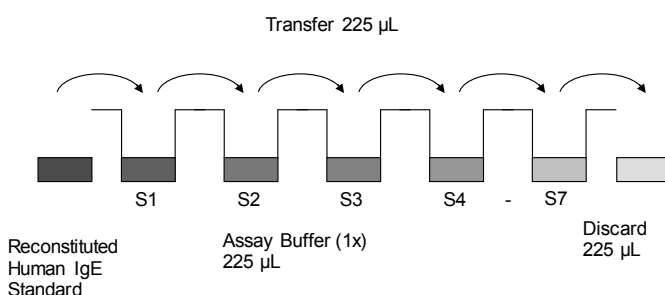


Fig. 5 Dilute standards - tubes

## Test protocol

**Note:** Shaking is absolutely necessary for an optimal test performance.

1. 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°C to 8°C sealed tightly.
2. Prepare HRP-conjugated antibody (see “HRP-Conjugate” on page 3).
3. 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.

4. Standard dilution on the microwell plate (alternatively, the standard dilution can be prepared in tubes, see “External standard dilution” on page 3):

Add 100 µL of Assay Buffer (1x) in duplicate to all standard wells.

Pipette 100 µL of prepared standard (see “Human IgE standard” on page 3, concentration = 1000 ng/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 = 500 ng/mL), and transfer 100 µL to wells B1 and B2, respectively (see Figure 6). Take care not to scratch the inner surface of the microwells.

Continue this procedure 5 times, creating two rows of human IgE standard dilutions, ranging from 500 ng/mL to 7.8 ng/mL. Discard 100 µL of the contents from the last microwells (G1,G2) used.

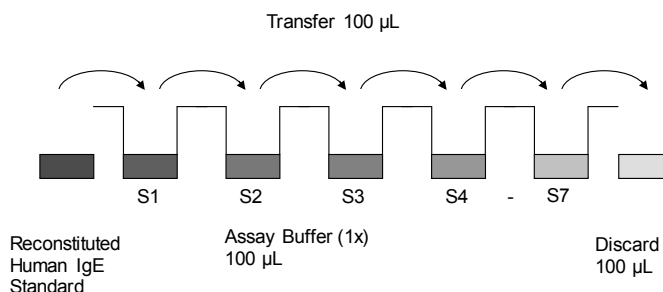


Fig. 6 Dilute standards - microwell plate.

In case of an external standard dilution (see “External standard dilution” on page 3), pipette 100 µL of these standard dilutions (S1–S7) in the standard wells according to Table 1.

**Table 1** Example of the arrangement of blanks, standards, and samples in the microwell strips.

	1	2	3	4
A	Standard 1 500 ng/mL	Standard 1 500 ng/mL	Sample 1	Sample 1
B	Standard 2 250 ng/mL	Standard 2 250 ng/mL	Sample 2	Sample 2
C	Standard 3 125 ng/mL	Standard 3 125 ng/mL	Sample 3	Sample 3
D	Standard 4 62.5 ng/mL	Standard 4 62.5 ng/mL	Sample 4	Sample 4
E	Standard 5 31.3 ng/mL	Standard 5 31.3 ng/mL	Sample 5	Sample 5
F	Standard 6 15.6 ng/mL	Standard 6 15.6 ng/mL	Sample 6	Sample 6
G	Standard 7 7.8 ng/mL	Standard 7 7.8 ng/mL	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

- Add 100  $\mu$ L of Assay Buffer (1x) in duplicate to the blank wells.
- Add 90  $\mu$ L of Assay Buffer (1x) to the sample wells.
- Add 10  $\mu$ L of each sample in duplicate to the sample wells.
- Add 50  $\mu$ L of diluted HRP-conjugated antibody to all wells, including the blank wells.
- Cover with an adhesive film and incubate at room temperature (18°C to 25°C) for 1 hour on a microplate shaker. (Shaking is absolutely necessary for an optimal test performance.)
- Remove adhesive film and empty wells. Wash microwell strips 4 times according to point 3. of the test protocol. Proceed immediately to the next step.
- Pipette 100  $\mu$ L of TMB Substrate Solution to all wells.
- Incubate the microwell strips at room temperature (18°C to 25°C) for 30 minutes. 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.

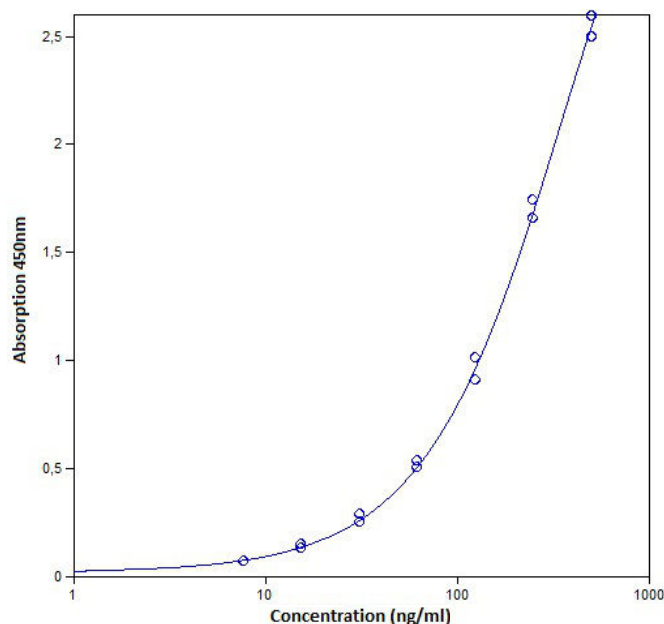
It is recommended to add the stop solution when the highest standard has developed a dark blue color. Alternatively the color development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.9–0.95.

- Stop the enzyme reaction by quickly pipetting 100  $\mu$ L 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°C to 8°C in the dark.
- Read absorbance of each microwell on a spectro-photometer 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 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 value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human IgE 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 IgE 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 IgE concentration.
- If instructions in this protocol have been followed, samples have been diluted 1:10 (10  $\mu$ L sample + 90  $\mu$ L Assay Buffer (1x)) and the concentration read from the standard curve must be multiplied by the dilution factor ( $\times 10$ ).
- Calculation of samples with a concentration exceeding standard 1 may result in incorrect, low human IgE levels (Hook Effect). Such samples require further external predilution according to expected human IgE values with Assay Buffer (1x) in order to precisely quantitate the actual human IgE level.
- It is suggested that each testing facility establishes a control sample of known human IgE 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 7.

**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. 7** Representative standard curve for human IgE ELISA. Human IgE was diluted in serial 2-fold steps in Assay Buffer (1x).

**Table 2** Typical data using the human IgE ELISA.

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	human IgE Concentration (ng/mL)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	500	2.617 2.525	2.571	1.8
2	250	1.769 1.685	1.727	2.4
3	125	1.039 0.937	0.988	5.2
4	62.5	0.560 0.530	0.545	2.8
5	31.3	0.316 0.280	0.298	6.1
6	15.6	0.176 0.158	0.167	5.2
7	7.8	0.101 0.096	0.098	2.6
Blank	0.0	0.033 0.031	0.032	2.7

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.

## Performance characteristics

### Sensitivity

The limit of detection of human IgE 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 0.5 ng/mL (mean of 4 independent assays).

### Reproducibility

#### Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 3 replicates of 8 serum and plasma samples containing different concentrations of human IgE. Two standard curves were run on each plate. Data below show the mean human IgE concentration and the coefficient of variation for

each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 6.6%.

**Table 3** The mean human IgE concentration and the coefficient of variation for each sample.

Sample	Experiment	Mean human IgE concentration (ng/mL)	Coefficient of variation (%)
1	1	1974.6	4.1
	2	1772.7	8.3
	3	1967.6	6.5
2	1	1013.5	9.0
	2	1003.3	4.5
	3	1014.8	4.8
3	1	781.6	6.6
	2	814.5	3.5
	3	787.8	8.6
4	1	805.0	8.4
	2	742.7	6.5
	3	720.2	6.3
5	1	429.0	6.4
	2	507.5	5.6
	3	469.0	6.9
6	1	685.4	4.3
	2	728.6	8.8
	3	757.0	9.4
7	1	375.8	7.7
	2	442.0	4.2
	3	382.1	6.7
8	1	1048.0	6.7
	2	961.8	9.3
	3	1024.7	6.4

### Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments. Each assay was carried out with 3 replicates of 8 serum and plasma samples containing different concentrations of human IgE. Two standard curves were run on each plate. Data below show the mean human IgE 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 5.2%.

**Table 4** The mean human IgE concentration and the coefficient of variation of each sample.

Sample	Mean human IgE concentration (ng/mL)	Coefficient of variation (%)
1	1905.0	6.0
2	1010.5	0.6
3	794.7	2.2
4	756.0	5.8
5	468.5	8.4
6	723.7	5.0
7	399.9	9.1
8	1011.5	4.4

## Spike recovery

The spike recovery was evaluated by spiking 3 levels of human IgE into serum and plasma (EDTA, heparin, citrate). Recoveries were determined with 2 replicates each. The amount of endogenous human IgE in unspiked samples was subtracted from the spike values.

Sample matrix	Spike high (%)		Spike medium (%)		Spike low (%)	
	Mean	Range	Mean	Range	Mean	Range
Serum	119	117-122	115	107-125	110	103-119
Plasma (EDTA)	119	111-123	115	104-126	107	62-126
Plasma (citrate)	129	126-132	118	109-129	112	92-122
Plasma (heparin)	116	105-122	109	96-120	90	79-110

## Dilution parallelism

Serum and plasma (EDTA, citrate, heparin) samples with different levels of human IgE were analyzed at serial 2-fold dilutions with 4 replicates each.

Sample matrix	Dilution	Recovery of exp. val. (%)	
		Mean	Range
Serum	1:20	95	79-110
	1:40	92	77-115
	1:80	91	80-115
Plasma (EDTA)	1:20	87	80-97
	1:40	80	71-88
	1:80	85	74-94
Plasma (citrate)	1:20	83	68-90
	1:40	88	83-95
Plasma (heparin)	1:20	94	91-97
	1:40	89	87-90
	1:80	87	82-90

## Sample stability

### Freeze-thaw stability

Aliquots of serum and plasma samples (spiked or unspiked) were stored at -20°C and thawed 3 times, and the human IgE levels determined.

There was no significant loss of human IgE immunoreactivity detected by freezing and thawing.

### Storage stability

Aliquots of serum, plasma, and cell culture supernatant samples (spiked or unspiked) were stored at -20°C, 2°C to 8°C, room temperature, and at 37°C, and the human IgE level determined after 24 hours. There was no significant loss of human IgE immunoreactivity detected during storage under above conditions.

## Specificity

The assay detects both natural and recombinant human IgE. The cross-reactivity and interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a human IgE positive sample. No cross-reactivity or interference was detected.

## Expected values

Panels of 40 serum as well as plasma samples (EDTA, citrate, heparin) from randomly selected healthy donors (males and females) were tested for human IgE.

Sample matrix	Number of samples evaluated	Mean (ng/mL)	Range (ng/mL)	Standard deviation (ng/mL)
Serum	40	1252	0-10,764	2539
Plasma (EDTA)	40	976	0-9479	1996
Plasma (citrate)	40	125	0-802	198
Plasma (heparin)	40	1488	0-9480	2196

## 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

## HRP-Conjugate

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

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

## Human IgE standard

Reconstitute human IgE standard with distilled water. (Reconstitution volume is stated on the label of the standard vial.)

## Test protocol summary

Shaking is absolutely necessary for an optimal test performance.

**Note:** If instructions in this protocol have been followed, samples have been diluted 1:10 (10 µL sample + 90 µL Assay Buffer (1x)) and the concentration read from the standard curve must be multiplied by the dilution factor (x 10).

1. Determine the number of microwell strips required.
2. Prepare HRP-Conjugate.
3. Wash microwell strips twice with Wash Buffer.
4. Standard dilution on the microwell plate: Add 100 µL Assay Buffer (1x), in duplicate, to all standard wells. Pipette 100 µL prepared standard into the first wells and create standard dilutions by transferring 100 µL from well to well. Discard 100 µL from the last wells.  
Alternatively, external standard dilution in tubes (see "External standard dilution" on page 3): Pipette 100 µL of these standard dilutions in the microwell strips.
5. Add 100 µL of Assay Buffer (1x) in duplicate to the blank wells.
6. Add 90 µL of Assay Buffer (1x) to the sample wells.
7. Add 10 µL of each sample in duplicate to the sample wells.
8. Add 50 µL diluted HRP-Conjugate to all wells.

9. Cover microwell strips and incubate 1 hour at room temperature (18°C to 25°C) on a microplate shaker (Shaking is absolutely necessary for an optimal test performance).
10. Empty and wash microwell strips 4 times with Wash Buffer.
11. Add 100 µL of TMB Substrate Solution to all wells.
12. Incubate the microwell strips for about 30 minutes at room temperature (18°C to 25°C)
13. Add 100 µL Stop Solution to all wells.
14. Blank microwell reader and measure color intensity at 450 nm.

- Software, patches, and updates
- Training for many applications and instruments
- Order and web support
- Product documentation
  - User guides, manuals, and protocols
  - Certificates of Analysis
  - Safety Data Sheets (SDSs; also known as MSDSs)

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

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