Human IL-6 ELISpot Kit – Pre-coated

Instructions for use

Catalogue Numbers:

Regular	Pre-coated Plates
1x96 tests	856.021.001PC
2x96 tests	856.021.002PC
5x96 tests	856.021.005PC

EasySplit	Pre-coated strip plates
1x96 tests	856.021.001PCS
2x96 tests	856.021.002PCS
5x96 tests	856.021.005PCS

For research use only

Fast Track Your Research…….

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1. Intended use

Diaclone **ELISpot** is a highly specific immunoassay for the analysis of cytokine and other soluble molecule production and secretion from T-cells at a single cell level in conditions closely comparable to the *in-vivo* environment with minimal cell manipulation. This technique is designed to determine the frequency of cytokine producing cells under a given stimulation and the comparison of such frequency against a specific treatment or pathological state. The ELISpot assay constitutes an ideal tool in the investigation of Th1 / Th2 responses, vaccine development, viral infection monitoring and treatment, cancerology, infectious disease, autoimmune diseases and transplantation.

Utilising sandwich immuno-enzyme technology, Diaclone ELISpot assays can detect both secreted cytokines and single cells that simultaneously produce multiple cytokines. Cell secreted cytokines or soluble molecules are captured by coated antibodies avoiding diffusion in supernatant, protease degradation or binding on soluble membrane receptors. After cell removal, the captured cytokines are revealed by tracer antibodies and appropriate conjugates.

This kit has been configured for research use only and is not to be used in diagnostic procedures.

2. Introduction

2.1. Summary

Interleukin-6 (IL-6) is a multi-functional cytokine that regulates immune responses, acute phase reactions and hematopoiesis and may play a central role in host defense mechanisms (13, 31). The gene for human IL-6 has been localized to chromosome 7p21 (1). The genomic sequence has been determined (36). IL-6 is usually not produced constitutively by normal cells, but its expression is readily induced by a variety of cytokines (28), lipopolysaccharide (25) or viral infections (3). The IL-6 gene product is a single chain protein with a molecular mass ranging from 21 to 28 kDa, depending on the cellular source. Extensive posttranslational modifications like N- and O-linked glycosylation (20) as well as phosphorylation (21) seem to account for this heterogeneity. The cDNA for IL-6 predicts a precursor protein of 212 amino acids (10). IL-6 is a pleiotropic cytokine produced by a variety of cells. It acts on a wide range of tissues, exerting growth-induction, growth-inhibition, and differentiation respectively, depending on the nature of the target cells.

IL-6 is involved in

- the induction of B-cell differentiation,
- the induction of acute phase proteins in liver cells,
- growth promotion of myeloma / plasmacytoma / hybridoma cells,
- induction of IL-2 and IL-2 receptor expression,
- proliferation and differentiation of T cells,
- inhibition of cell growth of certain myeloid leukemic cell lines and induction of their differentiation to macrophages,
- enhancement of IL-3-induced multipotential colony cell formation in hematopoietic stem cells and induction of maturation of megakaryocytes as a thrombopoietic factor,
- induction of mesangial cell growth,
- induction of neural differentiation of PC 12 cells and
- induction of keratinocyte growth (14).

The abnormal production of IL-6 was first suggested to be related to polyclonal B-cell activation with autoantibody production in patients with cardiac myxoma (9). Since then, IL-6 has been suggested to be

involved in the pathogenesis of a variety of diseases. Measurement of IL-6 levels in serum and other body fluids thus provides more detailed insights into various pathological situations. For Example:

Infections:
Body fluids of patients with acute local bacterial or viral infections and serum of patients with gram-negative or positive bacteremia contain elevated levels of biologically active IL-6 (7, 16).

Obstetric Infections:
IL-6 has emerged as a reporter cytokine for intraamniotic infection (29).

Diseases associated with an altered immune system (polyclonal B-cell abnormalities or autoimmune diseases):
Elevated levels of circulating IL-6 have been detected in patients with cardiac myxoma (11), Castleman's disease (18), rheumatoid arthritis (12), IgM gammopathy and in those with acquired immunodeficiency syndrome (19, 23) as well as alcoholic liver cirrhosis (2, 32).

Proliferative diseases:
Elevated plasma levels of IL-6 are observed in patients with psoriasis (4, 5) and mesangial proliferative glomerulonephritis (15).

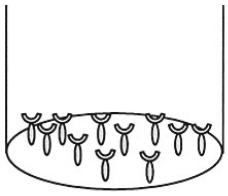
Neoplastic Diseases:
Increased systemic levels of IL-6 have been detected in patients with multiple myeloma (22), other B-cell dyscrasias (27), Lennert's T lymphoma, Castleman's disease, renal cell carcinoma (33) and various other solid tumors (17, 30).

Inflammatory responses:
IL-6 is involved in the induction of acute phase proteins and induction of fever (8). Elevated serum levels of IL-6 are also found in patients with severe burns (24, 34), in serum and plasma as a marker for predicting postoperative complications (26), in serum and urine of recipients of kidney transplants before rejection (35), in the serum of septic shock patients (6) and in patients with inflammatory arthritis and traumatic arthritis.

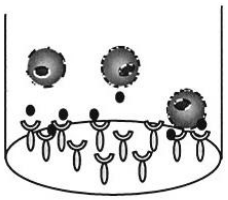
2.2. Principle of the method

A capture antibody highly specific for the analyte of interest is coated to the wells of a PVDF bottomed 96 well microtitre plate either during kit manufacture or in the laboratory. The plate is then blocked to minimise any non-antibody dependent unspecific binding and washed. Cell suspension and stimulant are added and the plate incubated allowing the specific antibodies to bind any analytes produced. Cells are then removed by washing prior to the addition of Biotinylated detection antibodies which bind to the previously captured analyte. Enzyme conjugated streptavidin is then added binding to the detection antibodies. Following incubation and washing substrate is then applied to the wells resulting in coloured spots which can be quantified using appropriate analysis software or manually using a microscope.

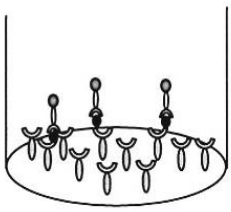
1. 96-PVDF bottomed-well plates are first treated with 35% ethanol and then coated with capture antibody.

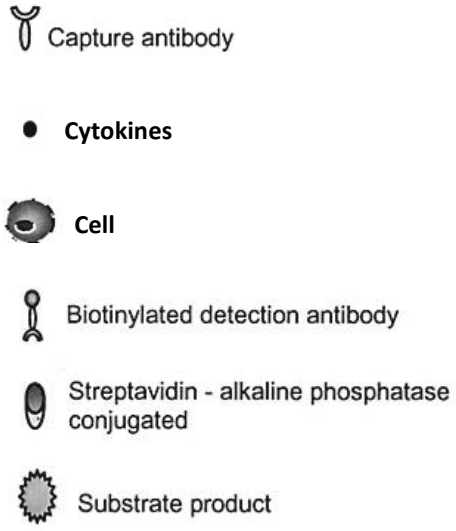


2. Cells are incubated in the presence of the stimulating agent. Upon stimulation they release cytokines which bind to the capture antibodies.

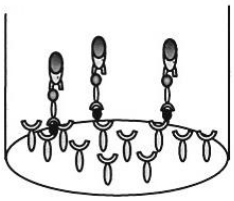


3. Cell removal by washing. Incubation with biotinylated detection antibody.





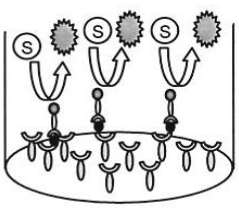
4. Any excess unbound detection antibodies is removed by washing. Incubation with streptavidin – alkaline phosphatase conjugate.

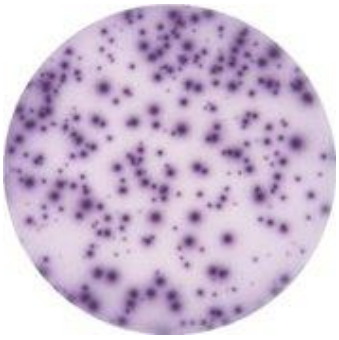


5. Any excess unbound Strep-AP is removed by washing. Incubation with BCIP/NBT.

Finally BCIP/NBT reduction by alkaline phosphatase give a precipitated product which give blue/purple spots.

One spot correspond to one single producing cell.





3. Reagents provided

Reagents	.001*	.002*	.005	Reconstitution
Pre-coated 96-well PVDF bottom plates	1	2	5	Rehydrate with 100 µl of PBS1X (see section 9)
Biotinylated Detection antibody	1 (100 µl)	1 (200 µl)	1	Reconstitute with 0.55 ml of distilled water Dilute prior to use (see Detection Antibody, section 7.4)
Streptavidin-Alkaline Phosphatase conjugate	1 (10 µl)	1 (20 µl)	1 (50 µl)	Dilute prior to use (see Streptavidin-AP conjugate, section 7.5)
Bovine Serum Albumin (BSA) – 2 g	1	1	1	Dissolve to prepare dilution buffer (see 1%BSA PBS solution, section 7.3)
Ready to use BCIP/NBT - (Substrate buffer)	1 (11 ml)	1 (25 ml)	2 (25 ml)	Ready to use

***Please note for 001 and 002 : detection antibody is provided in liquid form.**

4. Materials/Reagents required but not provided

- Miscellaneous laboratory plastic and/or glass, if possible sterile
- Cell culture reagents (e.g. RPMI-1640, L-glutamine, FCS)
- Cell stimulation reagents (e.g. PMA, Ionomycin, LPS)
- CO_2 incubator
- Tween 20
- Phosphate Buffered Saline (PBS)

5. Storage Instructions

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 box front labels. The expiry of the kit components can only be guaranteed if the components are stored properly, and if in the case of repeated use of one component, the reagent is not contaminated by the first handling.

6. Safety & Precautions for use

- For **research use only** not to be used as a diagnostic test.
- Handling of reagents, blood specimens, PBMC, human cell lines should be in accordance with local safety procedures, e.g. CDC/NIH Health manual : "Biosafety in Microbiological and Biomedical Laboratories" 1984.
- Do not eat, drink, smoke or apply cosmetics where kit reagents are used.
- Do not pipette by mouth.
- When not in use, kit components should be stored refrigerated or frozen as indicated on vials or bottles labels.
- All reagents should be warmed to room temperature before use.
- Cover or cap all reagents when not in use.
- Do not mix or interchange reagents between different lots.
- Do not use reagents beyond the expiration date of the kit.
- Use a clean disposable plastic pipette tip for each reagent, standard, or specimen addition in order to avoid cross contamination.
- Use a clean plastic container to prepare the washing solution.
- Thoroughly mix the reagents and samples before use by agitation or swirling.
- All residual washing liquid must be drained from the wells by efficient aspiration or by decantation followed by tapping the plate forcefully on absorbent paper. Never insert absorbent paper directly into the wells.
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells.
- **BCIP/NBT substrate** may cause an allergic skin reaction, caution should be taken when handling this reagent, always wear gloves
- Follow incubation times described in the assay procedure.

7. Reagent Preparation

7.1. 1X Phosphate Buffered Saline (PBS)

For 1 litre of 10X PBS, weigh-out: 80g NaCl
2g KH_2PO_4
14.4g Na_2HPO_4 ; $2H_2O$.

Add distilled water to 1 litre.

Dilute the solution to 1X before use.
Check the pH of the 1X solution and adjust to required pH : 7.4 +/- 0.1.

7.2. 0.05% Tween PBS Solution (Wash Buffer)

For one plate, dilute 50 µl of Tween 20 in 100 ml of PBS 1X.

7.3. 1% BSA PBS Solution (Dilution Buffer)

For one plate, dissolve 0.2 g of BSA in 20 ml of PBS 1X.

7.4. Detection Antibody

Reconstitute the lyophilised antibody with 0.55 ml of distilled water. Gently mix the solution and wait until all the lyophilised material is back into solution.
Please note for 001PC and 002PC kits, detection antibody is provided in liquid form.

If not used within a short period of time, reconstituted Detection Antibody should be aliquoted and stored at -20°C. In these conditions the reagent is stable for at least one year. For optimal performance prepare the reconstituted antibody dilution immediately prior to use.

For one plate, dilute 100 µl of antibody into 10 ml of Dilution Buffer and mix well.

To avoid nonspecific background, it is recommended to filter the working solution using a disposable syringe and a 0.2µm filter disc.

7.5. Streptavidin – AP conjugate

For optimal performance, prepare the Streptavidin-AP dilution immediately prior to use.
It is recommended to centrifuge the vial for a few seconds to collect all the volume at the bottom.

For one plate, dilute 10 µl of Streptavidin-AP conjugate into 10 ml of Dilution Buffer and mix well.

Do not keep this solution for further experiments.
To avoid nonspecific background, it is recommended to filter the working solution using a disposable syringe and a 0.2µm filter disc.

7.6. BCIP/NBT

The reagent is ready-to-use.

It should be clear to pale yellow. If precipitates occur, filter the solution using a disposable syringe and a 0.2µm filter disc.

8. Sample and Control Preparation

8.1. Cell Stimulation

Cells can either be stimulated directly in the antibody coated wells (Direct) or, first stimulated in 24 well plates or flask, harvested, and then plated into the coated wells (Indirect).

The method used is dependent on 1) the type of cell assayed 2) the expected cell frequency. When a low number of cytokine producing cells are expected it is also advised to test them with the direct method, however, when this number is particularly high it is better to use the indirect ELISpot method.

All the method steps following stimulation of the cells are the same whatever the method (direct/indirect) chosen.

8.2. Positive Assay Control, IL-6 production

We recommend using the following polyclonal activation as a positive control in your assay.

Dilute PBMC in culture medium (e.g. RPMI 1640 supplemented with 2mM L-glutamine and 10% heat inactivated fetal calf serum) containing 1µg/ml LPS (Sigma, Saint Louis, MO). Distribute $1x10^4$ to $2.5x10^4$ cells per 100 µl in required wells of an antibody coated 96-well PVDF plate and incubate for 15-20 hours in an incubator.

For other stimulators incubation times may vary, depending on the frequency of cytokine producing cells, and should be optimised in each situation.

8.3. Negative Assay Control

Dilute PBMC in culture medium to give an appropriate cell number (same number of unstimulated cells as stimulated sample cells) per 100 µl with no stimulation.

8.4. Sample

Dilute PBMC in culture medium and stimulator of interest (i.e. Sample, Vaccine, Peptide pool or infected cells) to give an appropriate cell number per 100 µl.

Optimal assay performances are observed between $1x10^5$ and $2.5x10^5$ cells per 100 µl.

Stimulators and incubation times can be varied depending on the frequency of cytokine producing cells and therefore should be optimised by the testing laboratory.

9. Method

Prepare all reagents as shown in section 7 and 8.
Note: For optimal performance prepare the Streptavidin-AP dilution immediately prior to use.

Assay Step		Details
1.	Addition	Add 100 µl of PBS 1X to every well
2.	Incubation	Incubate plate at room temperature (RT) for 10 min
3.	Wash	Empty the wells by flicking the plate over a sink & gently tapping on absorbent paper
4.	Addition	Add 100 µl of **sample, positive and negative controls** cell suspension to appropriate wells providing the required concentration of cells and stimulant (cells may have been previously stimulated see section 8.)
5.	Incubation	Cover the plate and incubate at 37°C in a CO_2 incubator for an appropriate length of time (15-20 hours) ***Note: do not agitate or move the plate during this incubation***
6.	Addition	Empty the wells and remove excess solution then add 100 µl of Wash Buffer to every well
7.	Incubation	Incubate the plate at 4°C for 10 min
8.	Wash	Empty the wells as previous and wash the plate 3x with 100 µl of Wash Buffer
9.	Addition	Add 100 µl of diluted **detection antibody** to every well
10.	Incubation	Cover the plate and incubate at RT for 1 hour 30 min
11.	Wash	Empty the wells as previous and wash the plate 3x with 100 µl of Wash Buffer
12.	Addition	Add 100 µl of diluted **Streptavidin-AP conjugate** to every well
13.	Incubation	Cover the plate and incubate at RT for 1 hour
14.	Wash	Empty the wells and wash the plate 3x with 100 µl of Wash Buffer
15.	Wash	Peel off the plate bottom and wash both sides of the membrane 3x under running distilled water, once washing complete remove any excess solution by repeated tapping on absorbent paper
16.	Addition	Add 100 µl of ready-to-use **BCIP/NBT buffer** to every well
17.	Development	Incubate the plate for **5-15 min** monitoring spot formation visually throughout the incubation period to assess sufficient colour development
18.	Wash	Empty the wells and rinse both sides of the membrane 3x under running distilled water. Completely remove any excess solution by gentle repeated tapping on absorbent paper
Read Spots: allow the wells to dry and then read results. The frequency of the resulting coloured spots corresponding to the cytokine producing cells can be determined using an appropriate ELISpot reader and analysis software or manually using a microscope. *Note: spots may become sharper after overnight incubation at 4°C in the dark*		

Plate should be stored at RT away from direct light, but please note that colour may fade over prolonged periods so read results within 24 hours.

10. Performance Characteristics

10.1. Specificity

The assay recognizes natural Human IL-6.

To define specificity of this IL-6 antibody pair, several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested (IL-1α, IL-1β, IL-10, IL-12, IFNγ, IL-4, TNFα, IL-8 and IL-13). This testing was performed using the equivalent Human IL-6 antibody pair in an ELISA assay.

10.2. Reproducibility and Linearity

Intra-assay reproducibility and linearity were evaluated by measuring the spot development following the stimulation (LPS) of 5 different PBMC cell concentrations, 12 repetitions. The data show the mean spot number, range and CV for the five cell concentrations.

Cells / well	n	Mean number of spots per well	Min	Max	CV%
10000 recommended	12	467	439	533	5.9%
5000	12	340	327	370	3.9%
2500	12	207	190	225	4.7%
1250	12	118	108	129	6.3%
625	12	64	54	76	10.4%

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