



PRODUCT INFORMATION & MANUAL

Human Insulin Valukine™ ELISA

VAL146

For the quantitative determination of natural and recombinant
Human Insulin concentrations

For research use only.
Not for diagnostic or therapeutic procedures.

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Please refer to the kit label for expiry date.
Novus kits are guaranteed for 3 months from date of receipt

Version202110.1

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I. BACKGROUND

Insulin is a peptide hormone of the insulin-like peptide family that also includes insulin-like growth factors (IGFs), relaxins, and other insulin-like peptides (1-3). Its production by pancreatic β cells is essential for glucose metabolism and regulation of energy balance. Failure of insulin control causes diabetes mellitus (DM), which can either be of Type I (T1D, 5% of diagnosed DM), previously called juvenile or insulin-dependent diabetes, or Type II (T2D, 95% of diagnosed DM), previously called adult-onset or insulin-independent diabetes (4). T1D is a primary insufficiency of β cell insulin production while T2D is a functional insulin deficiency caused mainly by insulin resistance of the target cells. Mutations of the insulin gene are a cause of neonatal diabetes (2, 5, 6). DM has become more frequent over time, and in 2011 affected 79 million adults in the US (8% of the population). Frequency increases with age (27% of adults >65 years) and obesity, and can vary with ethnic background (4). DM is the seventh leading cause of death in the US (2, 4). Complications include heart disease, stroke, hypertension, blindness, kidney disease, and neuropathy (4).

Insulin is synthesized as a 110 amino acid (aa) preproprotein. A 24 aa signal sequence is cleaved to form the 86 aa proinsulin peptide, which undergoes further proteolysis to generate the 30 aa B chain (aa 25–54 of the preproprotein), the 21 aa A chain (aa 90-110), and the 34 aa intervening C-peptide (1, 2). Mature human insulin is the disulfide-linked heterodimer of A and B chains, which shares 98% aa sequence identity (50/51 aa) with porcine and canine insulin, 94% (48/51 aa) with bovine insulin, and 92% (47/51 aa) with mouse, rat, feline and ovine insulin. Insulin is stored in β cells as a zinc-coordinated hexamer (2). It is released as a zinc-free monomer into the hepatic portal vein, thus achieving its highest concentration in the liver (2, 7). Basal levels are continuously secreted, with higher secretion stimulated by food ingestion (7). In diabetics requiring insulin replacement or supplementation (26% of those diagnosed with diabetes), natural insulin or a synthetic analogue is delivered subcutaneously via injection or an implanted pump (4, 7).

Insulin acts through the insulin receptor (Ins R), a receptor tyrosine kinase that is present in varying quantities on all cells. Insulin initiates downstream signaling by binding and cross-linking two receptor molecules to form a trimeric receptor/ligand complex (2, 3, 8). Signals facilitate the cellular uptake of glucose by regulating the appearance of membrane glucose transporters. The Ins R is present in two isoforms, A and B, which may homodimerize or heterodimerize with the IGF-I receptor (3, 6). All receptor combinations bind insulin, IGF-I or IGF-II, but with differing affinities (3, 6). This system allows fine tuning of insulin-mediated signaling pathway activation according to the concentrations of insulin, IGF-I and IGF-II, and expression of receptor subunits on the cell surface (6).

II. OVERVIEW

A. PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. An antibody specific for human Insulin has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any Insulin present is bound by the immobilized antibody. After washing away any unbound substances, a biotinylated detection antibody specific for human Insulin are pipetted into the wells. After washing away any unbound substances, streptavidin-HRP are pipetted into the wells. Following a wash to remove any unbound reagent, a substrate solution is added to the wells and color develops in proportion to the amount of Insulin bound in the initial step. The color development is stopped, and the intensity of the color is measured.

B. LIMITATIONS OF THE PROCEDURE

- **FOR RESEARCH USE ONLY NOT FOR USE IN DIAGNOSTIC PROCEDURES.**
- This kit is suitable for cell culture supernate and human serum.
- The kit should not be used beyond the expiration date on the kit label.
- Do not mix or substitute reagents with those from other lots or sources.
- If samples generate values higher than the highest standard, dilute the samples with Calibrator Diluent-C or Calibrator Diluent-S and repeat the assay.
- Any variation in operator, pipetting technique, washing technique, incubation time or temperature, and kit age can cause variation in binding.

III. ADVANTAGES

A. PRECISION

Intra-assay Precision (Precision within an assay)

Three samples were tested twenty times on one plate to assess intra-assay precision.

Inter-assay Precision (Precision between assays)

Three samples were tested in twenty separate assays to assess inter-assay precision.

Sample	Intra-assay Precision			Inter-assay Precision		
	1	2	3	1	2	3
Mean (pmol/L)	95.9	44.6	17.4	96.7	44.6	15.4
Standard Deviation	5.1	1.1	1.6	4.9	1.0	1.1
CV%	5.3	2.5	9.3	5.1	2.1	7.0

B. RECOVERY

The recovery of human Insulin spiked to different levels throughout the range of the assay in cell culture media was evaluated. The recovery ranged from 83.2-121.4% with an average of 103.5%.

The recovery of human Insulin spiked to different levels throughout the range of the assay in human serum was evaluated. The recovery ranged from 78.7-125.7% with an average of 98.1%.

C. SENSITIVITY

The minimum detectable dose (MDD) of human Insulin is typically less than 0.035 pmol/L.

The MDD was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates and calculating the corresponding concentration.

D. CALIBRATION

This immunoassay is calibrated against a highly purified *S.cerevisiae*-expressed recombinant human Insulin produced at R&D Systems.

E. LINEARITY

To assess the linearity of the assay, different samples were containing or spiked with high concentrations of human Insulin and diluted with **Calibrator Diluent-C (1×)** (*for cell culture supernate samples*) or **Calibrator Diluent-S (1×)** (*for serum samples*) to produce samples with values within the dynamic range of the assay.

Dilution	Average % of Expected	Range (%)
1:2	88.5	74.4-104.7
1:4	88.5	72.7-109.1
1:8	87.5	79.9-113.2
1:16	92.2	70.3-113.1

F. SAMPLE VALUES

Serum - Five human serum samples were evaluated for the presence of human Insulin in this assay. All samples measured ranged from 57.2 to 275.2 pmol/L with an average of 181.6 pmol/L.

G. SPECIFICITY

The following factors prepared at 50 ng/mL were assayed and exhibited no cross-reactivity or interference.

Recombinant human	
C-Peptide	Relaxin-1
IGF-I	Relaxin-2
	Relaxin-3

This Valukine™ also recognizes natural canine and porcine Insulin.

Recombinant human (rh) Insulin R and rhIGF II does not cross react in this assay but does interfere at concentrations > 1.56 and 3.13 ng/mL respectively.

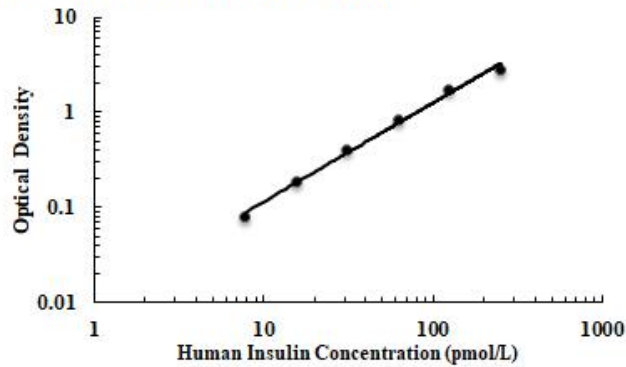
A sample containing 25.0 ng/mL of recombinant human Proinsulin reads as 922 pg/mL (3.7% cross-reactivity).

IV. EXPERIMENT

EXAMPLE STANDARD

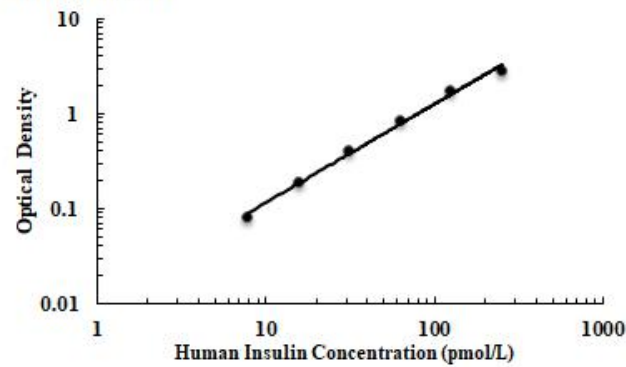
The standard curve is provided for demonstration only. A standard curve should be generated for each set of samples assayed.

CELL CULTURE SUPERNATE ASSAY



pmol/L	OD	Average	Corrected
0	0.046 0.046	0.046	-
7.8	0.119 0.133	0.126	0.080
15.6	0.233 0.238	0.236	0.190
31.3	0.448 0.451	0.450	0.404
62.5	0.858 0.889	0.874	0.828
125	1.747 1.836	1.792	1.746
250	2.864 2.867	2.866	2.820

SERUM ASSAY



pmol/L	OD	Average	Corrected
0	0.022 0.023	0.023	-
7.8	0.139 0.148	0.144	0.098
15.6	0.275 0.280	0.278	0.232
31.3	0.574 0.617	0.596	0.550
62.5	1.121 1.171	1.146	1.100
125	2.107 2.148	2.128	2.082
250	2.903 2.934	2.919	2.873

V. KIT COMPONENTS AND STORAGE

A. MATERIALS PROVIDED

Parts	Description	Size
Human Insulin Microplate	96 well polystyrene microplate (12 strips of 8 wells) coated with a Mouse antibody against Human Insulin.	1 plate
Human Insulin Standard	Recombinant Human Insulin in a buffered protein base; lyophilized. Refer to the vial label for reconstitution volume.	2 vials
Human Insulin Detection Antibody	Biotinylated Insulin antibody, lyophilized. Refer to the vial label for reconstitution volume.	1 vial
Calibrator Diluent-C (1×)	Concentrated buffered diluent used to dilute standard and cell culture supernate samples.	2 vials
Calibrator Diluent-S (2×)	Concentrated buffered diluent used to dilute standard and serum samples.	1 vial
Detection Antibody Diluent-C (4×)	Concentrated buffered diluent used to dilute Detection Antibody (<i>for cell culture supernate samples</i>).	1 vial
Detection Antibody Diluent-S (4×)	Concentrated buffered diluent used to dilute Detection Antibody (<i>for serum samples</i>).	1 vial
Streptavidin-HRP B (40×)	40× Streptavidin conjugated to horseradish peroxidase.	1 vial
Reagent Diluent (10×)	A 10× concentrated buffered protein base used to dilute Detection Antibody and HRP.	1 vial
Wash Buffer Concentrate (25×)	A 25× concentrated solution of buffered surfactant with preservatives.	1 vial
Color Reagent A	Stabilized hydrogen peroxide.	1 vial
Color Reagent B	Stabilized chromogen (tetramethylbenzidine).	1 vial
Stop Solution	2 N sulfuric acid.	1 vial

Plate Sealers	Adhesive strip.	3 strips
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B. STORAGE

Unopened Kit	Store at 2-8 °C. Do not use past kit expiration date.	
Opened/ Reconstituted Reagents	Streptavidin-HRP B	May be stored for up to 1 month at 2-8 °C.*
	Diluted Wash Solution	
	Unmixed Color Reagent A	
	Unmixed Color Reagent B	
	Stop Solution	
	Standard	Prepare fresh for each assay.
	Detection Antibody	Aliquot and store for up to 1 month at -20 °C in a manual defrost freezer. *
	Reagent Diluent (10×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Reagent Diluent (1×). Prepare fresh for each assay.
	Calibrator Diluent-C (1×)	May be stored for up to 1 month at 2-8 °C.*
	Calibrator Diluent-S (2×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Calibrator Diluent-S (1×). Prepare fresh for each assay.
	Detection Antibody Diluent-C (4×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Detection Antibody Diluent-C (1×). Prepare fresh for each assay.
Detection Antibody Diluent-S (4×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Detection Antibody	

		Diluent-S (1×). Prepare fresh for each assay.
	Microplate Wells	Return unused wells to the foil pouch containing the desiccant pack, reseal along entire edge of zip-seal. May be stored for up to 1 month at 2-8 °C.*

* Provided this is within the expiration date of the kit.

C. OTHER SUPPLIES REQUIRED

- ◆ Microplate reader capable of measuring absorbance at 450 nm, with the correction wavelength set at 540 nm or 570 nm.
- ◆ Pipettes and pipette tips.
- ◆ Deionized or distilled water.
- ◆ Squirt bottle, manifold dispenser, or automated microplate washer.
- ◆ 500 mL graduated cylinder.
- ◆ Horizontal orbital microplate shaker capable of maintaining a speed of 500±50 rpm.

D. PRECAUTION

- ◆ Some components in this kit contain a preservative which may cause an allergic skin reaction. Avoid breathing mist.
- ◆ Color Reagent B may cause skin, eye, and respiratory irritation. Avoid breathing fumes.
- ◆ The Stop Solution provided with this kit is an acid solution. Wear protective gloves, clothing, eye, and face protection. Wash hands thoroughly after handling.

VI. PREPARATION

A. SAMPLE COLLECTION AND STORAGE

Cell Culture Supernates - Remove particulates by centrifugation and assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles. Samples may require dilution with Calibrator Diluent-C (1 \times).

Serum - Use a serum separator tube (SST) and allow samples to clot for 30 minutes at room temperature before centrifugation for 15 minutes at 1000 x g. Remove serum and assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

B. SAMPLE PREPARATION

Cell culture supernate samples require a 4-fold dilution. A suggested 4-fold dilution is 50 μL of sample + 150 μL of **Calibrator Diluent-C (1 \times)**.

Serum samples require a 4-fold dilution. A suggested 4-fold dilution is 50 μL of sample + 150 μL of **Calibrator Diluent-S (1 \times)**.

C. REAGENT PREPARATION

Bring all reagents to room temperature before use.

***Note:** Insulin is found in saliva. It is recommended that a face mask and gloves be used to protect kit reagents from contamination.*

Wash Buffer - If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Dilute 20 mL of Wash Buffer Concentrate (25 \times) into deionized or distilled water to prepare 500 mL of Wash Buffer.

Calibrator Diluent-S (1 \times) - Use deionized or distilled water to prepare Calibrator Diluent-S (1 \times).

Detection Antibody Diluent-C (1 \times) - Use deionized or distilled water to prepare Detection Antibody Diluent-C (1 \times).

Detection Antibody Diluent-S (1 \times) - Use deionized or distilled water to prepare Detection Antibody Diluent-S (1 \times).

Reagent Diluent (1 \times) - Use deionized or distilled water to prepare Reagent Diluent

(1×).

Detection Antibody- Reconstitution Volume refer to vial label with Reagent Diluent (1×). Aliquot and store if needed. Dilute stock solution in **Detection Antibody Diluent-C (1×)** (*for cell culture supernate samples*) or **Detection Antibody Diluent-S (1×)** (*for serum samples*) to the working concentration of 200 ng/mL. Prepare at least 15 minutes prior to use.

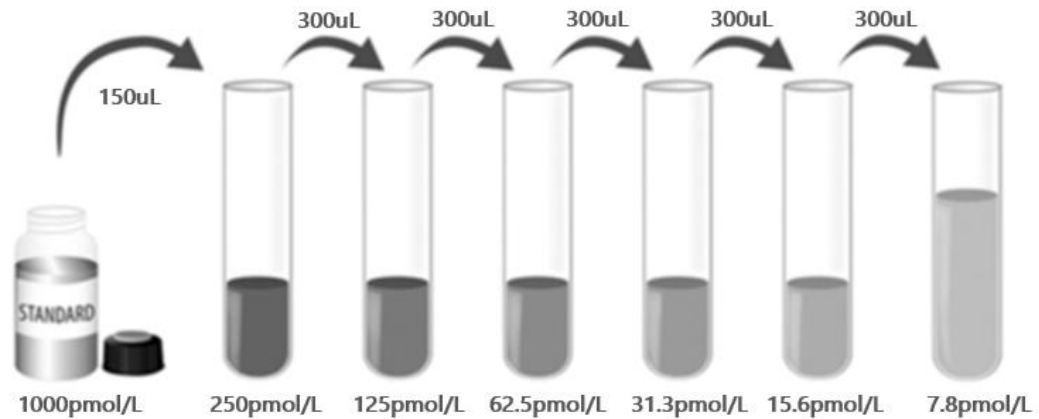
Streptavidin-HRP B (1×) - Dilute to the working concentration specified on the vial label using Reagent Diluent (1×).

Substrate Solution - Color Reagent A and B should be mixed together in equal volumes within 15 minutes of use. Protect from light. 100 µL of the resultant mixture is required per well.

Human Insulin Standard- Refer to the vial label for the reconstitution volume*. Reconstitute the human Insulin Standard with **Calibrator Diluent-C (1×)** (*for cell culture supernate samples*) or **Calibrator Diluent-S (1×)** (*for serum samples*). This reconstitution produces a stock solution of 1000 pmol/L. Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions.

*if you have any question, please seek help from our Technical Support.

Pipette 450 µL of **Calibrator Diluent-C (1×)** (*for cell culture supernate samples*) or **Calibrator Diluent-S (1×)** (*for serum samples*) into the 250 pmol/L tube. Pipette 300 µL of **Calibrator Diluent-C (1×)** or **Calibrator Diluent-S (1×)** into the remaining tubes. Use the stock solution to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 250 pmol/L standard serves as the high standard. The **Calibrator Diluent-C (1×)** or **Calibrator Diluent-S (1×)** serves as the zero standard (0 pmol/L).



D. TECHNICAL HINTS

- When mixing or reconstituting protein solutions, always avoid foaming.
- To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.
- It is recommended that the samples be pipetted within 15 minutes.
- To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.
- Substrate Solution should remain colorless until added to the plate. Keep Substrate Solution protected from light. Substrate Solution should change from colorless to gradations of blue.
- Stop Solution should be added to the plate in the same order as the Substrate Solution. The color developed in the wells will turn from blue to yellow upon addition of the Stop Solution. Wells that are green in color indicate that the Stop Solution has not mixed thoroughly with the Substrate Solution.

VII. ASSAY PROCEDURE

Bring all reagents and samples to room temperature before use. It is recommended that all samples and standards be assayed in duplicate.

Note: *Insulin is found in saliva. It is recommended that a face mask and gloves be used to protect kit reagents from contamination.*

1. Prepare all reagents and working standards as directed in the previous sections.
2. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, and reseal.
3. Add 100 μ L of standard, or prepared sample per well. Cover with the adhesive strip provided. **Incubate for 1 hour at room temperature on a horizontal orbital microplate shaker set at 500 \pm 50rpm.** A plate layout is provided for a record of standards and samples assayed. (Samples may require dilution. See Sample Preparation section.)
4. Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Solution (400 μ L) using a squirt bottle, manifold dispenser, or autowasher. Complete removal of liquid at each step is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating or decanting. Invert the plate and blot it against clean paper towels.
5. Add 100 μ L of the Detection Antibody diluted in **Detection Antibody Diluent-C (1 \times)** (*for cell culture supernate samples*) or **Detection Antibody Diluent-S (1 \times)** (*for serum samples*), to each well. Cover with a new adhesive strip and **incubate 1 hour at room temperature on a horizontal orbital microplate shaker set at 500 \pm 50rpm.**
6. Repeat the aspiration/wash as in step 4.
7. Add 100 μ L of the working dilution of Streptavidin-HRP B to each well. Cover the plate and **incubate for 20 minutes at room temperature on a horizontal orbital microplate shaker set at 500 \pm 50rpm.** Avoid placing the plate in direct light.
8. Repeat the aspiration/wash as in step 4.
9. Add 100 μ L of Substrate Solution to each well. **Incubate for 20 minutes at room**

temperature on a horizontal orbital microplate shaker set at 500±50rpm.

Avoid placing the plate in direct light.

10. Add 50 µL of Stop Solution to each well. Gently tap the plate to ensure thorough mixing.
11. Determine the optical density of each well immediately, using a microplate reader set to 450 nm. If wavelength correction is available, set to 540 nm or 570 nm. If wavelength correction is not available, subtract readings at 540 nm or 570 nm from the readings at 450 nm. This subtraction will correct for optical imperfections in the plate. Readings made directly at 450 nm without correction may be higher and less accurate.

12. **CALCULATION OF RESULTS**

Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density (O.D.). Create a standard curve by reducing the data using computer software capable of generating a four-parameter logistic (4-PL) curve-fit. As an alternative, construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph. The data may be linearized by plotting the log of the Insulin concentrations versus the log of the O.D. and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data.

If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

VIII. REFERENCES

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8. Belfiore, A. et al. (2009) *Endocrine Rev.* 30:586.

PLATE LAYOUT

Use this plate layout to record standards and samples assayed.

12									
11									
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
	A	B	C	D	E	F	G	H	



产品信息及操作手册

人 Insulin Valukine™ ELISA 试剂盒

目录号: **VAL146**

适用于定量检测天然和重组人 Insulin 的浓度

科研专用, 不可用于临床诊断

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有效期详见试剂盒包装标签

Novus 试剂盒确保在你收货日期 3 个月内有效

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I. 背景

胰岛素 (Insulin) 是胰岛素样肽家族的肽类激素, 也包括胰岛素样生长因子(IGFs)、松弛素和其他胰岛素样肽 (1-3)。它由胰腺 β 细胞产生, 对葡萄糖代谢和能量平衡的调节至关重要。胰岛素控制失败会导致糖尿病(DM), 可以是I型糖尿病(T1D, 占确诊糖尿病的5%), 以前称为青少年糖尿病或胰岛素依赖型糖尿病, 或II型糖尿病(T2D, 占确诊糖尿病的95%), 以前称为成人发病型糖尿病或胰岛素非依赖型糖尿病 (4)。T1D是原发性 β 细胞胰岛素分泌不足, 而T2D是功能性胰岛素缺乏, 主要由靶细胞的胰岛素抵抗引起。胰岛素基因突变是新生儿糖尿病的一个原因 (2, 5, 6)。随着时间的推移, 糖尿病发病率越来越高, 2011年美国就有7900万成年人(占总人口的8%)。发病率随着年龄(27%的成年人>65岁)和肥胖而增加, 并随种族背景而变化。糖尿病是美国第七大死因 (2, 4)。并发症包括心脏病、中风、高血压、失明、肾病和神经病变 (4)。

胰岛素是以110个氨基酸(aa)的前原蛋白形式合成。24个aa信号序列被切割形成86个aa的胰岛素原肽, 该肽经过进一步蛋白水解生成30个aa的B链 (前原蛋白的aa 25-54), 21个aa的A链 (aa 90-110) 和34个aa的介导C肽 (1, 2)。成熟人胰岛素是二硫键连接的A和B链的异二聚体, 与猪和犬胰岛素序列同源性为98% (50/51 aa), 与牛胰岛素序列同源性为94% (48/51 aa), 与小鼠、大鼠、猫和羊胰岛素序列同源性为92% (47/51 aa)。胰岛素以与锌离子配位的六聚体形式储存在 β 细胞中 (2)。胰岛素以无锌单体的形式被释放到肝门静脉, 从而在肝脏中达到最高浓度 (2, 7)。基础水平持续分泌, 更高的分泌受到食物摄入的刺激 (7)。对于需要胰岛素替代或补充的糖尿病患者(26%的糖尿病患者), 通过注射或植入泵将天然胰岛素或合成类似物输送至皮下 (4, 7)。

胰岛素通过胰岛素受体(Ins R)发挥作用, 胰岛素受体是一种酪氨酸激酶, 在所有细胞上都有不同数量的存在。胰岛素通过结合和交联两个受体分子形成三聚体受体/配体复合物来启动下游信号传导 (2, 3, 8)。信号通过调节细胞膜葡萄糖转运体的出现促进细胞对葡萄糖的摄取。Ins R存在A和B两个亚型, 它们可能与IGF-I受体同二聚或异二聚 (3, 6)。所有受体组合结合胰岛素、IGF-I或IGF-II, 但亲和力不同 (3, 6)。该系统允许根据胰岛素、IGF-I和IGF-II的浓度以及细胞表面受体亚单位的表达对胰岛素介导的信号通路激活进行微调 (6)。

II. 概述

A. 检测原理

本实验采用双抗体夹心ELISA法。抗人Insulin抗体包被于微孔板上，样品和标准品中的人Insulin会与固定在板上的抗体结合，游离的成分被洗去；接着加入生物素化的抗人Insulin 检测抗体进行孵育，洗涤去除未结合的物质后，加入链霉亲和素标记的辣根过氧化物酶（streptavidin-HRP）孵育。洗涤去除未结合的试剂后，加入底物溶液（显色液）。溶液颜色与结合的目标蛋白成正比；加入终止液；用酶标仪测定吸光度。

B. 检测局限

- ◆ 仅供科研使用，不可用于体外诊断；
- ◆ 该试剂盒适用于细胞培养上清样本和人血清样本；
- ◆ 请在试剂盒有效期内使用；
- ◆ 不同试剂盒及不同批号试剂盒的组分不能混用；
- ◆ 样本值若大于标准曲线的最高值，应将样本用标准品稀释液-C（1×）或标准品稀释液-S稀释后重新检测；
- ◆ 检测结果的不同可由多种因素引起，包括实验人员的操作、移液器的使用方式、洗板技术、反应时间或温度、试剂盒的储存等。

III. 优势

A. 精确度

板内精确度（同一板内不同孔间的精确度）

已知浓度的三个样本，在同一板内分别检测20次，以确定板内精确度。

板间精确度（不同板之间的精确度）

已知浓度的三个样本，在不同板中分别检测20次，以确定板间精确度。

样本	板内精确度			板间精确度		
	1	2	3	1	2	3
平均值 (pmol/L)	95.9	44.6	17.4	96.7	44.6	15.4
标准差	5.1	1.1	1.6	4.9	1.0	1.1
CV%	5.3	2.5	9.3	5.1	2.1	7.0

B. 回收率

在细胞培养基样本中掺入检测范围内不同水平的人Insulin，测定其回收率。回收率范围在83.2-121.4%，平均回收率在103.5%。

在人血清样本中掺入检测范围内不同水平的人Insulin，测定其回收率。回收率范围在78.7-125.7%，平均回收率在98.1%。

C. 灵敏度

人Insulin的最低可测剂量（MDD）一般小于0.035 pmol/L。

MDD是根据20个重复的零标准品孔的吸光度值的平均值加两倍标准差计算得到的相对浓度。

D. 校正

此ELISA试剂盒经由R&D Systems生产的酿酒酵母（*S.cerevisiae*）表达的高纯度重组人Insulin蛋白所校正。

E. 线性

不同的样本中含有或掺入高浓度的人Insulin，然后用**标准品稀释液-C (1×)**（用于细胞上清样本）或**标准品稀释液-S (1×)**（用于血清样本）将样本稀释到检测范围内，测定其线性。

稀释倍数	平均值 (%)	范围 (%)
1:2	88.5	74.4-104.7
1:4	88.5	72.7-109.1
1:8	87.5	79.9-113.2
1:16	92.2	70.3-113.1

F. 样本预值

血清样本 - 使用本试剂盒检测了5份人血清样本中Insulin的水平。5份样本的检测值范围为57.2-275.2pmol/L，平均值为181.6pmol/L。

G. 特异性

将以下因子配置成50ng/mL的浓度来检测没有观察到明显的交叉反应或干扰。

Recombinant human	
C-Peptide	Relaxin-1
IGF-I	Relaxin-2
	Relaxin-3

该Valukine™还识别天然的犬和猪胰岛素。

重组人(rh)胰岛素受体和重组人IGF-II在本实验中没有交叉反应，但在浓度分别大于1.56和3.13 ng/mL时产生干扰。

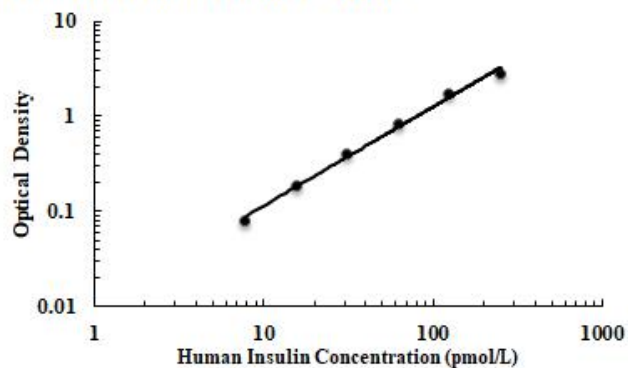
含有25.0 ng/mL重组人胰岛素原的样品检测值为922 pg/mL (交叉反应率为3.7%)。

IV. 实验

标准曲线实例

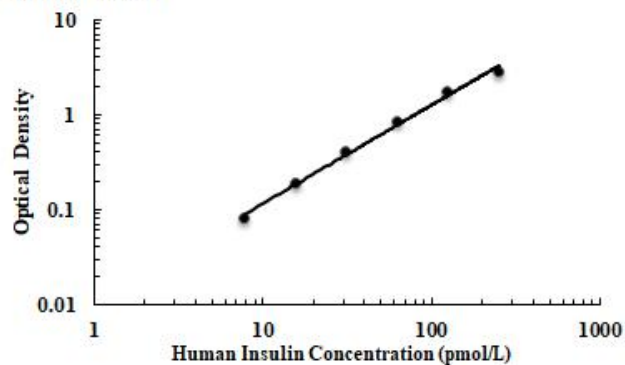
该标准曲线数据仅供参考，每次实验应绘制其对应的标准曲线。

CELL CULTURE SUPERNATE ASSAY



pmol/L	OD	Average	Corrected
0	0.046 0.046	0.046	-
7.8	0.119 0.133	0.126	0.080
15.6	0.233 0.238	0.236	0.190
31.3	0.448 0.451	0.450	0.404
62.5	0.858 0.889	0.874	0.828
125	1.747 1.836	1.792	1.746
250	2.864 2.867	2.866	2.820

SERUM ASSAY



pmol/L	OD	Average	Corrected
0	0.022 0.023	0.023	-
7.8	0.139 0.148	0.144	0.098
15.6	0.275 0.280	0.278	0.232
31.3	0.574 0.617	0.596	0.550
62.5	1.121 1.171	1.146	1.100
125	2.107 2.148	2.128	2.082
250	2.903 2.934	2.919	2.873

V. 试剂盒组成及储存

A. 试剂盒组成

组成	描述	规格
Human Insulin Microplate	包被小鼠抗人 Insulin 抗体的 96 孔聚苯乙烯板，8 孔×12 条	1 块板
Human Insulin Standard	标准品（冻干粉），参考瓶身标签进行重溶	2 瓶
Human Insulin Detection Antibody	生物素化的 Insulin 检测抗体，冻干粉，参考瓶身标签进行重溶	1 瓶
Calibrator Diluent-C (1×)	标准品稀释液-C (1×) (用于细胞上清样本).	2 瓶
Calibrator Diluent-S (2×)	浓缩的标准品稀释液-S (2×) (用于血清样本).	1 瓶
Detection Antibody Diluent-C (4×)	浓缩的检测抗体稀释液-C (4×) (用于细胞上清样本).	1 瓶
Detection Antibody Diluent-S (4×)	浓缩的检测抗体稀释液-S (4×) (用于血清样本).	1 瓶
Streptavidin-HRP B (40×)	40×浓缩的链霉亲和素标记的 HRP	1 瓶
Reagent Diluent (10×)	浓缩的试剂稀释液 (10×)	1 瓶
Wash Buffer Concentrate (25×)	浓缩洗涤缓冲液 (25×)	1 瓶
Color Reagent A	显色液 A	1 瓶
Color Reagent B	显色液 B	1 瓶
Stop Solution	终止液	1 瓶
Plate Sealers	封板膜	3 张

B. 试剂盒储存

未开封试剂盒	2-8℃储存；请在试剂盒有效期内使用	
已打开，稀释 或重溶的试剂	链霉亲和素-HRP B	2-8℃储存，最多 30 天*
	洗涤缓冲液（1×）	
	显色液 A	
	显色液 B	
	终止液	
	标准品	使用时新鲜配制*
	检测抗体	分装， -20℃储存，最多 30 天*
	标准品稀释液-C （1×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×标准品稀释液-C
	标准品稀释液-S （2×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×标准品稀释液-S
	检测抗体稀释液-C （4×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×检测抗体稀释液-C
	检测抗体稀释液-S （4×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×检测抗体稀释液-S
	试剂稀释液（10×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×试剂稀释液
包被的微孔板条	将未用的板条放回带有干燥剂的铝箔袋内，密封：2-8℃储存，最多 30 天*	

*必须在试剂盒有效期内

C. 实验所需自备试验器材

- ◆ 酶标仪（可测量450nm检测波长的吸收值及540nm或570nm校正波长的吸收值）
- ◆ 高精度加液器及一次性吸头
- ◆ 蒸馏水或去离子水
- ◆ 洗瓶（喷瓶）、多通道洗板器或自动洗板机
- ◆ 500mL量筒
- ◆ 振荡器（速度可调至500±50rpm）

D. 注意事项

- ◆ 试剂盒中的一些组分含有防腐剂，可能引起皮肤过敏反应，避免吸入。
- ◆ Color Reagent B可能引起皮肤、眼睛和呼吸道刺激，避免吸入。
- ◆ 试剂盒中的终止液是酸性溶液，使用时请做好眼睛、手、面部及衣服的防护。使用后请彻底洗手。

VI. 实验前准备

A. 样品收集及储存

细胞培养上清液: 颗粒物应离心去除; 立刻检测样本。样本收集后若不及时检测, 需按一次使用量分装, 冻存于-20℃冰箱内, 避免反复冻融。样本可能需要用标准品稀释液-C (1×) 稀释。

血清样本: 用血清分离管(SST)分离血清。使血样室温凝集30分钟, 然后1000 x g离心15分钟。吸取血清样本之后即刻用于检测, 或者分装, -20℃贮存备用。避免反复冻融。

B. 样本准备工作

细胞上清样本需要用标准品稀释液-C (1×) 4倍稀释后进行检测, 例如:

50 μL样本+150 μL标准品稀释液-C (1×)。

血清样本需要用标准品稀释液-S (1×) 4倍稀释后进行检测, 例如:

50 μL样本+150 μL标准品稀释液-S (1×)。

C. 检测前准备工作

使用前请将所有试剂放置于室温

注: 唾液中含有Insulin, 为避免污染, 实验时请戴口罩、手套。

洗涤液: 从冰箱中取出的浓缩洗涤液可能有结晶, 属于正常现象; 放置室温, 轻摇混匀, 待结晶完全溶解后再配制洗涤液。可将20mL浓缩洗涤液用去离子水或蒸馏水稀释配置成500mL工作浓度的洗涤液。

标准品稀释液-S (1×): 使用去离子水或蒸馏水稀释配置成标准品稀释液-S (1×)。

检测抗体稀释液-C (1×): 使用去离子水或蒸馏水稀释配置成检测抗体稀释液-C (1×)。

检测抗体稀释液-S (1×): 使用去离子水或蒸馏水稀释配置成检测抗体稀释液-S (1×)。

试剂稀释液 (1×): 使用蒸馏水或去离子水稀释配置成试剂稀释液 (1×)。

检测抗体: 参考检测抗体瓶标签指示, 用试剂稀释液 (1×) 将冻干粉进行重溶。再用**检测抗体稀释液-C (1×)** (用于细胞上清样本) 或**检测抗体稀释液-S (1×)** (用于血清样本) 稀释至工作浓度200ng/mL, 至少在使用前15分钟准备。

链霉亲和素- HRP B: 用试剂稀释液 (1×) 将链霉亲和素- HRP B (40×) 稀释至工作浓度链霉亲和素- HRP B (1×)。

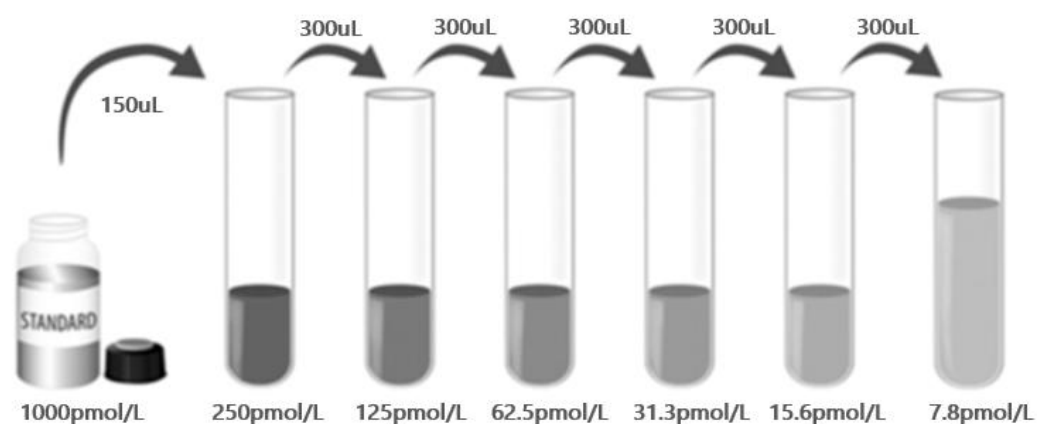
显色剂: 按试验所需用量 (100μL/孔) 将显色液A和显色液B等体积混合, 避光保存,

现用现配，须在15分钟内使用。

Insulin标准品：冻干标准品的重溶体积请参考瓶身标签。用**标准品稀释液-C (1×)**（用于细胞上清样本）或**标准品稀释液-S (1×)**（用于血清样本）重溶冻干标准品。得到浓度为1000pmol/L标准品母液。轻轻震荡至少15分钟，使其充分溶解。

*如有疑问，请咨询我们的技术支持。

向250pmol/L稀释管中加入450μL**标准品稀释液-C (1×)**（用于细胞上清样本）或**标准品稀释液-S (1×)**（用于血清样本），其余各稀释管中加入300μL**标准品稀释液-C (1×)**或**标准品稀释液-S (1×)**。将标准品母液参照下图做系列稀释，每管须充分混匀后再移液到下一管。250 pmol/L管作标准曲线最高点，**标准品稀释液-C (1×)**或**标准品稀释液-S (1×)**可用作标准品零点（0 pmol/L）。



D. 技术小提示

- ◆ 当混合或重溶蛋白液时，尽量避免起沫；
- ◆ 为了避免交叉污染，配置不同浓度标准品、上样、加不同试剂都需要更换枪头。另外不同试剂请分别使用不同的移液槽；
- ◆ 建议15分钟内完成一块板的上样；
- ◆ 每次孵育时，正确使用封板胶纸可保证结果的准确性；
- ◆ 混合后的显色底物在上板前应为无色，请避光保存；加入微孔板后，将由无色变成不同深度的蓝色；
- ◆ 终止液上板顺序应同显色底物上板顺序一致；加入终止液后，孔内颜色由蓝变黄；若孔内有绿色，则表明孔内液体未混匀，请充分混合。

VII. 操作步骤

使用前请将所有试剂放置于室温，建议所有的实验样本和标准品做复孔检测。

注：唾液中含有Insulin，为避免污染，实验时请戴口罩、手套。

1. 按照上一节的说明，准备好所有需要的试剂和标准品；
2. 从已平衡至室温的密封袋中取出微孔板，未用的板条请放回铝箔袋内，重新封口；
3. 分别将不同浓度标准品，实验样本或者质控品加入相应孔中，每孔100 μL 。用封板膜封住反应孔，**室温500 \pm 50rpm水平振荡孵育1小时**。说明书提供了一张96孔模板图，可用于记录标准品和试验样本的板内位置；（样本需要稀释，详情参见样本制备部分。）
4. 将板内液体吸去，使用洗瓶、多通道洗板器或自动洗板机洗板。每孔加洗涤液400 μL ，然后将板内洗涤液吸去。重复操作3次，共洗4次。每次洗板尽量吸去残留液体会有助于得到好的实验结果。最后一次洗板结束，请将板内所有液体吸干或将板倒置，在吸水纸拍干所有残留液体；
5. 在每个微孔内加入100 μL 用**检测抗体稀释液-C (1 \times)**（用于细胞上清样本）或**检测抗体稀释液-S (1 \times)**（用于血清样本）稀释好的检测抗体。用封板胶纸封住反应孔，**室温500 \pm 50rpm水平振荡孵育1小时**；
6. 重复第4步洗板操作；
7. 在每个微孔内加入100 μL 稀释好的链霉亲和素- HRP B工作液。用封板膜封住反应孔，**室温500 \pm 50rpm水平振荡孵育20分钟，注意避光**；
8. 重复第4步洗板操作；
9. 在每个微孔内加入100 μL 显色剂，**室温500 \pm 50rpm水平振荡孵育20分钟，注意避光**；
10. 在每个微孔内加入50 μL 终止液，请轻拍微孔板，使溶液混合均匀。孔内溶液颜色会从蓝色变为黄色；
11. 加入终止液后30分钟内，使用酶标仪测量450nm的吸光度值，设定540nm或570nm作为校正波长。如果没有使用双波长校正，结果准确度可能会受影响；
12. **计算结果：**将每个标准品和样品的校正吸光度值（OD450-OD540/OD570），复孔读数取平均值，然后减去平均零标准品OD值。使用计算机软件作四参数逻辑(4-PL)曲线拟合创建标准曲线。另一种方法是，可以通过绘制标准品浓度做对数与相应OD值对数生成曲线，并通过回归分析确定最佳拟合线。通过样本的OD值，可从标准曲线上得到样本中人Insulin的浓度。如果样品被稀释，从标准曲线读取的浓度必须乘以稀释倍数。

VIII. 参考文献

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96 孔模板图

请使用 96 孔模板图来记录标准品及样本在板内的位置

