

Human ORM1 Sandwich ELISA Kit Datasheet

Please read it entirely before use

Catalogue Number: KE00297

Size: 5*96T

Sensitivity: 0.08 ng/mL

Range: 0.313-20 ng/mL

Usage: For the quantitative detection of human ORM1 concentrations in serum, plasma, cell culture supernatant and urine.

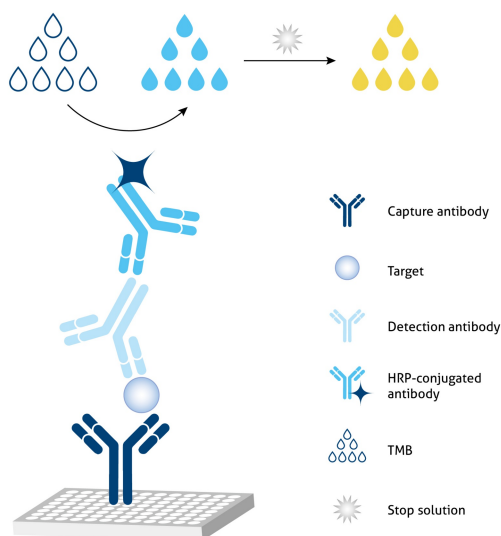
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1. Background

ORM1 (Orosomucoid 1), also named AGP1 (Alpha-1-acid glycoprotein 1) and AGP A, is an abundant plasma protein characterized by anti-inflammatory and immune-modulating properties. In human, two isoforms have been described, named ORM1 and ORM2. ORM1 is implicated in two main different functions: (1) as a lipocalin family member, it exerts a carrier activity especially for drug and lipid molecules; (2) being an acute phase protein (PMID: 23973664). ORM1 are increased in the patients with cancers, burnt injury or surgical operation (PMID: 10913518; PMID: 1646598). ORM1 could be a potential novel urinary biomarker for the early detection of chronic heart failure (PMID: 25215505).

2. Principle



Sandwich ELISA structure (HRP conjugated secondary antibody)

A capture antibody is pre-coated onto the bottom of wells which binds to analyte of interest. A detection antibody also binds to the analyte. Horseradish peroxidase (HRP)-conjugated secondary antibody binds to the detection antibody. TMB acts as the HRP substrate and the solution color will change from colorless to blue. A stop solution containing sulfuric acid turns solution yellow. The color intensity is proportional to the quantity of bound protein which is measurable at 450 nm with the correction wavelength set at 630 nm.

3. Required Materials

- 3.1 A microplate reader capable of measuring absorbance at 450 nm with the correction wavelength set at 630 nm.
- 3.2 Calibrated, adjustable precision pipettes and disposable plastic tips. A manifold multi-channel pipette is recommended for large assays.
- 3.3 Plate washer: automated or manual.
- 3.4 Absorbent paper towels.
- 3.5 Glass or plastic tubes to prepare standard and sample dilutions.
- 3.6 Beakers and graduated cylinders.
- 3.7 Log-log or semi-log graph paper or computer and software for ELISA data analysis. A four-parameter logistic (4-PL) curve-fit is recommended.

4. Kit Components and Storage

Microplate - antibody coated 96-well microplate (8 well × 12 strips)	5 plates	Unopened Kit: Store at 2-8°C for 6 months or -20°C for 12 months. Opened Kit: All reagents stored at 2-8°C for 7 days. Please use a new standard for each assay.
Protein standard - 40 ng/bottle; lyophilized	10 bottles	
Detection antibody (100×) - 600 µL/vial*	1 vial	
HRP-conjugated antibody (100×) - 600 µL/vial*	1 vial	
Sample Diluent PT 4B1 - 150 mL/bottle	3 bottles	
Detection Diluent - 150 mL/bottle	1 bottle	
Wash Buffer Concentrate (20×) - 150 mL/bottle	1 bottle	
Tetramethylbenzidine Substrate (TMB) - 60 mL/bottle	1 bottle	
Stop Solution - 60 mL/bottle	1 bottle	
Plate Cover Seals	15 pieces	

* Centrifugation immediately before use

5. Safety Notes

- 5.1 Avoid any skin and eye contact with Stop Solution and TMB. In case of contact, wash thoroughly with water.
- 5.2 Do not use the kit after the expiration date.
- 5.3 Do not mix or substitute reagents or materials from other kit lots or other sources.
- 5.4 Be sure to wear protective equipment such as gloves, masks and goggles during the experiment.
- 5.5 When using an automated plate washer, adding a 30 second soak period following the addition of Wash Buffer to improve assay precision

6. Sample Collection and Storage

- 6.1 Serum: Allow blood samples to clot for 30 minutes, followed by centrifugation for 15 minutes at 1000xg. Clear serum can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.
- 6.2 Plasma: Use EDTA, heparin, or citrate as an anticoagulant for plasma collection. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. The plasma can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.
- 6.3 Cell Culture Supernatant: Remove particulates by centrifugation for 5 minutes at 500xg and assay immediately or aliquot and store samples at ≤ -20°C. Avoid repeated freeze-thaw cycles.
- 6.4 Urine: Collect urine samples and centrifuge for 20 minutes at 1000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at ≤ -20°C. Avoid repeated freeze-thaw cycles.

7. Regent Preparation

7.1 Wash Buffer (1X): If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Add 30 mL of Wash Buffer Concentrate(20X) to 570 mL deionized or distilled water to prepare 1X Wash Buffer.

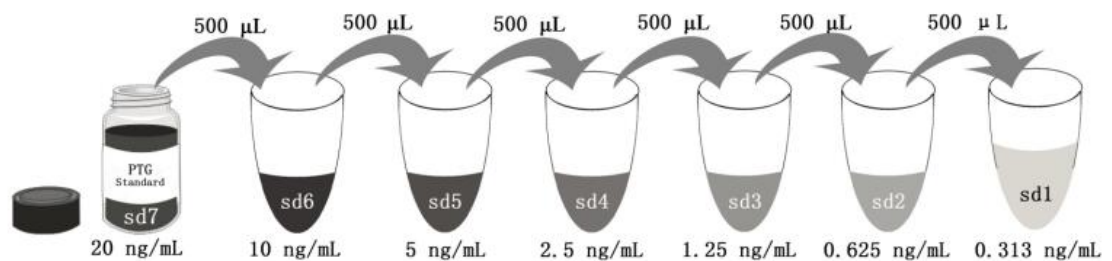
7.2 Detection Antibody(1X): Dilute 100X Detection Antibody 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 μ L 100X Detection Antibody + 990 μ L Detection Diluent (Centrifuge the 100 X Detection Antibody solution for a few seconds prior to use).

7.3 HRP-conjugated antibody(1X): Dilute 100X HRP-conjugated antibody 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 μ L 100X HRP-conjugated antibody + 990 μ L Detection Diluent (Centrifuge the 100X HRP-conjugated antibody solution for a few seconds prior to use).

7.4 Sample Dilution: Different samples should be diluted with corresponding Sample Diluent, samples may require further dilution if the readout values are higher than the highest standard OD reading. Variations in sample collection, processing and storage may affect the results of the measurement.

Recommended Dilution for different sample types: 1:200,000 or 1:400,000 is recommended for human serum and plasma; 1:100 or 1:200 is recommended for cell culture supernatant; 1:800 or 1:1,600 is recommended for urine.

Add 2 mL Sample Diluent PT 4B1 in protein standard.



Add # μ L of Standard diluted in the previous step	—	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L
# μ L of Sample Diluent PT 4B1	2000 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L
	"sd7"	"sd6"	"sd5"	"sd4"	"sd3"	"sd2"	"sd1"

8. Assay Procedure Summary

Bring all reagents to room temperature before use (Detection antibody and HRP-conjugated antibody can be used immediately). 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.

8.1 Take out the required number of microplate strips and return excess strips to the foil pouch containing the drying reagent pack and reseal; store at 4°C immediately. Microplate strips should be used in one week.

8.2 Preset the layout of the microplate, including control group, standard group and sample group, add 100 μ L of each standard and sample to the appropriate wells. (Make sure sample addition is uninterrupted and completed within 5 to 10 minutes, it is recommended to assay all standards, controls, and samples in duplicate).

8.3 Seal plate with cover seal, pressing it firmly onto top of microwells. Incubate the plate for 2 hours at 37°C.

8.4 Wash

1) Gently remove the cover seal. Discard the liquid from wells by aspirating or decanting. Remove any residual solution by tapping the plate a few times on fresh paper towels.

2) Wash 4 times with 1X Wash Buffer, using at least 350-400 μ L per well. Following the last wash, firmly tap plates on fresh towels 10 times to remove residual Wash Buffer. Avoid getting any towel fibers in the wells or wells drying out completely.

8.5 Add 100 μ L of 1X Detection Antibody solution (refer to Reagent Preparation 7.2) to each well. Seal plate with cover seal and incubate for 1 hour at 37°C.

8.6 Repeat wash step in 8.4.

8.7 Add 100 μ L of 1X HRP-conjugated antibody solution (refer to Reagent Preparation 7.3) to each well. Seal plate with cover seal and incubate the plate for 40 minutes at 37°C.

8.8 Repeat wash step in 8.4.

8.9 Signal development: Add 100 μ L of TMB substrate solution to each well, protected from light. Incubate for 15 to 20 minutes. Substrate Solution should remain colorless until added to the plate.

8.10 Quenching color development: Add 100 μ L of Stop Solution to each well in the same order as addition of the TMB substrate. Mix by tapping the side of the plate gently. NB: Avoid skin and eye contact with the Stop solution.

8.11 Read results: Immediately after adding Stop solution read the absorbance on a microplate reader at a wavelength of 450 nm. If possible, perform a double wavelength readout (450 nm and 630 nm).

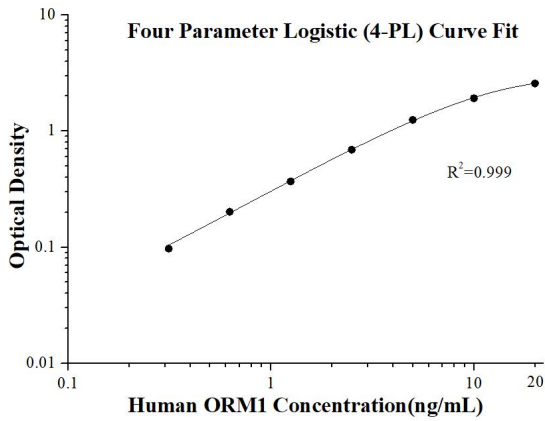
8.12 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, use four-parameter logistic curve-fit (4-PL) analysis to do this. If the samples have been diluted, the OD readout from the standard curve must be multiplied by the dilution factor used.

Step	Reagent	Volume	Incubation	Wash	Notes
1	Standard and Samples	100 μ L	120 min	4 times	Cover Wells incubate at 37°C
2	Diluent Antibody Solution	100 μ L	60 min	4 times	Cover Wells incubate at 37°C
3	Diluent HRP Solution	100 μ L	40 min	4 times	Cover Wells incubate at 37°C
4	TMB Substrate	100 μ L	15-20 min	Do not wash	Incubate in the dark at 37°C
5	Stop Solution	100 μ L	0 min	Do not wash	-
6	Read plate at 450 nm and 630 nm immediately after adding Stop solution. DO NOT exceed 5 minutes.				

9. Validation Data

9.1 Standard curve

These standard curves are provided for demonstration only. A standard curve should be generated for each set of samples assayed.



(ng/mL)	O.D	Average	Corrected
0	0.084 0.0824	0.083	-
0.313	0.1786 0.1821	0.180	0.097
0.625	0.2827 0.2876	0.285	0.202
1.25	0.443 0.4614	0.452	0.369
2.5	0.7685 0.7816	0.775	0.692
5	1.3524 1.3145	1.333	1.250
10	2.0088 1.998	2.003	1.920
20	2.7036 2.6205	2.662	2.579

9.2 Precision

Intra-assay Precision (Precision within an assay) Three samples of known concentration were tested 20 times on one plate to assess intra-assay precision.

Inter-assay Precision (Precision between assays) Three samples of known concentration were tested in 24 separate assays to assess inter-assay precision.

Intra-assay Precision				
Sample	n	Mean (ng/mL)	SD	CV%
1	20	8.39	0.40	4.80
2	20	1.89	0.13	6.74
3	20	0.47	0.04	7.57

Inter-assay Precision				
Sample	n	Mean (ng/mL)	SD	CV%
1	24	7.67	0.46	6.06
2	24	1.71	0.11	6.35
3	24	0.46	0.05	10.32

9.3 Recovery

The recovery of human ORM1 spiked to three different levels throughout the range of the assay in various matrices was evaluated.

Sample Type		Average% of Expected	Range (%)
Human serum	1:400,000	107	85-124
	1:800,000	102	82-115
Cell culture supernatant	1:400	96	74-115
	1:800	96	76-107
Urine	1:3,000	89	70-103
	1:6,000	92	82-103

9.4 Sample values

Human serum/Urine - Human serum and urine samples were evaluated for the presence of human ORM1 in this assay.

Sample Type	Mean (μ g/mL)	Range (μ g/mL)
Human serum (n=16)	446.91	171.13-881.90
Urine (n=8)	1.78	0.15-3.27

Cell culture supernatant - HepG2 human hepatocellular carcinoma cells were cultured in DMEM supplemented with 10% fetal bovine serum, 2 mM L-glutamine, 100 U/mL penicillin, and 100 μ g/mL streptomycin sulfate. An aliquot of the cell culture supernatant was removed, assayed for human ORM1, and measured 182.07 ng/mL.

9.5 Sensitivity

The minimum detectable dose of human ORM1 is 0.08 ng/mL. This was determined by adding two standard deviations to the concentration corresponding to the mean O.D. of 20 zero standard replicates.

9.6 Linearity

To assess the linearity of the assay, samples were diluted with the appropriate **Sample Diluent** to produce samples with values within the dynamic range of the assay.

(The human serum was initially diluted 1:100,000. The cell culture supernatant was initially diluted 1:50. The urine was initially diluted 1:400.)

		Human serum	Cell culture supernatant	Urine
1:2	Average% of Expected	100	100	100
	Range (%)	-	-	-
1:4	Average% of Expected	111	122	102
	Range (%)	109-113	121-123	88-111
1:8	Average% of Expected	112	102	102
	Range (%)	108-114	97-107	100-104
1:16	Average% of Expected	113	100	92
	Range (%)	98-126	94-104	81-106

10. References

1. Hou LN, Li F, Zeng QC, et al. Excretion of urinary orosomucoid 1 protein is elevated in patients with chronic heart failure. *PLoS One*. 2014;9(9):e107550. Published 2014 Sep 12.
2. Zhou Z, Li Z, Sun Z, et al. S100A9 and ORM1 serve as predictors of therapeutic response and prognostic factors in advanced extranodal NK/T cell lymphoma patients treated with pegaspargase/gemcitabine. *Sci Rep*. 2016;6:23695. Published 2016 Mar 29.
3. Li F, Yu Z, Chen P, et al. The increased excretion of urinary orosomucoid 1 as a useful biomarker for bladder cancer. *Am J Cancer Res*. 2016;6(2):331-340. Published 2016 Jan 15.