

Elabscience®

8th Edition, revised in October, 2018

(FOR RESEARCH USE ONLY. DO NOT USE IT IN CLINICAL DIAGNOSTICS !)

Human IGF-1(Insulin-like Growth Factor 1) ELISA Kit

Catalog No: E-EL-H0086

96T

This manual must be read attentively and completely before using this product.

If you have any problems, please contact our Technical Service Center for help (info in the header of each page).

Phone: 240-252-7368(USA) 240-252-7376(USA)

Email: techsupport@elabscience.com

Website: www.elabscience.com

Please kindly provide us with the lot number(on the outside of the box) of the kit for more efficient service.

Intended use

This ELISA kit applies to the in vitro quantitative determination of Human IGF-1 concentrations in serum, plasma and other biological fluids.

Specification

- Sensitivity: 0.94ng/mL.
- Detection Range: 1.56-100ng/mL
- Specificity: This kit recognizes Human IGF-1 in samples. No significant cross-reactivity or interference between Human IGF-1 and analogues was observed.
- Repeatability: Coefficient of variation is <10%.

Background

Insulin-like growth factor-1 (IGF-1) is a hormone that functions as the major mediator of growth hormone (GH)-stimulated somatic growth, as well as a mediator of GH-independent anabolic responses in many cells and tissues. IGF-1 is a small peptide (molecular weight 7647) that circulates in serum bound to high affinity binding proteins. IGF-1 is an unusual peptide in this regard since it is more than 99 percent protein-bound. Insulin-like growth factor is similar to insulin (a hormone made in the pancreas). There are two forms of insulin-like growth factor called IGF-1 and IGF-2. Higher than normal levels of IGF-1 may increase the risk of several types of cancer. Insulin-like growth factor is a type of growth factor and a type of cytokine. Also called IGF and somatomedin [1]. The best known conditions of IGF-I deficiency are: Laron Syndrome, in children; advanced liver cirrhosis, in adults; and aging including cardiovascular and neurological diseases associated to aging and intrauterine growth restriction seems to appear as another state of IGF-I deficiency[2].

1. Schneid H, Girard F, Binoux M, et al. Ava II RFLP at the insulin-like growth factor II (IGF II) locus on chromosome 11[J]. Nucleic Acids Research, 1989, 17(1):466-466.
2. Puche J E, Castilla-Cortázar I. Human conditions of insulin-like growth factor-I (IGF-I) deficiency[J]. Journal of Translational Medicine, 2012, 10(1):224-224.

Test principle

This ELISA kit uses the Sandwich-ELISA principle. The micro ELISA plate provided in this kit has been pre-coated with an antibody specific to Human IGF-1. Standards or samples are added to the micro ELISA plate wells and combined with the specific antibody. Then a biotinylated detection antibody specific for Human IGF-1 and Avidin-Horseradish Peroxidase (HRP) conjugate are added successively to each micro plate well and incubated. Free components are washed away. The substrate solution is added to each well. Only those wells that contain Human IGF-1, biotinylated detection antibody and Avidin-HRP conjugate will appear blue in color. The enzyme-substrate reaction is terminated by the addition of stop solution and the color turns yellow. The optical density (OD) is measured spectrophotometrically at a wavelength of 450 nm \pm 2 nm. The OD value is proportional to the concentration of Human IGF-1. You can calculate the concentration of Human IGF-1 in the samples by comparing the OD of the samples to the standard curve.

Kit components & Storage

An unopened kit can be stored at 4°C for 1 month. If the kit is not used within 1 month, store the items separately according to the following conditions once the kit is received.

Item	Specifications	Storage
Micro ELISA Plate (Dismountable)	8 wells \times 12 strips	-20°C, 6 months
Reference Standard	2 vials	
Concentrated Biotinylated Detection Ab (100 \times)	1 vial, 120 μ L	
Concentrated HRP Conjugate (100 \times)	1 vial, 120 μ L	-20°C (Protect from light), 6 months
Reference Standard & Sample Diluent	1 vial, 20 mL	4°C, 6 months
Biotinylated Detection Ab Diluent	1 vial, 14 mL	
HRP Conjugate Diluent	1 vial, 14 mL	
Concentrated Wash Buffer (25 \times)	1 vial, 30 mL	
Substrate Reagent	1 vial, 10 mL	4°C (Protect from light)
Stop Solution	1 vial, 10 mL	4°C
Plate Sealer	5 pieces	
Product Description	1 copy	
Certificate of Analysis	1 copy	

Note: All reagent bottle caps must be tightened to prevent evaporation and microbial pollution.

The volume of reagents in partial shipments is a little more than the volume marked on the label, please use accurate measuring equipment instead of directly pouring into the vial(s).

Other supplies required

Microplate reader with 450 nm wavelength filter

High-precision transfer pipette, EP tubes and disposable pipette tips

Incubator capable of maintaining 37°C

Deionized or distilled water

Absorbent paper

Loading slot for Wash Buffer

Note

1. Please wear lab coats, eye protection and latex gloves for protection. Please perform the experiment following the national security protocols of biological laboratories, especially when detecting blood samples or other bodily fluids.
2. A freshly opened ELISA Plate may appear to have a water-like substance, which is normal and will not have any impact on the experimental results.
3. Do not reuse the reconstituted standard, biotinylated detection Ab working solution, concentrated HRP conjugate working solution. The unspent undiluted concentrated biotinylated detection Ab (100×) and other stock solutions should be stored according to the storage conditions in the above table.
4. The microplate reader should have a 450(±10 nm) filter installed and a detector that can detect the wavelength. The optical density should be within 0~3.5.
5. Do not mix or use components from other lots.
6. Change pipette tips in between adding standards, in between sample additions, and in between reagent additions. Also, use separate reservoirs for each reagent.

Sample collection

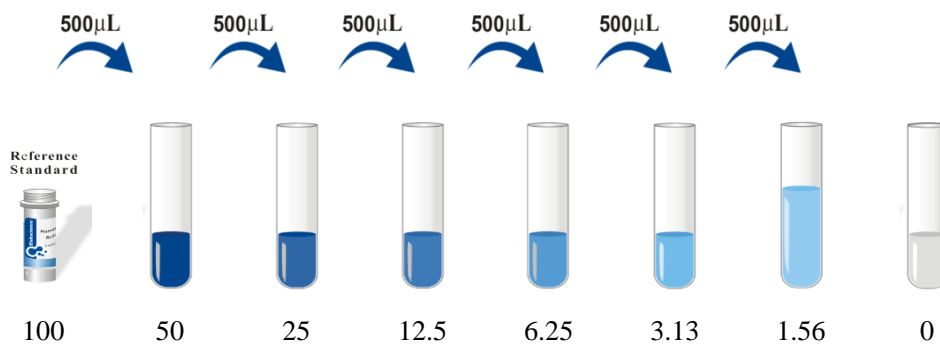
1. **Serum:** Allow samples to clot for 2 hours at room temperature or overnight at 4°C before centrifugation for 20 min at 1000×g at 2~8°C. Collect the supernatant to carry out the assay. Blood collection tubes should be disposable and be non-endotoxin.
2. **Plasma:** Collect plasma using EDTA-Na₂ as anticoagulant. Centrifuge samples for 15 min at 1000×g at 2~8°C within 30 min of collection. Collect the supernatant to carry out the assay. Hemolysed samples are not suitable for ELISA assay!
3. **Saliva:** Remove particulates by centrifugation for 10 minutes at 4000×g at 2-8°C. Collect the supernatant to carry out the assay. Recommend to use fresh saliva samples.
4. **Urine:** Use a sterile container to collect urine samples. Remove particulates by centrifugation for 15 minutes at 1000×g at 2-8°C. Collect the supernatant to carry out the assay.

Note for sample

1. Samples should be assayed within 7 days when stored at 4°C, otherwise samples must be divided up and stored at -20°C (≤ 1 month) or -80°C (≤ 3 months). Avoid repeated freeze-thaw cycles.
2. Please predict the concentration before assaying. If the sample concentration is not within the range of the standard curve, users must determine the optimal sample dilutions for their particular experiments.
3. If the sample type is not included in the manual, a preliminary experiment is suggested to verify the validity.
4. If a lysis buffer is used to prepare tissue homogenates or cell culture supernatant, there is a possibility of causing a deviation due to the introduced chemical substance.
5. Some recombinant protein may not be detected due to a mismatching with the coated antibody or detection antibody.

Reagent preparation

1. Bring all reagents to room temperature (18~25°C) before use. Follow the Microplate reader manual for set-up and preheat it for 15 min before OD measurement.
2. **Wash Buffer:** Dilute 30 mL of Concentrated Wash Buffer with 720 mL of deionized or distilled water to prepare 750 mL of Wash Buffer. Note: if crystals have formed in the concentrate, warm it in a 40°C water bath and mix it gently until the crystals have completely dissolved.
3. **Standard working solution:** Centrifuge the standard at 10,000×g for 1 min. Add 1.0 mL of Reference Standard & Sample Diluent, let it stand for 10 min and invert it gently several times. After it dissolves fully, mix it thoroughly with a pipette. This reconstitution produces a working solution of 100 ng/mL. Then make serial dilutions as needed. The recommended dilution gradient is as follows: 100、50、25、12.5、6.25、3.13、1.56、0 ng/mL.
Dilution method: Take 7 EP tubes, add 500 μL of Reference Standard & Sample Diluent to each tube. Pipette 500 μL of the 100 ng/mL working solution to the first tube and mix up to produce a 50 ng/mL working solution. Pipette 500 μL of the solution from the former tube into the latter one according to these steps. The illustration below is for reference. Note: the last tube is regarded as a blank. Don't pipette solution into it from the former tube.



4. **Biotinylated Detection Ab working solution:** Calculate the required amount before the experiment (100 μL/well). In preparation, slightly more than calculated should be prepared. Centrifuge the stock tube before use, dilute the 100× Concentrated Biotinylated Detection Ab to 1× working solution with Biotinylated Detection Ab Diluent.
5. **Concentrated HRP Conjugate working solution:** Calculate the required amount before the experiment (100 μL/well). In preparation, slightly more than calculated should be prepared. Dilute the 100× Concentrated HRP Conjugate to 1× working solution with Concentrated HRP Conjugate Diluent.

Assay procedure (A brief assay procedure is on the 11th page)

1. Add the **Standard working solution** to the first two columns: Each concentration of the solution is added in duplicate, to one well each, side by side (100uL for each well). Add the samples to the other wells (100uL for each well). Cover the plate with the sealer provided in the kit. Incubate for 90 min at 37°C. Note: solutions should be added to the bottom of the micro ELISA plate well, avoid touching the inside wall and causing foaming as much as possible.
2. Remove the liquid out of each well, do not wash. Immediately add 100 µL of **Biotinylated Detection Ab working solution** to each well. Cover with the Plate sealer. Gently mix up. Incubate for 1 hour at 37 °C.
3. Aspirate or decant the solution from each well, add 350 uL of **wash buffer** to each well. Soak for 1~2 min and aspirate or decant the solution from each well and pat it dry against clean absorbent paper. Repeat this wash step 3 times. Note: a microplate washer can be used in this step and other wash steps.
4. Add 100 µL of **HRP Conjugate working solution** to each well. Cover with the Plate sealer. Incubate for 30 min at 37 °C.
5. Aspirate or decant the solution from each well, repeat the wash process for five times as conducted in step 3.
6. Add 90 µL of **Substrate Reagent** to each well. Cover with a new plate sealer. Incubate for about 15 min at 37 °C. Protect the plate from light. Note: the reaction time can be shortened or extended according to the actual color change, but not more than 30min.
7. Add 50 µL of **Stop Solution** to each well. Note: adding the stop solution should be done in the same order as the substrate solution.
8. Determine the optical density (OD value) of each well at once with a micro-plate reader set to 450 nm.

Calculation of results

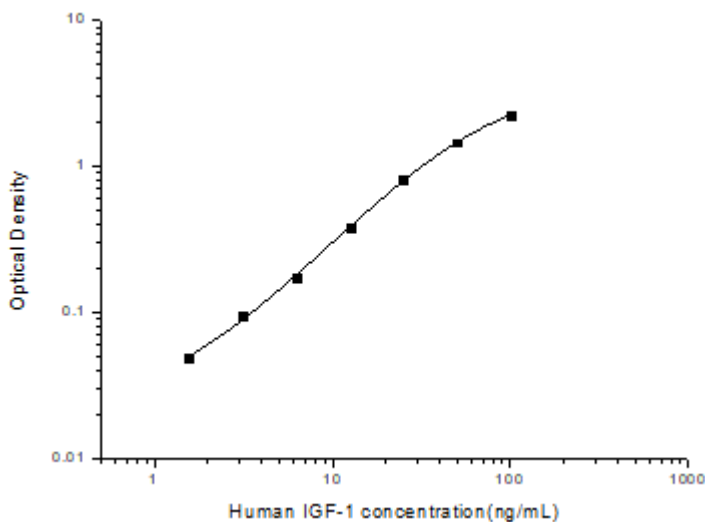
Average the duplicate readings for each standard and samples, then subtract the average zero standard optical density. Plot a four-parameter logistic curve on log-log graph paper, with standard concentration on the x-axis and OD values on the y-axis.

If the samples have been diluted, the concentration calculated from the standard curve must be multiplied by the dilution factor. If the OD of the sample surpasses the upper limit of the standard curve, you should re-test it with an appropriate dilution. The actual concentration is the calculated concentration multiplied by the dilution factor.

Typical data

As the OD values of the standard curve may vary according to the conditions of the actual assay performance (e.g. operator, pipetting technique, washing technique or temperature effects), the operator should establish a standard curve for each test. Typical standard curve and data is provided below for reference only.

Concentration(ng/mL)	100	50	25	12.5	6.25	3.13	1.56	0
OD	2.327	1.533	0.876	0.455	0.245	0.169	0.122	0.073
Corrected OD	2.254	1.46	0.803	0.382	0.172	0.096	0.049	-



Sample values

Serum/Plasma - Samples from apparently healthy volunteers were evaluated for the presence of Human IGF-1 in this assay. No medical histories were available for the donors used in this study.

Sample Type	Source	Range	Dilution Factor
Serum	Healthy Human	49.5-331.67 ng/mL	5-10
Plasma	Healthy Human	26.67-100.02 ng/mL	1-5

Precision

Intra-assay Precision (Precision within an assay): 3 samples with low, mid range and high level Human IGF-1 were tested 20 times on one plate, respectively.

Inter-assay Precision (Precision between assays): 3 samples with low, mid range and high level Human IGF-1 were tested on 3 different plates, 20 replicates in each plate.

Sample	Intra-assay Precision			Inter-assay Precision		
	1	2	3	1	2	3
n	20	20	20	20	20	20
mean(ng/mL)	5.3	11.8	48.6	5.6	10.9	47.7
Standard deviation	0.3	0.5	1.9	0.3	0.5	1.8
CV (%)	5.66	4.24	3.91	5.36	4.59	3.77

Recovery

The recovery of Human IGF-1 spiked at three different levels in samples throughout the range of the assay was evaluated in various matrices.

Sample Type	Range (%)	Average Recovery (%)
Serum (n=5)	93-106	100
EDTA plasma (n=5)	92-108	99
Cell culture media (n=5)	86-99	92

Linearity

Samples were spiked with high concentrations of Human IGF-1 and diluted with Reference Standard & Sample Diluent to produce samples with values within the range of the assay.

		Serum (n=5)	EDTA plasma (n=5)	Cell culture media (n=5)
1:2	Range (%)	86-99	97-109	99-113
	Average (%)	91	103	106
1:4	Range (%)	95-110	88-98	96-112
	Average (%)	101	93	104
1:8	Range (%)	99-112	81-91	96-111
	Average (%)	105	86	103
1:16	Range (%)	94-106	82-96	93-105
	Average (%)	100	88	98

Troubleshooting

Problem	Causes	Solutions
Poor standard curve	Inaccurate pipetting	Check pipettes.
	Improper standard dilution	Ensure briefly spin the vial of standard and dissolve the powder thoroughly by gentle mixing.
	Wells are not completely aspirated	Completely aspirate wells in between steps.
Low signal	Insufficient incubation time	Ensure sufficient incubation time.
	Incorrect assay temperature	Use recommended incubation temperature. Bring substrate to room temperature before use.
	Inadequate reagent volumes	Check pipettes and ensure correct preparation.
	Improper dilution	
	HRP conjugate inactive or TMB failure	Mix HRP conjugate and TMB, rapid coloring.
Deep color but low value	Plate reader setting is not optimal	Verify the wavelength and filter setting on the Microplate reader.
		Open the Microplate Reader ahead to pre-heat.
Large CV	Inaccurate pipetting	Check pipettes.
High background	Concentration of target protein is too high	Use recommended dilution factor.
	Plate is insufficiently washed	Review the manual for proper wash. If using a plate washer, check that all ports are unobstructed.
	Contaminated wash buffer	Prepare fresh wash buffer.
Low sensitivity	Improper storage of the ELISA kit	All the reagents should be stored according to the instructions.
	Stop solution is not added	Stop solution should be added to each well before measurement.

SUMMARY

1. Add 100µL standard or sample to each well. Incubate for 90min at 37°C.
2. Remove the liquid. Add 100µL Biotinylated Detection Ab. Incubate for 1 hour at 37°C.
3. Aspirate and wash 3 times.
4. Add 100µL HRP Conjugate. Incubate for 30 min at 37°C.
5. Aspirate and wash 5 times.
6. Add 90µL Substrate Reagent. Incubate for 15 min at 37°C.
7. Add 50µL Stop Solution. Read at 450nm immediately.
8. Calculation of results.

Declaration

1. Limited by current conditions and scientific technology, we can't conduct comprehensive identification and analysis on all the raw material provided. So there might be some qualitative and technical risks for users using the kit.
2. The final experimental results will be closely related to the validity of products, operational skills of the operators and the experimental environments. Please make sure that sufficient samples are available.
3. To get the best results, please only use the reagents supplied by the manufacturer and strictly comply with the instructions!
4. Incorrect results may occur because of incorrect operations during the reagents preparation and loading, as well as incorrect parameter settings of the Micro-plate reader. Please read the instructions carefully and adjust the instrument prior to the experiment.
5. Even the same operator might get different results in two separate experiments. In order to get reproducible results, the operation of every step in the assay should be controlled.
6. Every kit has strictly passed QC test. However, results from end users might be inconsistent with our data due to some variables such as transportation conditions, different lab equipments, and so on. Intra-assay variance among kits from different batches might arise from the above reasons, too.