

Human IL-33 ELISA Kit

Catalog No. BSKH1068 (96 wells)

For Use with serum, plasma and cell culture supernatants

For Research Use Only. Not for use in diagnostic procedures

TABLE OF CONTENTS

Introductions	- 1 -
Principle of the Assay	- 2 -
Materials supplied	- 3 -
Storage	- 3 -
Materials Needed but Not Supplied	- 4 -
Precautions for Use	- 4 -
Sample Collection and Storage	- 5 -
Reagent Preparation	- 5 -
General ELISA Protocol	- 6 -
Assay Procedure Summary	- 7 -
Technical Hints	- 8 -
Calculation of Results	- 8 -
Performance Characteristics	- 9 -

Introductions

Interleukin-33 (IL-33), also known as NF-HEV and DVS 27, is a 30 kDa pro-inflammatory protein that plays an important role in Th2-biased immune responses and cardiac pathology. Human IL-33 is synthesized as a 270 amino acid (aa) molecule with an N-terminal nuclear localization signal, a helix-turn-helix motif, and a C-terminal region with structural homology to IL-1 family cytokines. Full length IL-33 interacts with nuclear chromatin, binds NF κ B, and inhibits pro-inflammatory NF κ B transactivation. Cleavage of full-length IL-33 leads to the extracellular release of an 18-20 kDa C-terminal fragment known as mature IL-33. Cathepsin G, Elastase, and Proteinase 3 can each cleave full length IL-33, giving rise to N-terminal heterogeneity of the mature form. IL-33 can be inactivated by further cleavage at several sites by Proteinase 3 and Caspase-1. Additional isoforms of human IL-33 with internal deletions are generated by alternative splicing. Mature human IL-33 shares 57% and 59% aa sequence identity with mouse and rat IL-33, respectively.

IL-33 binds the transmembrane receptor ST2/IL-1 R4 which subsequently associates with IL-1 RAcP to enable IL-33 dependent signaling. IL-1 RAcP is a shared signaling subunit that also associates with the receptors IL-1 RI, IL-1 RII, IL-1 R6, and SCF R/c-kit. A soluble isoform of ST2 retains the ability to bind IL-33 and blocks ST2-dependent responses. Soluble IL-1 RAcP enhances the decoy function of soluble ST2. IL-33 binding to transmembrane ST2 induces the association of ST2 with existing IL-1 RAcP/SCF R complexes. Activation of either ST2 or SCF R by their respective ligands can induce signal transduction through the other receptor subunit. IL-33 signaling through ST2 additionally triggers VE-Cadherin phosphorylation and internalization on vascular endothelial cells which leads to increased vascular permeability, vessel sprouting, and tubule formation.

IL-33 exerts multiple effects on immune system function. It acts on Th2 cells, basophils, and mast cells to induce their migration to sites of inflammation and production of Th2 cytokines. IL-33 also promotes the expansion of regulatory T cells and alternately activated macrophages while attenuating Th17 cell expansion and activation. IL-33 contributes to infection clearance by enhancing neutrophil sensitization to TLR and Dectin-1 signaling, phagocytic activity, and migration to sites of infection. It is upregulated in a wide variety of cells under inflammatory conditions. Full length IL-33 is also found at elevated levels in bronchiolar lavage fluid during pulmonary fibrosis.

The full-length protein is classified as an alarmin due to its release from physically damaged or necrotic cells and its ability to trigger inflammatory and anti-viral CD8+ T cell responses. Like mature IL-33, the full-length protein activates ST2 and promotes mast cell activation and neutrophil infiltration. IL-33 induces both protective and pathologic actions in the heart. It counteracts cardiac myocyte hypertrophy and responsiveness to angiotensin II and phenylephrine. It is induced in cardiac fibroblasts by mechanical stress and circulates at elevated levels during chronic heart failure (as does the full-length form). The soluble ST2 receptor is elevated in the serum of heart failure as well as asthma patients. IL-33 inhibits the development of atherosclerotic plaques and induces the production of anti-oxidized LDL antibodies. It can also enhance eosinophilic perimyocarditis and impair heart function. In other settings, IL-33 limits neutrophil infiltration and circulating inflammatory chemokine levels following hepatic ischemia/reperfusion injury but exacerbates CD4+ T cell infiltration and tissue damage following cisplatin-induced acute kidney injury.

Principle of the Assay

This assay employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for IL-33 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any IL-33 present is bound by the immobilized antibody. Following incubation unbound samples are removed during a wash step, and then a detection antibody specific for IL-33 is added to the wells and binds to the combination of capture antibody- IL-33 in sample. Following a wash to remove any unbound combination, and enzyme conjugate is added to the wells. Following incubation and wash steps a substrate is added. A coloured product is formed in proportion to the amount of IL-33 present in the sample. The reaction is terminated by addition of acid and absorbance is measured at 450nm. A standard curve is prepared from seven IL-33 standard dilutions and IL-33 sample concentration determined.

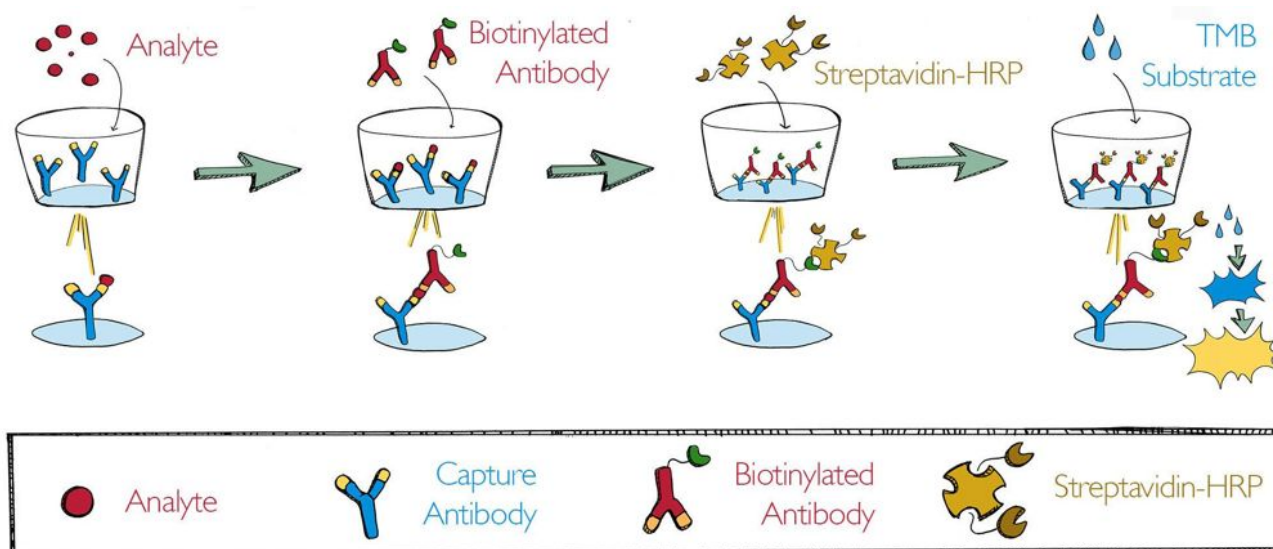


Figure 1. Schematic diagram of the assay

Materials supplied

Table 1. Kit Components

Kit Components	96 wells Quantity/Size
Aluminium pouches with a Microwell Plate coated with monoclonal antibody to human IL-33 (8*12)	1 plate
Human IL-33 Standard lyophilized, 1500 pg/ml upon reconstitution	2 vials
Concentrated Biotin-Conjugate anti-human IL-33 monoclonal antibody	2 vials
Streptavidin-HRP solution	2 vials
Standard /sample Diluent	1 bottle
Biotin-Conjugate antibody Diluent	1 bottle
Streptavidin-HRP Diluent	1 bottle
Wash Buffer Concentrate 20x (PBS with 1% Tween-20)	1 bottle
Substrate Solution	1 vial
Stop Solution	1 vial
Adhesive Films	4 pieces
Product data sheet	1 copy

Storage

Table 2. Storage of the kit

Unopened Kit	Store at 2 - 8°C. Do NOT use past kit expiration date!	
Opened/ Reconstituted Reagents	Standard /Sample Diluent	May be stored for up to 1 month at 2 - 8°C.**
	Concentrated Biotin-Conjugate	
	Streptavidin-HRP Solution	
	Biotin-Conjugate Antibody Diluent	
	Streptavidin-HRP Diluent	
Wash Buffer Concentrate 20x		

	Substrate Solution	
	Stop Solution	
	Standard	Aliquot and store for up to 1 month at $\leq 20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles. Diluted standard shall not be reused.
	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 $2 - 8^{\circ}\text{C}$.**

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

Materials Needed but Not Supplied

1. Microplate reader (450nm).
2. Micro-pipette and tips: 0.5-10, 2-20, 20-200, 200-1000ul.
3. 37°C incubator.
4. Double-distilled water or deionized water.
5. Coordinate paper.
6. Graduated cylinder.

Precautions for Use

1. Store kit reagents between 2°C and 8°C .
2. Please perform simple centrifugation to collect the liquid before use.
3. To avoid cross contamination, please use disposable pipette tips.
4. The Stop Solution suggested for use with this kit is an acid solution. Wear eye, hand, face, and clothing protection when using this material. Avoid contact of skin or mucous membranes with kit reagents or specimens. In the case of contact with skin or eyes wash immediately with water.
5. Use clean, dedicated reagent trays for dispensing the washing liquid, conjugate and substrate reagent. Mix all reagents and samples well before use.
6. After washing microtiter plate should be fully pat dried. Do not use absorbent paper directly into the enzyme reaction wells.
7. Do not mix or substitute reagents with those from other lots or other sources. Do not use kit reagents beyond expiration date on label.
8. Each sample, standard, blank and optional control samples should be assayed in duplicate or triplicate.
9. Adequate mixing is very important for good result. Use a mini-vortexer at the lowest frequency or Shake by hand at 10min interval when there is no vortexer.
10. Avoid microtiter plates drying during the operation.
11. Dilute samples at the appropriate multiple, and make the sample values fall within the standard curve. If samples generate values higher than the highest standard, dilute the samples and repeat the assay.
12. Any variation in standard diluent, operator, pipetting technique, washing technique, incubation time and temperature, and kit age can cause variation in binding.

- This method can effectively eliminate the interference of the soluble receptors, binding proteins and other factors in biological samples.

Sample Collection and Storage

- Cell Culture Supernatants** - Remove particulates by centrifugation.
- Serum** - Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 15 minutes at approximately 1000 x g. Remove serum, avoid hemolysis and high blood lipid samples.
- Plasma** - Recommended EDTA as an anticoagulant in plasma. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection.
- Assay immediately or aliquot and store samples at -20°C . Avoid repeated freeze-thaw cycles.
- Dilute samples at the appropriate multiple (recommended to do pre-test to determine the dilution factor).
Note: The normal human serum or plasma samples are suggested to make a 1:2 dilution.

Reagent Preparation

- Bring all reagents to room temperature before use.
- Wash Buffer** - Dilute 10mL of Wash Buffer Concentrate into deionized or distilled water to prepare 200mL of Wash Buffer. If crystals have formed in the concentrate Wash Buffer, warm to room temperature and mix gently until the crystals have completely dissolved.
- Standard** - Reconstitute the Standard with 1.0mL of Standard /sample Diluent. This reconstitution produces a stock solution of 1500 pg /mL. Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions.

Pipette 500 μL of Standard/sample Diluent into the 750 pg/mL tube and the remaining tubes. Use the stock solution to produce a 2-fold dilution series (below). Mix each tube thoroughly and change pipette tips between each transfer. The 1500 pg/mL standard serves as the high standard. The Standard/ sample Diluent serves as the zero standard (0 pg/mL).

If you do not run out of re-melting standard, store it at -20°C . Diluted standard shall not be reused.

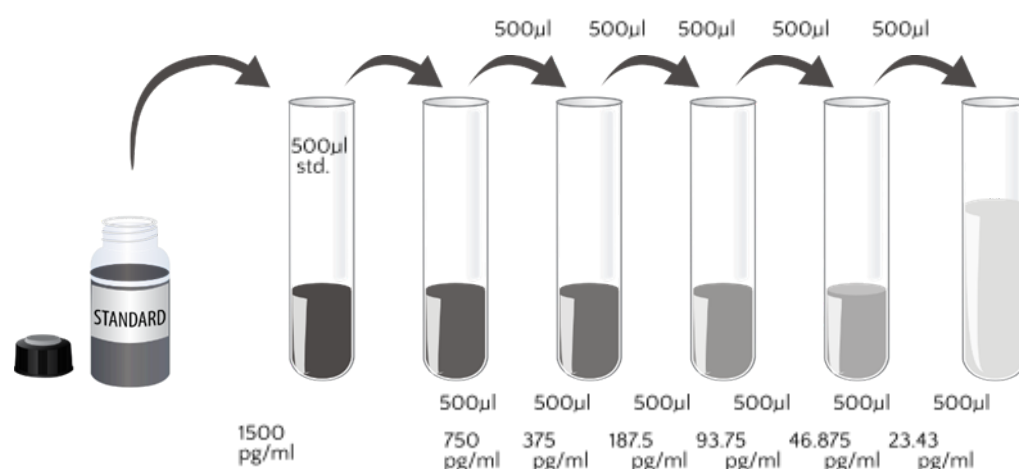


Figure 2. Preparation of IL-33 standard dilutions

- Working solution of Biotin-Conjugate anti-human IL-33 monoclonal antibody:
Make a 1:100 dilution of the concentrated Biotin-Conjugate solution with the Biotin-Conjugate antibody Diluent in a clean plastic tube.

The working solution should be used within one day after dilution.

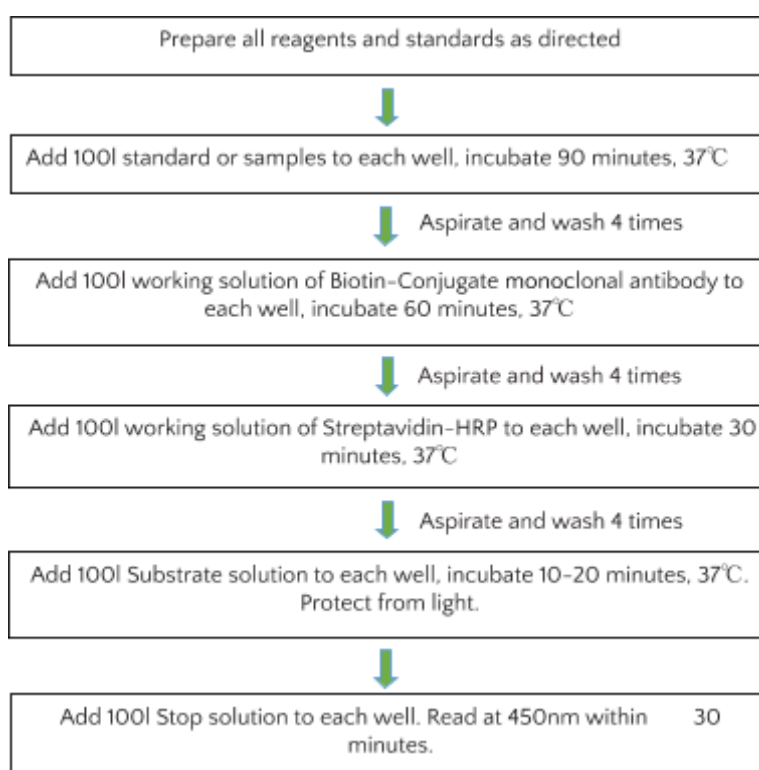
- Working solution of Streptavidin–HRP: Make a 1:100 dilution of the concentrated Streptavidin–HRP solution with the Streptavidin–HRP Diluent in a clean plastic tube.

The working solution should be used within one day after dilution.

General ELISA Protocol

- Prepare all reagents and working standards as directed in the previous sections.
- 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. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2–8°C sealed tightly.
- Add 100µL of Standard, control, or sample, per well. Cover with the adhesive strip provided. Incubate for 1.5 hours at 37°C.
- Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Buffer (350µL) using a squirt bottle, manifold dispenser or auto-washer. 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.
- Add 100 µL of the working solution of Biotin–Conjugate to each well. Cover with a new adhesive strip and incubate 1 hours at 37°C.
- Repeat the aspiration/wash as in step 4.
- Add 100 µL of the working solution of Streptavidin–HRP to each well. Cover with a new adhesive strip and incubate for 30 minutes at 37°C. Avoid placing the plate in direct light.
- Repeat the aspiration/wash as in step 4.
- Add 100 µL of Substrate Solution to each well. Incubate for 10–20 minutes at 37°C. Avoid placing the plate in direct light.
- Add 100 µL of Stop Solution to each well. Gently tap the plate to ensure thorough mixing.
- Determine the optical density of each well immediately, using a microplate reader set to 450 nm. (optionally 630nm as the reference wavelength; 610–650nm is acceptable)

Assay Procedure Summary



Technical Hints

1. When mixing or reconstituting protein solutions, always avoid foaming.
2. 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.
3. To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.
4. Substrate Solution should remain colorless until added to the plate. Stop Solution should be added to the plate in the same order as the Substrate Solution. Keep Substrate Solution protected from light. Substrate Solution should change from colorless to gradations of blue.
5. A standard curve should be generated for each set of samples assayed. According to the content of tested factors in the sample, appropriate diluted or concentrated samples, it is best to do pre-experiment.

Calculation of Results

1. Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density.
2. 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.
3. The data may be linearized by plotting the log of the IL-33 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.
4. This standard curve below is provided *for demonstration only*. A standard curve should be generated for each set of samples assayed.

Table 3. Typical data using the IL-33 ELISA (Measuring wavelength: 450nm, Reference wavelength: 630nm)

Standard (pg/ml)	OD.	OD.	Average	Corrected
0	0.056	0.051	0.053	---
23.43	0.078	0.065	0.071	0.018
46.875	0.111	0.109	0.110	0.057
93.75	0.181	0.178	0.179	0.126
187.5	0.334	0.339	0.339	0.286
375	0.634	0.598	0.616	0.563
750	1.195	1.203	1.199	1.146
1500	2.261	2.256	2.258	2.205

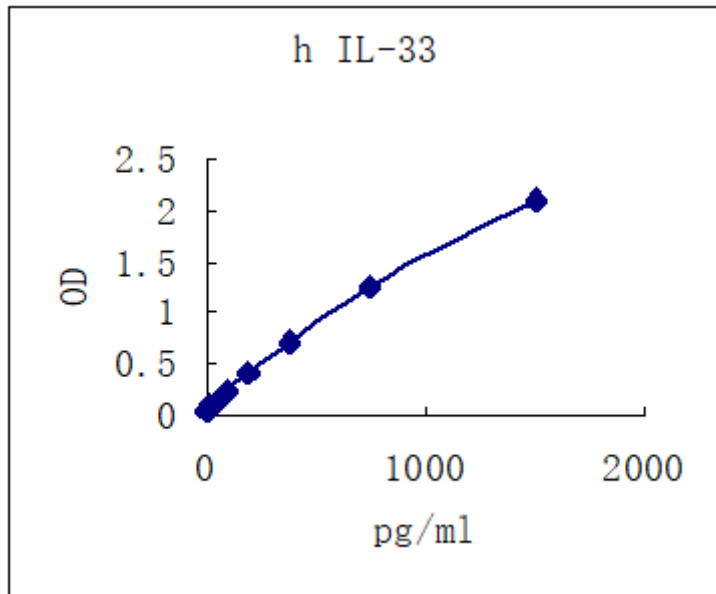


Figure 4. Representative standard curve for human IL-33 ELISA.

Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.

Performance Characteristics

REPEATABILITY: The coefficient of variation of both intra-assay and inter-assay were less than 10%.

SENSITIVITY: The minimum detectable dose was 11pg/mL.

SPECIFICITY: This assay recognizes both natural and recombinant human IL-33. The factors listed below were prepared at 50ng/ml in Standard /sample Diluent and assayed for cross-reactivity and no significant cross-reactivity or interference was observed.

Table 4. Factors assayed for cross-reactivity

Recombinant human	Recombinant mouse
IL-18	IL-36a
IL-1b F7	IL-1 β
IL-1 α	IL-36 β
IL-1 β	IL-18
IL-18 R α	
IL-18 R β	
IL-36 a	
IL-36 β	
IL-37	
IL-38	
ST2/IL-1 R4	