



Human AIF1 ELISA Kit

User's Manual

For Research Use Only, Not for use in diagnostic procedures

ELISA Kit for Measuring Human Allograft Inflammatory Factor 1 (AIF1)

CircuLex Human AIF1 ELISA Kit

Cat# CY-8084

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Intended Use

The CycLex Research Product **CircuLex Human AIF1 ELISA Kit** is used for the quantitative measurement of human allograft inflammatory factor 1 (AIF1) in serum, plasma, cell lysate and other biological media.

This assay kit is for research use only and not for use in diagnostic or therapeutic procedures.

Storage

- Upon receipt store all components at 4°C.
- Don't expose reagents to excessive light.

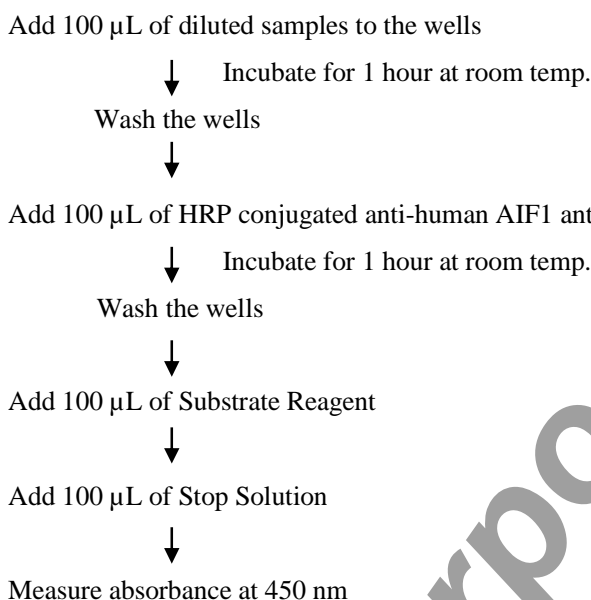
Introduction

Allograft inflammatory factor-1 (AIF1), also designated Iba1, is a 17 kDa cytoplasmic, IFN- γ -induced, Ca²⁺-binding EF-hand protein, originally identified in rat cardiac allografts undergoing chronic rejection (1). AIF1 is not a member of the S-100 gene cluster but is located within the HLA class III genomic region on chromosome 6p21.3, a region which is densely populated with genes involved in the inflammatory response, including complement cascade proteins, TNF α and β , and NF- κ B (2). AIF1 is constitutively expressed in various human immune-related tissues and is up-regulated in monocytes/macrophages under various pathological conditions such as chronic inflammation. Therefore AIF1 may play a role in macrophage activation and function. AIF1 is a marker of human microglia (3) and is expressed by macrophages in injured skeletal muscle and regulates proliferation and differentiation of satellite cells (4). There is an evident relationship of AIF1-expressing activated macrophages and microglial cells with cerebral infarction in humans (5). It was reported that AIF1 augmented the production of IL-6, IL-10, and IL-12 in the RAW 264.7 macrophage cell line stimulated with lipopolysaccharide (6). AIF1 expression was found to be decreased in patients receiving immunosuppressive and immunomodulatory therapies, which suggests a prominent role of this protein in the inflammatory process (7).

Principle of the Assay

The CycLex Research Product **CircuLex Human AIF1 ELISA Kit** employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for human AIF1 is pre-coated onto a microplate. Standards and samples are pipetted into the wells and the immobilized antibody binds any human AIF1 present. After washing away any unbound substances, an HRP conjugated antibody specific for human AIF1 is added to the wells. Following a wash to remove any unbound antibody HRP conjugate, the remaining conjugate is allowed to react with the substrate H₂O₂-tetramethylbenzidine. The reaction is stopped by addition of acidic solution and absorbance of the resulting yellow product is measured at 450 nm. The absorbance is proportional to the concentration of human AIF1. A standard curve is constructed by plotting absorbance values versus human AIF1 concentrations of calibrators, and concentrations of unknown samples are determined using this standard curve.

Summary of Procedure



Materials Provided

All samples and standards should be assayed in duplicate. The following components are supplied and are sufficient for the one 96-well microplate kit.

Microplate: One microplate supplied ready to use, with 96 wells (12 strips of 8-wells) in a foil, zip-lock bag with a desiccant pack. Wells are coated with anti-human AIF1 antibody as a capture antibody.

10X Wash Buffer: One bottle containing 100 mL of 10X buffer containing 2% Tween®-20

Dilution Buffer: Two bottles containing 20 mL of 1X buffer; use for reconstitution of Human AIF1 Standard and sample dilution. Ready to use.

Human AIF1 Standard: One vial each containing 8 ng of lyophilized recombinant human AIF1

HRP conjugated Detection Antibody: One bottle containing 12 mL of HRP (horseradish peroxidase) conjugated anti-human AIF1 antibody. Ready to use.

Substrate Reagent: One bottle containing 20 mL of the chromogenic substrate, tetra-methylbenzidine (TMB). Ready to use.

Stop Solution: One bottle containing 20 mL of 1 N H₂SO₄. Ready to use.

Materials Required but not Provided

- **Pipettors:** 2-20 µL, 20-200 µL and 200-1000 µL precision pipettors with disposable tips
- **Precision repeating pipettor**
- **Orbital microplate shaker**
- **Microcentrifuge and tubes** for standard and sample preparations
- **Vortex mixer**
- **Microplate washer:** optional (Manual washing is possible but not preferable)
- **Plate reader:** capable of measuring absorbance in 96-well plates at dual wavelengths of 450/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. The plate can also be read at a single wavelength of 450 nm, which will give a somewhat higher reading.
- **Software package facilitating data generation and analysis :**optional
- **500 or 1000 mL graduated cylinder**
- **Reagent reservoirs**
- **Deionized water of the highest quality**
- **Disposable paper towels**

Precautions and Recommendations

- **Wear gloves to avoid Human AIF1 contamination from your skin.**
- Allow all the components to come to room temperature before use.
- All microplate strips that are not immediately required should be returned to the zip-lock pouch, which must be carefully resealed to avoid moisture absorption.
- Do not use kit components beyond the indicated kit expiration date.
- Use only the microtiter wells provided with the kit.
- Rinse all detergent residues from glassware.
- Use deionized water of the highest quality.
- Do not mix reagents from different kits.
- The buffers and reagents in this kit may contain preservatives or other chemicals. Care should be taken to avoid direct contact with these reagents.
- Do not mouth pipette or ingest any of the reagents.
- Do not smoke, eat, or drink when performing the assay or in areas where samples or reagents are handled.
- Dispose of tetra-methylbenzidine (TMB) containing solutions in compliance with local regulations.
- Avoid contact with the acidic Stop Solution and Substrate Solution, which contains hydrogen peroxide.
- Wear gloves and eye protection when handling immunodiagnostic materials and samples of human origin, and these reagents. In case of contact with the Stop Solution and the Substrate Solution, wash skin thoroughly with water and seek medical attention, when necessary.
- **Biological samples may be contaminated with infectious agents. Do not ingest, expose to open wounds or breathe aerosols. Wear protective gloves and dispose of biological samples properly.**
- **CAUTION: Sulfuric Acid is a strong acid. Wear disposable gloves and eye protection when handling Stop Solution.**

Sample Collection and Storage

Serum: Use a serum separator tube and allow samples to clot for 60 ± 30 minutes. Centrifuge the samples at 4°C for 10 minutes at 1,000 x g. Remove serum and assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of serum may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

Plasma: Collect plasma using EDTA-Na₂ as the anticoagulant. If possible, collect the plasma into a mixture of EDTA-Na₂ and Futhan5 to stabilize the sample against spontaneous *in vitro* complement activation. Immediately centrifuge samples at 4°C for 15 minutes at 1,000 x g. Assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of plasma may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

Note: Heparin and Citrate plasma has not been validated for use in this assay.

Other biological samples: Remove any particulates by centrifugation and assay immediately or aliquot and store samples at below -70°C. Avoid repeated freeze-thaw cycles.

Detailed Protocol

The CycLex Research Product **CircuLex Human AIF1 ELISA Kit** is provided with removable strips of wells so the assay can be carried out on separate occasions using only the number of strips required for the particular determination. Since experimental conditions may vary, an aliquot of the human AIF1 Standard within the kit, should be included in each assay as a calibrator. Disposable pipette tips and reagent troughs should be used for all liquid transfers to avoid cross-contamination of reagents or samples.

Preparation of Working Solutions

All reagents need to be brought to room temperature prior to the assay. Assay reagents are supplied ready-to-use, with the exception of **10X Wash Buffer** and **Human AIF1 Standard**.

1. Prepare a working solution of Wash Buffer by adding 100 mL of the **10X Wash Buffer** to 900 mL of deionized (distilled) water (ddH₂O). Mix well.
2. Reconstitute **Human AIF1 Standard** with **1.0 mL** of **Dilution Buffer**. The concentration of Human AIF1 in vial should be **8 ng/mL**, which is referred as a **Master Standard** of human Human AIF1.
3. Prepare Standard Solutions as follows:
Use the **Master Standard** to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 2,000 pg/mL standard (Std.1) serves as the highest standard. The **Dilution Buffer** serves as the zero standard (Blank).

	Volume of Standard	Dilution Buffer	Concentration
Std.1	150 µL of Master Standard (8 ng/mL)	450 µL	2,000 pg/mL
Std.2	300 µL of Std. 1 (2,000 pg/mL)	300 µL	1,000 pg/mL
Std.3	300 µL of Std. 2 (1,000 pg/mL)	300 µL	500 pg/mL
Std.4	300 µL of Std. 3 (500 pg/mL)	300 µL	250 pg/mL
Std.5	300 µL of Std. 4 (250 pg/mL)	300 µL	125 pg/mL
Std.6	300 µL of Std. 5 (125 pg/mL)	300 µL	62.5 pg/mL
Std.7	300 µL of Std. 6 (62.5 pg/mL)	300 µL	31.3 pg/mL
Blank	-	300 µL	0 pg/mL

Note: Do not use a Repeating pipette. Change tips for every dilution. Wet tip with Dilution Buffer before dispensing.

Sample Preparation

- Serum and plasma samples require a 10-20 fold dilution.
- Other biological samples require neat to appropriate dilution.

Standard Assay Procedure for Human AIF1

1. Remove the appropriate number of microtiter wells from the foil pouch and place them into the well holder. Return any unused wells to the foil pouch, refold, seal with tape and store at 4°C.
2. Dilute samples with Dilution Buffer. (See "Sample Preparation" above.)
3. Pipette **100 µL** of **Standard Solutions (Std1-Std7, Blank)** and **diluted samples** in duplicates, into the appropriate wells.
4. Incubate the wells **at room temperature (ca.25°C) for 1 hour, shaking at ca. 300 rpm on an orbital microplate shaker.**
5. Wash 4-times by filling each well with Wash Buffer (350 µL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
6. Add **100 µL** of **HRP conjugated Detection Antibody** into each well.
7. Incubate the wells **at room temperature (ca.25°C) for 1 hour, shaking at ca. 300 rpm on an orbital microplate shaker.**
8. Wash 4-times by filling each well with Wash Buffer (350 µL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
9. Add **100 µL** of **Substrate Reagent** to each well. Avoid exposing the microtiter plate to direct sunlight. Covering the wells with e.g. aluminum foil is recommended. Return Substrate Reagent to 4°C immediately after the necessary volume is removed.
10. Incubate the wells **at room temperature (ca.25°C) for 10-20 minutes, shaking at ca. 300 rpm on an orbital microplate shaker.** The incubation time may be extended up to 30 minutes if the reaction temperature is below than 20°C.
11. Add **100 µL** of **Stop Solution** to each well in the same order as the previously added Substrate Reagent.
12. Measure absorbance in each well using a spectrophotometric microplate reader at dual wavelengths of 450/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. Read the microplate at 450 nm if only a single wavelength can be used. Wells must be read within 30 minutes of adding the Stop Solution.

Note-1: 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.

Note-2: Reliable standard curves are obtained when either O.D. values do not exceed 0.25 units for the blank (zero concentration), or 3.0 units for the highest standard concentration. The plate should be monitored at 5-minute intervals for approximately 30 minutes.

Note-3: If the microplate reader is not capable of reading absorbance greater than the absorbance of the highest standard, perform a second reading at 405 nm. A new standard curve, constructed using the values measured at 405 nm, is used to determine AIF1 concentration of off-scale samples. The readings at 405 nm should not replace the on-scale readings at 450 nm.

Calculations

Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density. Plot the optical density for the standards versus the concentration of the standards and draw the best curve. The data can be linearized by using log/log paper and regression analysis may be applied to the log transformation. To determine the human AIF1 concentration of each sample, first find the absorbance value on the y-axis and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the x-axis and read the corresponding human AIF1 concentration. If the samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

1. The dose-response curve of this assay fits best to a sigmoidal four-parameter logistic equation. The results of unknown samples can be calculated with any computer program having a four-parameter logistic function. It is important to make an appropriate mathematical adjustment to accommodate for the dilution factor.
2. Most microtiter plate readers perform automatic calculations of analyte concentration. The calibration curve is constructed by plotting the absorbance (Y) of calibrators versus log of the known concentration (X) of calibrators, using the four-parameter function. Alternatively, the logit log function can be used to linearize the calibration curve (i.e. logit of absorbance (Y) is plotted versus log of the known concentration (X) of calibrators).

Measurement Range

The measurement range is 31.3 pg/mL to 2,000 pg/mL. Any sample reading higher than the highest standard should be diluted with Dilution Buffer in higher dilution and re-assayed. Dilution factors need to be taken into consideration in calculating the human AIF1 concentration.

Troubleshooting

1. The **Standard Solutions** should be run in duplicate, using the protocol described in the **Detailed Protocol**. Incubation times or temperatures significantly different from those specified may give erroneous results.
2. Poor duplicates, accompanied by elevated values for wells containing no sample, indicate insufficient washing. If all instructions in the **Detailed Protocol** were followed accurately, such results indicate a need for washer maintenance.
3. Overall low signal may indicate that desiccation of the plate has occurred between the final wash and addition of Substrate Reagent. Do not allow the plate to dry out. Add Substrate Reagent immediately after wash.

Reagent Stability

All of the reagents included in the CycLex Research Product **CircuLex Human AIF1 ELISA Kit** have been tested for stability. Reagents should not be used beyond the stated expiration date. Upon receipt, kit reagents should be stored at 4°C, except the reconstituted AIF1 Standard must be stored at below -70°C. The Microplate should be stored in the original foil bag sealed by the zip lock and containing a desiccant pack.

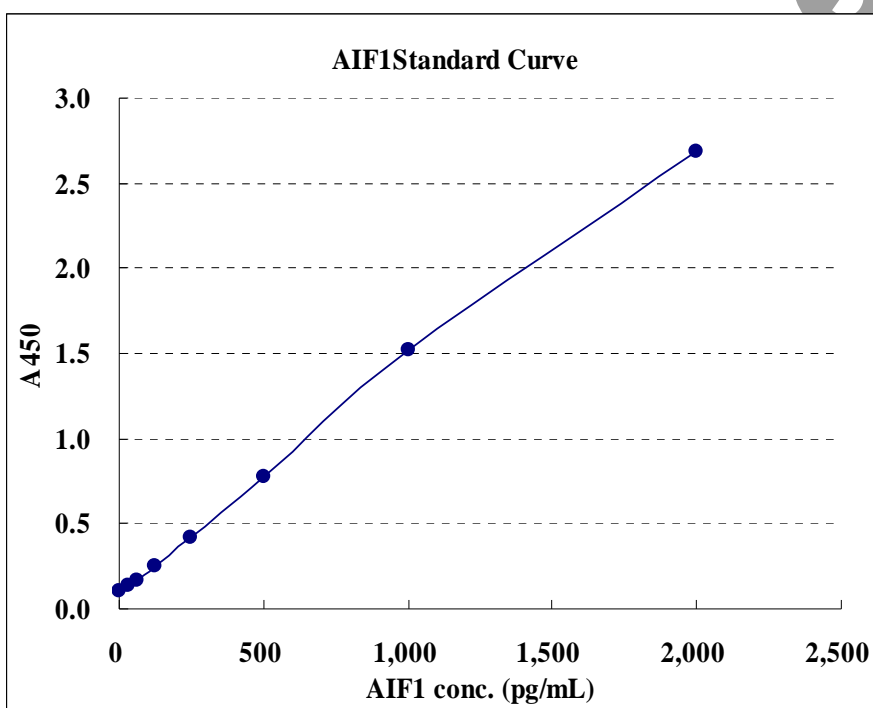
Assay Characteristics

1. Sensitivity

The limit of detection (defined as such a concentration of human AIF1 giving absorbance higher than mean absorbance of blank* plus three standard deviations of the absorbance of blank: A blank + 3SD blank) is better than 1.6 pg/ml of sample.

* Dilution Buffer is pipetted into blank wells.

Typical Standard Curve



2. Precision

Intra-assay Precision (Precision within an assay)

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

- Intra-assay (Within-Run, n=16) CV=1.5-2.1 %

	AIF1 conc. (pg/ml)		
	Sample 1	Sample 2	Sample 3
1	330.4	638.0	959.2
2	327.0	666.0	966.0
3	324.3	663.4	972.3
4	325.1	681.2	982.6
5	323.8	674.9	984.6
6	319.0	667.3	971.9
7	334.0	671.2	1,001.0
8	333.3	680.3	979.3
9	327.1	640.1	957.0
10	329.0	649.0	985.2
11	322.1	654.5	959.6
12	320.7	650.9	997.9
13	327.5	679.6	1,015.3
14	315.2	678.6	977.7
15	325.0	672.9	983.2
16	324.5	660.1	1,002.6
MAX.	334.0	681.2	1015.3
MIN.	315.2	638.0	957.0
MEAN	325.5	664.2	981.0
S.D.	4.9	14.2	16.9
C.V.	1.5%	2.1%	1.7%

Inter-assay Precision (Precision between assays)

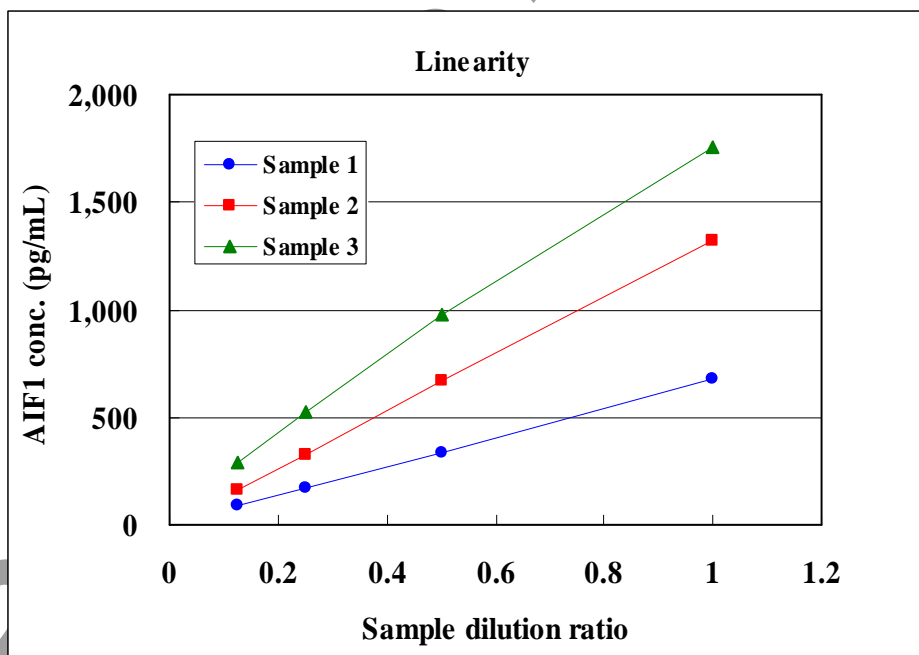
Three samples of known concentration were tested in five separate assays to assess inter-assay precision.

- Inter-assay (Run-to-Run, n=5) CV=6.3-9.3 %

	AIF1conc. (pg/ml)		
	Sample 1	Sample 2	Sample 3
1	329.8	680.1	769.2
2	416.5	742.9	841.7
3	338.4	654.1	797.9
4	362.3	656.4	850.4
5	362.0	739.4	935.5
MAX.	416.5	742.9	935.5
MIN.	329.8	654.1	769.2
MEAN	361.8	694.6	838.9
S.D.	33.8	43.7	63.3
C.V.	9.3%	6.3%	7.5%

3. Linearity

Three serum specimens were diluted with Dilution Buffer and assayed after dilution. The neat sample is set to 1 (4/4). Please note that all samples including the neat sample are 8-fold diluted as stated in the Assay Procedure. The results are summarized in the figure below.



Example of Test Results

Fig.1 AIF1 concentration in cell lysates (ca. 1 mg/mL protein concentration) from many cell lines

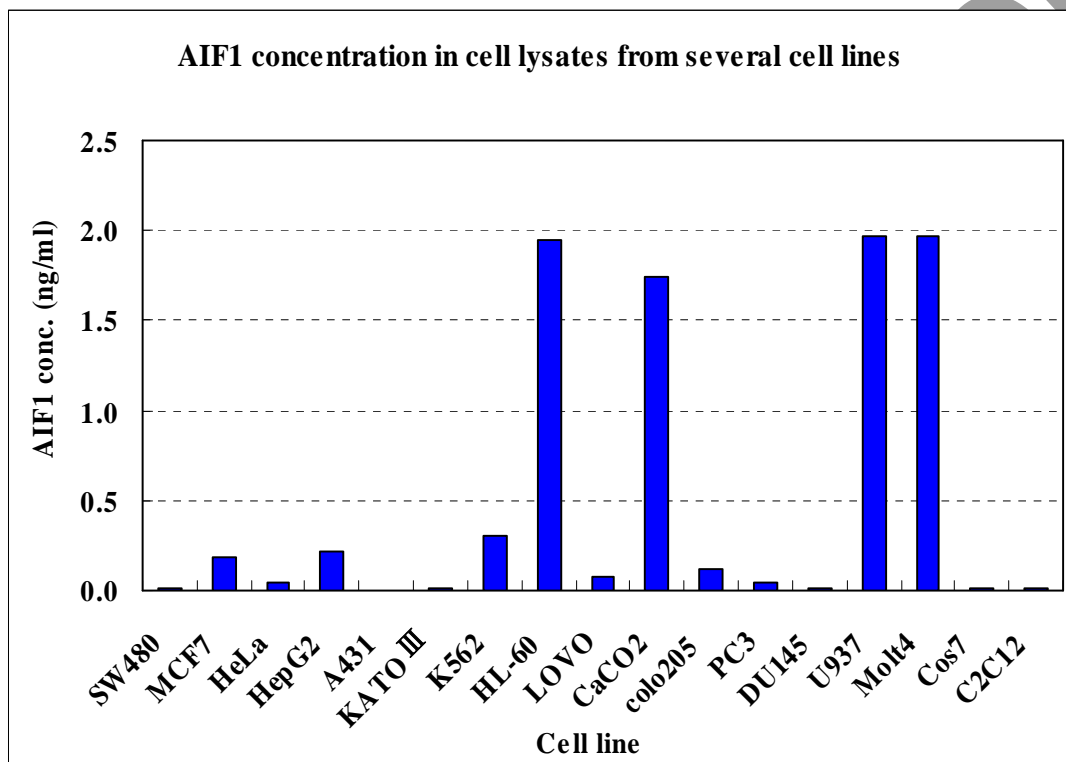
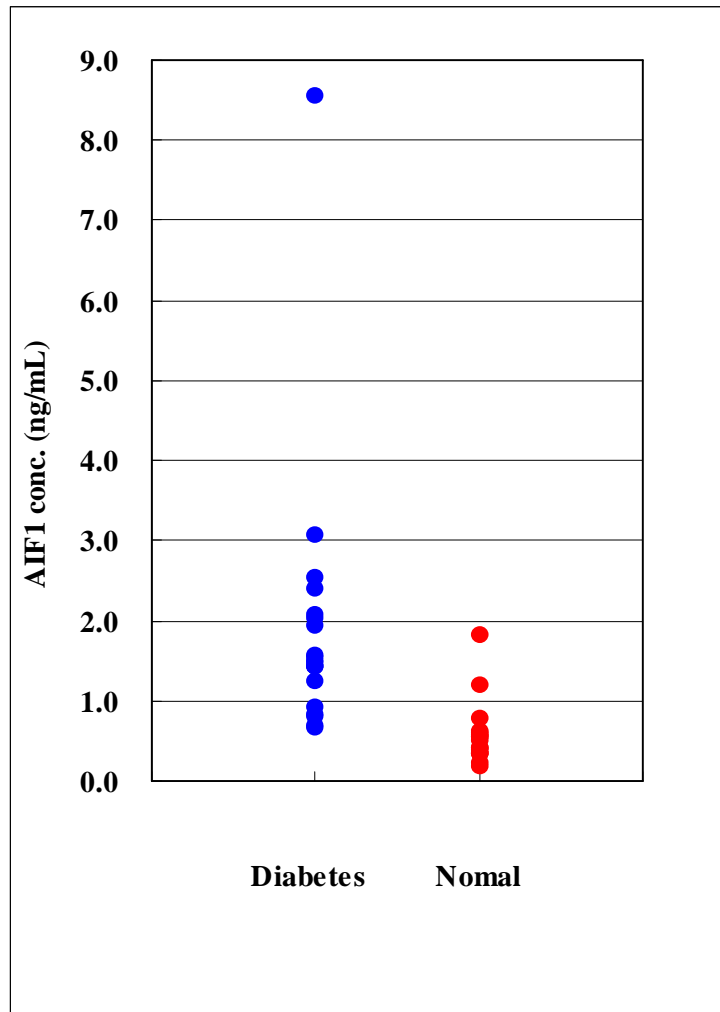


Fig.2 Serum AIF1 level in 18 diabetes patients and 20 healthy volunteers

Average AIF1 concentration in sera

Diabetes patients: 1.91 ng/mL (n=18)

Healthy volunteers: 0.58 ng/mL (n=20)



References

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Related Products

- * CircuLex Mouse AIF1 ELISA Kit: Cat# CY-8084
- * Human AIF1 (Allograft Inflammatory Factor 1): Cat# CY-R2268
- * Human AIF-1 (Allograft Inflammatory Factor 1) Low Endotoxin: Cat# CY-R2468

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