# **Quantikine® HS ELISA**

## **Human IL-2 Immunoassay**

Catalog Number HS200

For the quantitative determination of human Interleukin 2 (IL-2) concentrations in serum and plasma.

This package insert must be read in its entirety before using this product. For research use only. Not for use in diagnostic procedures.

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#### **INTRODUCTION**

Interleukin 2 (IL-2), also known as T cell growth factor (TCGF), is a 15-18 kDa variably glycosylated  $\alpha$ -helical polypeptide that is a member of the Common gamma Chain ( $\gamma$ c) cytokine family (1-4). It exists as a monomer and has a notably short half-life (< 30 minutes) (1). Human IL-2 is synthesized as a 153 amino acid (aa) precursor that contains a 20 aa signal sequence plus a 133 aa mature region (5, 6). The mature region is  $\alpha$ -helical in nature, and contains one utilized O-linked glycosylation site at Thr3 plus three cysteines, two of which form an intrachain disulfide bond that is essential for activity (7). Mature human IL-2 shares 73%, 66%, 78% and 97% aa identity with canine, rat, feline and rhesus monkey IL-2, respectively. Although human IL-2 shares only approximately 60% aa identity with the highly polymorphic mouse IL-2, human IL-2 is known to be active on mouse IL-2 responsive cells. Cells reported to secrete IL-2 include  $\gamma$  T cells (8), activated conventional CD4+ and CD8+T cells (1, 9), neurons (10, 11), microglia (12), and hematopoietic stem cells (13).

The receptor for IL-2 (IL-2 R) is composed of three subunits, the 55 kDa CD25/IL-2 R $\alpha$  chain, the 70 kDa IL-2 R $\beta$  chain, and the 65 kDa Common gamma Chain (1, 3). IL-2 first binds to CD25, the binary complex then recruits IL-2 R $\beta$  and  $\gamma$ c to form the quaternary signaling complex (1, 14). In addition to IL-2, IL-2 R $\beta$  is used by IL-15 in its quaternary signaling complex.  $\gamma$ c also serves as a signaling receptor for IL-4, -7, -9, -15, and -21 (1, 3).

In vitro studies have shown an important role for IL-2 in T cell activation and expansion. In vivo, IL-2 is critical for the development, maintenance and function of regulatory T cells (Treg) which provide protection against autoimmune disease. On the other hand, IL-2 can also promote autoimmune inflammation in target organs through its roles in regulating the expression of T cell trafficking genes, and production of Th2 cytokines. Within the CD8+T cell subset, IL-2 is essential for optimal primary responses and differentiation into terminal effector cells. IL-2 also promotes the development of activated CD8+T cells into memory cells. (1).

The Quantikine® HS Human IL-2 Immunoassay kit is a 4.0 hour solid phase ELISA designed to measure human IL-2 levels in serum and plasma. It contains *E. coli*-expressed recombinant human IL-2 and antibodies raised against the recombinant factor. It has been shown to quantitate recombinant human IL-2 accurately. Results obtained using natural human IL-2 showed linear curves that were parallel to the standard curves obtained using the Quantikine® HS kit standards. These results indicate that this kit can be used to determine relative mass values for natural human IL-2.

#### PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for human IL-2 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any IL-2 present is bound by the immobilized antibody. After washing away any unbound substances, a biotinylated polyclonal antibody specific for human IL-2 is added to the wells. Following a wash to remove any unbound antibody-biotin reagent, an enzyme-linked streptavidin is added to the wells. After washing away any unbound streptavidin-enzyme reagent, a substrate solution is added to the wells and color develops in proportion to the amount of IL-2 bound in the initial step. The color development is stopped and the intensity of the color is measured.

#### LIMITATIONS OF THE PROCEDURE

- FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.
- 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.
- Any variation in diluent, operator, pipetting technique, washing technique, incubation time or temperature, and kit age can cause variation in binding.
- Variations in sample collection, processing, and storage may cause sample value differences.
- This assay is designed to eliminate interference by other factors present in biological samples. Until all factors have been tested in the Quantikine® Immunoassay, the possibility of interference cannot be excluded.

#### **TECHNICAL HINTS**

- To ensure accurate results, bring liquids to room temperature and mix to homogeneity prior to pipetting or aliquoting.
- When mixing protein solutions, always avoid foaming.
- To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.
- When using an automated plate washer, adding a 30 second soak period following the addition of Wash Buffer, and/or rotating the plate 180 degrees between wash steps may improve assay precision.
- 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.

## **MATERIALS PROVIDED & STORAGE CONDITIONS**

Store the unopened kit at 2-8 °C. Do not use past kit expiration date.

	DART #		STORAGE OF OPENED/
PART Human IL-2 HS	PART # 898669	96 well polystyrene microplate (12 strips of	RECONSTITUTED MATERIAL  Return unused wells to the foil pouch containing the
Microplate		8 wells) coated with a monoclonal antibody specific for human IL-2.	desiccant pack. Reseal along entire edge of the zip-seal. May be stored for up to 1 month at 2-8 °C.*
Human IL-2 HS Standard	898671	2 vials of recombinant human IL-2 in a buffered protein base with preservatives; lyophilized. <i>Refer to vial label for reconstitution volume</i> .	Use a fresh standard for each assay. Discard after use.
Human IL-2 HS Conjugate	898670	21 mL of a polyclonal antibody specific for human IL-2 conjugated to biotin with preservatives.	
Assay Diluent RD1-9	895167	11 mL of a buffered protein base with preservatives. May contain a precipitate. Warm to room temperature, and mix gently to dissolve. If the precipitate does not completely dissolve, mix well during use.	
Calibrator Diluent RD6-12	895214	21 mL of a buffered protein base with preservatives.	
Wash Buffer Concentrate	895003	2 vials (21 mL/vial) of a 25-fold concentrated solution of buffered surfactant with preservative. <i>May turn yellow over time</i> .	May be stored for up to 1 month at 2-8 °C.*
Stop Solution	895032	6 mL of 2 N sulfuric acid.	
Color Reagent A	895000	12 mL of stabilized hydrogen peroxide.	
Color Reagent B	895001	12 mL of stabilized chromogen (tetramethylbenzidine).	
Streptavidin Polymer-HRP Diluent	898387	21 mL of a solution with preservatives.	
Streptavidin Polymer-HRP (100X)	898350	0.3 mL of Streptavidin Polymer-HRP in a buffer with preservative.	
Plate Sealers	N/A	Adhesive strips.	

<sup>\*</sup> Provided this is within the expiration date of the kit.

## **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.
- 1000 mL graduated cylinder.
- Horizontal orbital microplate shaker (0.12" orbit) capable of maintaining a speed of  $500 \pm 50$  rpm.
- Test tubes for dilution of standards.
- Human IL-2 HS Controls (optional; R&D Systems®, Catalog # QC238).

#### **PRECAUTIONS**

The Stop Solution provided with this kit is an acid solution.

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.

Wear protective gloves, clothing, eye, and face protection. Wash hands thoroughly after handling. Refer to the SDS on our website prior to use.

#### SAMPLE COLLECTION & STORAGE

The sample collection and storage conditions listed below are intended as general guidelines. Sample stability has not been evaluated.

**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 °C. Avoid repeated freeze-thaw cycles.

**Plasma** - Collect plasma using EDTA or heparin as an anticoagulant. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection. Assay immediately or aliquot and store samples at  $\leq$  -20 °C. Avoid repeated freeze-thaw cycles.

**Note:** Citrate plasma is not validated for use in this assay.

Grossly hemolyzed samples are not suitable for use in this assay.

#### REAGENT PREPARATION

Bring all reagents to room temperature before use.

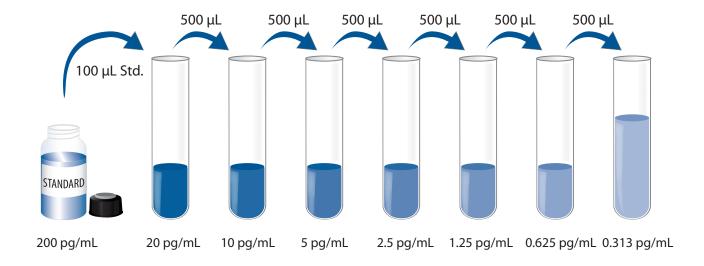
**Wash Buffer** - If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Add 40 mL of Wash Buffer Concentrate to 960 mL of deionized or distilled water to prepare 1000 mL of Wash Buffer.

**Substrate Solution** - Color Reagents A and B should be mixed together in equal volumes within 15 minutes of use. Protect from light. 200 µL of the resultant mixture is required per well.

**Streptavidin Polymer-HRP (1X)** - Add 0.215 mL of Streptavidin Polymer-HRP (100X) directly to the Streptavidin Polymer-HRP Diluent. Mix well.

**Human IL-2 HS Standard** - **Refer to the vial label for reconstitution volume.** Reconstitute the Human IL-2 HS Standard with deionized or distilled water. This reconstitution produces a stock solution of 200 pg/mL. Allow the standard to sit for a minimum of 5 minutes with gentle agitation prior to making dilutions.

Pipette 900  $\mu$ L of Calibrator Diluent RD6-12 into the 20 pg/mL tube. Pipette 500  $\mu$ L into the remaining tubes. Use the stock solution to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 20 pg/mL standard serves as the high standard. Calibrator Diluent RD6-12 serves as the zero standard (0 pg/mL).



#### **ASSAY PROCEDURE**

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

- 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  $\mu$ L of Assay Diluent RD1-9 to each well. Warm assay diluent to room temperature and mix well if precipitate is present.
- 4. Add 100  $\mu$ L of standard, control, or sample per well. Cover with the adhesive strip provided. Incubate for **2 hours** at room temperature on a horizontal orbital microplate shaker (0.12" orbit) set at 500  $\pm$  50 rpm.
- 5. Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Buffer (400  $\mu$ 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.
- 6. Add 200  $\mu$ L of Human IL-2 HS Conjugate to each well. Cover with a new adhesive strip. Incubate for **1 hour** at room temperature on the shaker.
- 7. Repeat the wash as in step 5.
- 8. Add 200 μL of Streptavidin Polymer-HRP (1X) to each well. Cover with a new adhesive strip. Incubate for **30 minutes** at room temperature on the shaker.
- 9. Repeat the wash as in step 5.
- 10. Add 200  $\mu$ L of Substrate Solution to each well. Incubate for **30 minutes** at room temperature **on the benchtop. Protect from light.**
- 11. Add 50  $\mu$ L of Stop Solution to each well. The color in the wells should change from blue to yellow. If the color in the wells is green or the color change does not appear uniform, gently tap the plate to ensure thorough mixing.
- 12. Determine the optical density of each well within 30 minutes, 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.

#### CALCULATION OF RESULTS

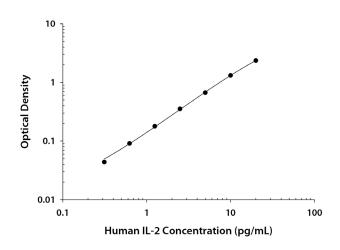
Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density (O.D.).

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 human IL-2 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.

#### TYPICAL DATA

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



(pg/mL)	0.D.	Average	Corrected
0	0.037	0.039	_
	0.041		
0.313	0.081	0.083	0.044
	0.084		
0.625	0.130	0.130	0.091
	0.130		
1.25	0.216	0.218	0.179
	0.219		
2.5	0.388	0.393	0.354
	0.398		
5	0.703	0.709	0.670
	0.715		
10	1.339	1.358	1.319
	1.377		
20	2.398	2.398	2.359
	2.398		

### **PRECISION**

#### **Intra-Assay Precision** (Precision within an assay)

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

## **Inter-Assay Precision** (Precision between assays)

Three samples of known concentration were tested in twenty separate assays to assess inter-assay precision. Assays were performed by at least three technicians using two lots of components.

	Intra-Assay Precision			Inter-Assay Precision		
Sample	1	2	3	1	2	3
n	20	20	20	20	20	20
Mean (pg/mL)	1.89	5.60	11.3	1.89	5.59	11.4
Standard deviation	0.040	0.130	0.225	0.133	0.327	0.787
CV (%)	2.1	2.3	2.0	7.0	5.8	6.9

#### **RECOVERY**

The recovery of natural human IL-2 spiked to levels throughout the range of the assay in various matrices was evaluated.

Sample Type	Average % Recovery	Range
Serum (n=4)	91	86-94%
EDTA plasma (n=4)	91	84-96%
Heparin plasma (n=4)	88	79-95%

#### LINEARITY

To assess the linearity of the assay, samples spiked with high concentrations of natural human IL-2 were serially diluted with calibrator diluent to produce samples with values within the dynamic range of the assay.

		Serum (n=4)	EDTA plasma (n=4)	Heparin plasma (n=4)
1:2	Average % of Expected	107	106	108
1:2	Range (%)	106-111	102-113	105-111
1:4	Average % of Expected	109	107	107
	Range (%)	106-114	101-115	103-111
1:8	Average % of Expected	107	104	107
	Range (%)	103-114	98-115	102-119
1:16	Average % of Expected	111	108	110
	Range (%)	103-120	98-123	105-119

#### **SENSITIVITY**

Tweny-three assays were evaluated and the minimum detectable dose (MDD) of human IL-2 ranged from 0.021-0.066 pg/mL. The mean MDD was 0.042 pg/mL.

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

#### **CALIBRATION**

This immunoassay is calibrated against a highly purified *E. coli*-expressed recombinant human IL-2 produced at R&D Systems®.

The NIBSC/WHO Human IL-2 1st International Standard 86/504 (Jurkat derived), which was intended as a potency standard, was evaluated in this kit.

The dose response curve of this 1st International Standard parallels the Quantikine® HS standard curve. To convert sample values obtained with the Quantikine® HS Human IL-2 kit to approximate NIBSC/WHO 86/504 values, use the equation below.

NIBSC/WHO (86/504) approximate value (IU/mL) = 0.022 x Quantikine<sup>®</sup> HS Human IL-2 value (pg/mL)

**Note:** Based on data generated in February 2017.

## **SAMPLE VALUES**

**Serum/Plasma** - Samples from apparently healthy volunteers were evaluated for the presence of human IL-2 in this assay. No medical histories were available for the donors used in this study.

Sample Type	Mean of Detectable (pg/mL)	% Detectable	Range (pg/mL)
Serum (n=50)	0.358	2	ND-0.358
EDTA plasma (n=50)	ND	ND	
Heparin plasma (n=50)	0.340	2	ND-0.340

ND=Non-detectable

#### **SPECIFICITY**

This assay recognizes natural and recombinant human IL-2.

The factors listed below were prepared at 10 ng/mL in calibrator diluent and assayed for cross-reactivity. Preparations of the following factors at 10 ng/mL in a mid-range recombinant human IL-2 control were assayed for interference. No significant cross-reactivity or interference was observed.

#### Recombinant human:

#### Other recombinants:

 $\begin{array}{ccc} \text{IL-1}\alpha & \text{mouse IL-2} \\ \text{IL-1}\beta & \text{rat IL-2} \\ \text{IL-2 } \text{R}\alpha & \end{array}$ 

IL-2 Rβ

IL-2 Rγ

IL-4

IL-7 IL-9

IL-15

IL-21

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