



## **MANUAL**

# Vaspin (human) ELISA Kit

For research use only. Not for diagnostic use.

Version 3 (05-May-2015)

Cat. No. AG-45A-0017YEK-KI01



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#### 1. Intended Use

The Vaspin (human) ELISA Kit is to be used for the *in vitro* quantitative determination of human vaspin in serum, plasma and cell culture supernatant. This ELISA Kit is for research use only.

#### 2. Introduction

Vaspin, designated as visceral adipose tissue-derived serpin, is a serpin whose expression is restricted to visceral adipose tissue. Its partial cDNA sequence was originally discovered as a upregulated gene expressed by obese Otsuka Long-Evans Tokushima Fatty (OLEFT) rats (1). Vaspin seems to retain the serpin signature conformation fold consisting of three b-sheets and nine a-helices as well as a reactive loop site that interacts with its cognate serine protease unidentified hitherto. Vaspin is remarkably upregulated at high-fat high-sucrose (HFHS) diet and at multiple metabolic dysfunctions like obesity or insulin resistance. Administration of thiazolidinedione (TZD) caused a significant induction of serum vaspin in mice. These facts imply that upregulation of vaspin may be a compensatory response to antagonize the action of other unknown proteases upregulated in obesity or insulin resistance. Indeed, administration of recombinant vaspin to obese mice fed with HFHS chow improved glucose tolerance and insulin sensitivity (2). Vaspin seems to directly act on white adipose tissue.



### 3. General References

- (1) Vaspin (serpinA12) in obesity, insulin resistance and inflammation: J.T. Heiker; J. Pept. Sci. **20**, 299 (2014)
- (2) Visceral adipose tissue-derived serine protease inhibitor: A unique insulin-sensitizing adipocytokine in obesity: K. Hida, et al.; Proc. Natl. Acad. Sci. **102**, 10610 (2005)



### 4. Assay Principle

This assay is a sandwich Enzyme Linked-Immunosorbent Assay (ELISA) for quantitative determination of human vaspin in biological fluids. A monoclonal antibody specific for vaspin has been precoated onto the 96-well microtiter plate. Standards and samples are pipetted into the wells for binding to the coated antibody. After extensive washing to remove unbound compounds, vaspin is recognized by the addition of a purified polyclonal antibody specific for vaspin (Detection Antibody). After removal of excess polyclonal antibody, HRP conjugated anti-rabbit IgG (HRP) is added. Following a final washing, peroxidase activity is quantified using the substrate 3,3',5,5'-tetramethylbenzidine (TMB). The intensity of the color reaction is measured at 450 nm after acidification and is directly proportional to the concentration of vaspin in the samples.

### 5. Handling & Storage

- Reagent must be stored at 2-8°C when not in use.
- Plate and reagents should be at room temperature before use.
- Do not expose reagents to temperatures greater than 25°C.

### 6. Kit Components

1 plate coated with human vaspin Antibody	(6 x 16-well strips)	
2 bottles Wash Buffer 10X	(2 x 30 ml)	(Wash Buffer 10X)
2 bottles ELISA Buffer 10X	(2 x 30 ml)	(ELISA Buffer 10X)
1 vial Detection Antibody	(20 µI)	(DET)
1 vial HRP 100X (HRP Conjugated anti-rabbit IgG)	(150 µl)	(HRP 100X)
1 vial human vaspin Standard (lyophilized)	(2 ng)	(STD)
1 bottle TMB Substrate Solution	(12 ml)	(TMB)
1 bottle Stop Solution	(12 ml)	(STOP)
2 plate sealers (plastic film)		

2 silica Gel Minibags



### 7. Materials Required but Not Supplied

- Microtiterplate reader at 450 nm
- · Calibrated precision single and multi-channel pipettes. Disposable pipette tips
- Deionized water
- Microtubes or equivalent for preparing dilutions
- Disposable plastic containers for preparing working buffers
- Plate washer: automated or manual
- Glass or plastic tubes for diluting and aliquoting standard



#### 8. General ELISA Protocol

### 8.1. Preparation and Storage of Reagents

NOTE: Prepare just the appropriate amount of the buffers necessary for the assay.

- Wash Buffer 10X has to be diluted with deionized water 1:10 before use (e.g. 50 ml Wash Buffer 10X + 450 ml water) to obtain Wash Buffer 1X.
- <u>ELISA Buffer 10X</u> has to be diluted with deionized water 1:10 before use (e.g. 20 ml ELISA Buffer 10X + 180 ml water) to obtain ELISA Buffer 1X.
- Detection Antibody (DET) has to be diluted to 1:2000 in ELISA Buffer 1X (5 μl DET + 10 ml ELISA Buffer 1X).

**NOTE**: The diluted Detection Antibody is not stable and cannot be stored!

• HRP 100X (HRP Conjugated anti-rabbit IgG) has to be diluted to the working concentration by adding 100 μl in 10 ml of ELISA Buffer 1X (1:100).

**NOTE:** The diluted HRP is used within one hour of preparation.

- Human vaspin Standard (STD) has to be reconstituted with 1 ml of deionized water.
  - This reconstitution produces a stock solution of 2 ng/ml. Mix the standard to ensure complete reconstitution and allow the standard to sit for a minimum of 15 minutes. Mix well prior to making dilutions.

**NOTE:** The reconstituted standard is aliquoted and stored at -20°C.

- Dilute the standard protein concentrate (STD) (2 ng/ml) in ELISA Buffer 1X. A seven-point standard curve using 2-fold serial dilutions in ELISA Buffer 1X is recommended.
- Suggested standard points are:
  - 1, 0.5, 0.25, 0.125, 0.063, 0.031, 0.016 and 0 ng/ml.



#### Dilute further for the standard curve:

To obtain	Add	Into
1 ng/ml	300 μl of vaspin (2 ng/ml)	300 μl of ELISA Buffer 1X
0.5 ng/ml	300 μl of vaspin (1 ng/ml)	300 μl of ELISA Buffer 1X
0.25 ng/ml	300 µl of vaspin (0.5 ng/ml)	300 μl of ELISA Buffer 1X
0.125 ng/ml	300 μl of vaspin (0.25 ng/ml)	300 μl of ELISA Buffer 1X
0.063 ng/ml	300 μl of vaspin (0.125 ng/ml)	300 μl of ELISA Buffer 1X
0.031 ng/ml	300 μl of vaspin (0.063 ng/ml)	300 μl of ELISA Buffer 1X
0.016 ng/ml	ng/ml 300 μl of vaspin (0.031 ng/ml) 300 μl of ELISA Buffer	
0 ng/ml	300 μl of ELISA Buffer 1X	Empty tube

### 8.2. Sample Collection, Storage and Dilution

**Serum**: Use a serum separator tube. Let samples clot at room temperature for 30 minutes before centrifugation for 20 minutes at 1,000xg. Assay freshly prepared serum or store serum in aliquot at ≤ -20°C for later use. Avoid repeated freeze/thaw cycles.

**Plasma :** Collect plasma using heparin, EDTA, or citrate as an anticoagulant. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. Assay freshly prepared plasma or store plasma sample in aliquot at  $\leq$  -20°C for later use. Avoid repeated freeze/ thaw cycles.

**Serum, Plasma** or **Cell Culture Supernatant** have to be diluted in ELISA Buffer 1X. Samples containing visible precipitates must be clarified before use.

**NOTE:** As a starting point, 1/5 dilution of serum or plasma are recommended! If sample values fall outside the detection range of the assay, a lower or higher dilution may be required!



# 8.3. Assay Procedure (Checklist)

1.	Determine the number of 16-well strips needed for the assay and insert them in the frame for current use. The extra strips should be resealed in the foil pouch bag and stored at 4°C.
	<b>NOTE:</b> Remaining 16-well strips coated with vaspin antibody when opened can be stored at 4°C for up to 1 month.
2.	Add 100 $\mu$ l of the different standards into the appropriate wells in duplicate! At the same time, add 100 $\mu$ l of diluted serum, plasma or cell culture supernatant samples in duplicate to the wells (see 8.1. Preparation and Storage of Reagents and 8.2. Preparation of Samples).
3.	Cover the plate with plate sealer and incubate for 1 hour at 37°C.
4.	Aspirate the coated wells and add 300 µl of Wash Buffer 1X using a multichannel pipette or auto-washer. Repeat the process for a total of three washes. After the last wash, complete removal of liquid is essential for good performance.
5.	Add 100 $\mu$ l to each well of the Detection Antibody (DET). (see 8.1. Preparation and Storage of Reagents).
6.	Cover the plate with plate sealer and incubate for 1 hour at 37°C.
7.	Aspirate the coated wells and add 300 µl of Wash Buffer 1X using a multichannel pipette or auto-washer. Repeat the process for a total of three washes. After the last wash, complete removal of liquid is essential for good performance.
8.	Add 100 µl to each well of the diluted HRP Conjugated anti-rabbit IgG) (HRP) (see 8.1. Preparation and Storage of Reagents).
9.	Cover the plate with plate sealer and incubate for 1 hour at 37°C.
10.	Aspirate the coated wells and add 300 µl of Wash Buffer 1X using a multichannel pipette or auto-washer. Repeat the process for a total of five washes. After the last wash, complete removal of liquid is essential for good performance.
11.	Add 100 μl to each well of TMB Substrate Solution <b>(TMB)</b> .
12.	Allow the color reaction to develop at room temperature (RT°C) in the dark for 20 minutes.
13.	Stop the reaction by adding 100 µl of Stop Solution <b>(STOP)</b> . Tap the plate gently to ensure thorough mixing. The substrate reaction yields a blue solution that turns yellow when Stop Solution <b>(STOP)</b> is added.
	! CAUTION: CORROSIVE SOLUTION!
14.	Measure the OD at 450 nm in an ELISA reader within 30 minutes.

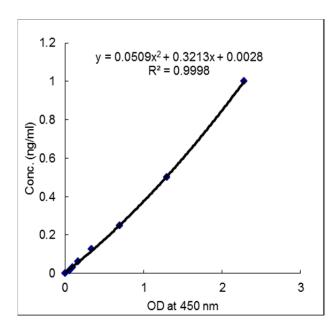


### 9. Calculation of Results

- Average the duplicate readings for each standard, control and sample and subtract the average blank value (obtained with the 0 ng/ml point).
- Generate the standard curve by plotting the average absorbance obtained for each standard concentration on the horizontal (X) axis vs. the corresponding vaspin concentration (ng/ml) on the vertical (Y) axis (see **10.** TYPICAL DATA).
- Calculate the vaspin concentrations of samples by interpolation of the regression curve formula as shown above in a form of a quadratic equation.
- If the test samples were diluted, multiply the interpolated values by the dilution factor to calculate the concentration of human vaspin in the samples.

### 10. Typical Data

The following data are obtained using the different concentrations of standard as described in this protocol:



Standard hVaspin (ng/ml)	Optical Density (mean)
1	2.278
0.5	1.293
0.25	0.698
0.125	0.336
0.063	0.167
0.031	0.092
0.016	0.054
0	0

Figure: Standard curve



#### 11. Performance Characteristics

### A. Sensitivity (Limit of detection):

The lowest level of vaspin that can be detected by this assay is 12 pg/ml. **NOTE:** The Limit of detection was measured by adding two standard deviations to the mean value of 50 zero standard.

**B.** <u>Assay range:</u> 0.016 ng/ml – 1 ng/ml

#### C. Specificity:

This ELISA is specific for the measurement of natural and recombinant human vaspin. It does not cross-react with human RBP4, human adiponectin, human Nampt, human leptin, human RELM-β, human ANGPTL6, human FABP4, human TNF-α, human IL23p19, human GPX3, human IL-33, human ST2, human progranulin, human PAI1, mouse adiponectin or mouse resistin.

#### D. Intra-assay precision:

Five samples of known concentrations of human vaspin were assayed in replicates 6 times to test precision within an assay.

Samples	Means (ng/ml)	SD	CV (%)	n
1	0.594	0.008	1.310	6
2	0.642	0.025	3.846	6
3	0.634	0.021	3.272	6
4	0.710	0.026	3.630	6
5	3.352	0.058	1.743	6

#### E. Inter-assay precision:

Five samples of known concentrations of human vaspin were assayed in 6 separate assays to test precision between assays.

Samples	Means (ng/ml)	SD	CV (%)	n
1	0.674	0.040	5.929	6
2	0.736	0.024	3.267	6
3	0.656	0.024	3.693	6
4	0.097	0.009	9.064	6
5	3.636	0.302	8.316	6



### F. Recovery:

When samples (serum) are spiked with known concentrations of human vaspin, the recovery averages 99% (range from 94% to 107%).

Samples	Average recovery (%)	Range (%)
1	97.70	94-101
2	100.07	97-103
3	100.82	98-104
4	99.06	90-107

### G. Linearity:

Different human serum samples containing vaspin were diluted several fold (1 to 1/4) and the measured recoveries ranged from 93% to 102%.

Samples	Sample	Expected	Observed	% of
	Dilution	(ng/ml)	(ng/ml)	Expected
	1	0.547	0.547	100
1	1 : 2	0.274	0.283	103
	1 : 4	0.137	0.149	109
	1	0.429	0.429	100
2	1 : 2	0.215	0.232	108
	1 : 4	0.107	0.117	109
	1	0.601	0.601	100
3	1 : 2	0.301	0.307	102
	1 : 4	0.150	0.152	101

### H. Expected values:

Vaspin levels range in plasma and serum from **0.4 to > 1.5 ng/ml** (from healthy donors).



### 12. Technical Hints and Limitations

- It is recommended that all standards, controls and samples be run in duplicate.
- Do not combine leftover reagents with those reserved for additional wells.
- Reagents from the kit with a volume less than 100 µl should be centrifuged.
- Residual wash liquid should be drained from the wells after last wash by tapping the plate on absorbent paper.
- Crystals could appear in the 10X solution due to high salt concentration in the stock solutions. Crystals are readily dissolved at room temperature or at 37°C before dilution of the buffer solutions.
- Once reagents have been added to the 16-well strips, DO NOT let the strips DRY at any time during the assay.
- Keep TMB Substrate Solution (TMB) protected from light.
- The Stop Solution (STOP) consists of sulfuric acid. Although diluted, the Stop Solution (STOP) should be handled with gloves, eye protection and protective clothing.

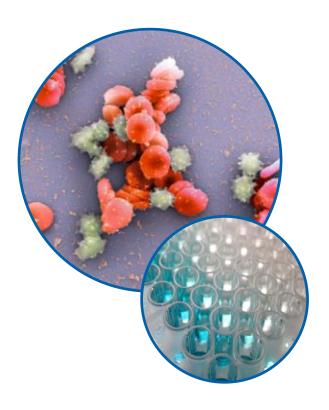


# 13. Troubleshooting

PROBLEM	POSSIBLE CAUSES	SOLUTIONS
	Omission of key reagent	Check that all reagents have been added in the correct order.
	Washes too stringent	Use an automated plate washer if possible.
No signal or weak signal	Incubation times inadequate	Incubation times should be followed as indicated in the manual.
	Plate reader settings not optimal	Verify the wavelength and filter setting in the plate reader.
	Incorrect assay temperature	Use recommended incubation temperature. Bring substrates to room temperature before use.
High background	Concentration of HRP too high	Use recommended dilution factor.
	Inadequate washing	Ensure all wells are filling wash buffer and are aspirated completely.
Poor standard curve	Wells not completely aspirated	Completely aspirate wells between steps.
	Reagents poorly mixed	Be sure that reagents are thoroughly mixed.
Unexpected results	Omission of reagents	Be sure that reagents were prepared correctly and added in the correct order.
	Dilution error	Check pipetting technique and double- check calculations.



### 14. Notes



### **Product Specific References:**

- 1. J. Seeger, et al.; J. Clin. Endocrinol. Metab. 93, 247 (2008)
- 2. B.S. Youn, et al.; Diabetes **57**, 372 (2008)
- 3. G. Aust, et al.; Atherosclerosis **204**, 262 (2009)
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- 7. M. Blüher, et al.; Diabetes Care **35**, 342 (2012)
- 8. G. Flehmig, et al.; PLoS One 9, e99785 (2014)

For more References please visit www.adipogen.com!

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