V.1

Human Kidney Injury Molecule-1 (KIM-1) ELISA Kit Instructions

For the quantitative determination of KIM-1 in human serum, plasma, and urine

Catalog #80723
96 Assays

For research use only. Not for use in diagnostic procedures.

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A. Intended Use

The Kidney Injury Molecule-1 (KIM-1) ELISA kit is for the quantitative determination of KIM-1 in human serum, plasma, and urine. Please read the complete kit insert before performing this assay. The kit is for RESEARCH USE ONLY. It is not intended for use in diagnostic procedures.

B. Introduction

KIM-1 is a type 1 transmembrane structural protein, with an immunoglobulin and mucin domain, in renal epithelial cells. These cells will shed KIM-1 antigen during regeneration into the urine which makes KIM-1 a useful biomarker for kidney injury.

C. Principle of the Assay

The Kidney Injury Molecule-1 (KIM-1) ELISA kit is a double antibody sandwich ELISA. An unknown amount of KIM-1 present in the sample binds with anti-KIM-1 antibodies adsorbed to the surface of the microplate. After washing to remove unbound proteins, anti-KIM-1 antibodies, and then, an HRP-conjugated are added and form a complex with the KIM-1 complex present in the wells. TMB substrate is then added to measure the concentration of KIM-1 present.

D. Kit Storage

1. Upon receipt, remove the standard from the Kidney Injury Molecule-1 (KIM-1) ELISA kit, and store the remaining components at 2-8°C and avoid light exposure (do not freeze the kit or hold it at temperatures above 25°C). The standard should be aliquoted and stored frozen at -20°C.
2. The kit should not be used after the expiration date.

E. Assay Materials

E.1. Materials provided

TABLE 1 Contents of the kit

Mark	Description	Amount
MIC	Antibody-coated Microplate (12 x 8)	1 pack
STD	Standard (Liquid)	1 vial
DIL	Diluent (5X Concentrate)	1 x 50 mL
DET AB	Detection Antibody (100X Concentrate)	1 vial/150 µL
HRP ST	HRP-Streptavidin (100X Concentrate)	1 vial/150 µL
WASH	Wash Buffer (20X Concentrate)	1 x 50 mL
SUB	Substrate Solution	1 x 12 mL
STOP	Stop Solution	1 x 12 mL

E.2. Materials required but not provided

Micropipettes and disposable tips
Distilled or deionized water
Polypropylene microtubes
Volumetric flasks
Microplate reader (capable of reading A_{450} and A_{630} values)
Orbital shaker

F. Assay Precautions

1. Only appropriately-trained personnel should use the kit. Laboratory personnel should wear suitable protective clothing. All chemicals and reagents should be considered potentially hazardous. Avoid ingestion and contact with skin and eyes. In case of contact with eyes or skin, flush immediately with water and contact a medical professional.
2. Some assay components contain human sourced materials. Accordingly, all assay components should be handled as if potentially infectious using safe laboratory procedures.
3. Do not use the reagents after the expiration date.
4. Reagents are light sensitive and should be protected from sunlight.

G. Maximizing Kit Performance

1. Given the sample volumes required (4 µL), pipetting should be done as carefully as possible. A high quality 10 µL or better precision pipette should be used for such volumes. Drops of liquid adhering to the outside of the pipette tips should be removed by wiping to ensure the highest degree of accuracy.
2. In order to prevent the microplate wells from drying out and to get the best results, samples and reagents should be dispensed quickly into the wells.
3. Each standard and sample should be assayed in duplicate.
4. The same sequence of pipetting and other operations should be maintained in all procedures.
5. Do not mix reagents that have different lot numbers.

H. Sample Collection

Blood should be collected by venipuncture. The serum should be separated from the cells after clot formation by centrifugation. For plasma samples, blood should be collected into a container with an anticoagulant and then centrifuged. The samples should be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles. Samples with excessive hemolysis should not be used. For urine samples, simply collect urine via standard techniques. Samples containing azide or thimerosal are not compatible with this kit.

I. Assay Procedure

I.1. Preparation of reagents

1. Antibody-coated microplate

   Provided as ready to use. Protect from moisture.
2. Standard

   The standard is provided in liquid form. The standard concentration is 769 ng/mL. The standard should be stored frozen for future use and appropriately aliquoted in appropriate volumes prior to being frozen. <u>Working standards should be prepared immediately prior to use as described in Section I.2</u>. The working standard concentrations are 0, 0.125, 0.25, 0.5, 1, 2, and 4 ng/mL.
3. Diluent (5X Concentrated)

   The diluent has to be diluted 1:5 with distilled or deionized water prior to use. For example, 50 mL of diluent must be diluted with 200 mL of distilled or deionized water. Diluent is stable for at least one week after dilution when stored at 2-8°C.
4. Detection Antibody (100X Concentrated)

   The detection antibody has to be diluted 1:100 with 1X Diluent prior to use. For each test strip, mix 10 µL of detection antibody with 990 µL of 1X Diluent. Mix uniformly, but gently. Avoid foaming. The detection antibody is stable for up

to 1 hour when stored in the dark. Accordingly, detection antibody should be prepared only as needed just prior to use.

5. HRP-Streptavidin (100X Concentrated)
   The HRP-Streptavidin has to be diluted 1:100 with 1X Diluent prior to use. For each test strip, mix 10 µL of HRP-Streptavidin with 990 µL of 1X Diluent. Mix uniformly, but gently. Avoid foaming. The HRP-Streptavidin is stable for up to 1 hour when stored in the dark. Accordingly, HRP-Streptavidin should be prepared only as needed just prior to use.
6. Wash Buffer (20X Concentrated)
   The wash buffer has to be diluted 1:20 with distilled or deionized water prior to use. For example, 50 mL of wash buffer must be diluted with 950 mL of distilled or deionized water. Crystal formation in the concentrate is not uncommon when storage temperatures are low. Warming of the concentrate to 30-35°C before dilution can dissolve crystals. Wash buffer is stable for at least one week after dilution.
7. Substrate Solution
   Provided as ready to use.
8. Stop Solution
   Provided as ready to use.

I.2. Preparation of working standards

1. Pipette 765 µL of 1X diluent and 4 µL of the standard (769 ng/mL) into a polypropylene microtube labeled 4 ng/mL, and mix thoroughly.
2. Pipette 300 µL of 1X diluent and 300 µL of the 4 ng/mL standard into a polypropylene microtube labeled 2 ng/mL, and mix thoroughly.
3. Dispense 300 µL of 1X diluent into four polypropylene microtubes labeled 1, 0.5, 0.25, and 0.125 ng/mL.
4. Dispense 300 µL of the 2 ng/mL standard into the 1 ng/mL microtube, and mix thoroughly.
5. Dispense 300 µL of the 1 ng/mL standard into the 0.5 ng/mL microtube, and mix thoroughly.
6. Repeat this dilution scheme using the remaining microtubes.
7. Dispense 600 µL of 1X diluent into one polypropylene microtube labeled 0 ng/mL. You should now have working standards of 4, 2, 1, 0.5, 0.25, 0.125, and 0 ng/mL.

Please note: Working standards should be prepared immediately prior to use.

I.3. Dilution of samples

Samples need to be diluted with 1X diluent for use with the assay.

A sample dilution of 1:2 using 150 µL of sample is generally suitable. To prepare the 1:2 dilution, mix 125 µL of sample with 125 µL of 1X Diluent.

Since KIM-1 levels can vary, dilution ratios may need to be adjusted as appropriate.

I.4. Assay procedure

Prior to running the assay, all reagents should be brought to room temperature for at least 30 minutes. Reagents should be stored at 2-8°C immediately after use. Before use, mix the reagents thoroughly by gentle agitation or swirling.

1. In each well, add 100 µL of diluted sample or working standard.
2. Incubate plate for 60 mins at room temperature while shaking on an orbital shaker. Keep plate covered and level.
3. Aspirate well contents and wash four times using 300 µL of 1X Wash Buffer per well. After each wash, remove any remaining solution by inverting and tapping the plate firmly on a clean paper towel.
4. In each well, add 100 µL of diluted Detection Antibody and mix well by repeated pipetting.
5. Incubate plate for 20 mins at room temperature while shaking on an orbital shaker. Keep plate covered in the dark and level.
6. Aspirate well contents and wash four times using 300 µL of 1X Wash Buffer per well. After each wash, remove any remaining solution by inverting and tapping the plate firmly on a clean paper towel.
7. In each well, add 100 µL of diluted HRP-Streptavidin and mix well by repeated pipetting.
8. Incubate plate for 20 mins at room temperature while shaking on an orbital shaker. Keep plate covered in the dark and level.
9. Aspirate well contents and wash four times using 300 µL of 1X Wash Buffer per well. After each wash, remove any remaining solution by inverting and tapping the plate firmly on a clean paper towel.
10. Add 100 µL of the Substrate Solution in each well.
11. Incubate plate for 10 mins in a dark room while shaking on an orbital shaker at room temperature.
12. Stop the reaction by adding 100 µL of Stop Solution.
13. Measure absorbance within 30 minutes using a plate reader (measure A_{450} values and subtract A_{630} values).

I.5. Determining the KIM-1 concentration

1. Using computer software, construct the KIM-1 calibration curve by plotting the mean absorbance value for each standard (incl. blank) on the Y axis versus the corresponding KIM-1 concentration on the X axis. A four parametric logistic (4-PL) curve fit or second order polynomial (quadratic) are suitable for the evaluation.
   Note: *A calibration curve should be plotted every time the assay is performed.*
2. KIM-1 concentrations in the samples are interpolated using the calibration curve and mean absorbance values for each sample. For diluted samples, the values obtained must be multiplied by the dilution factor to obtain the final KIM-1 concentration (expressed in ng/mL).
   Note: *Samples with high KIM-1 concentrations (ie. fall above the range of the assay) should be further diluted and rerun.*

J. Performance characteristics

J.1. Assay range

The Kidney Injury Molecule-1 (KIM-1) ELISA Kit has an assay range from 0.125 - 4 ng/mL.

J.2. Precision

The assay has a within-run and total precision of CV < 20%.

Warranty

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