

9620 Medical Center Dr., Suite 200, Rockville, MD 20850
Phone: 1.888.267.4436 Fax: 301-340-9254
Email: techsupport@origene.com Web: www.origene.com

## **Product Information**

# **Human Chorionic Gonadotropin (hCG) ELISA kit**

Catalog Number: EA100843 Storage Temperature: 2 – 8°C



## Instruction for Use

#### **Intended Use**

The hCG ELISA Kit is intended for the quantitative measurement of hCG in human serum or plasma.

## **Background**

Human Chorionic Gonadotropin (hCG) is a 40 kD glycoprotein hormone secreted by the placenta. hCG has two subunits, alpha and beta. The alpha subunit is similar to the alpha subunit found in LH, FSH and TSH glycoprotein hormones. However, the beta subunit is specific and differs from hormone to hormone. The serum hCG rises in early pregnancy to concentrations of 50,000-150,000 mIU/ml between the 8th and 12th weeks of gestation and decline to 20,000 mIU/ml by the 18th week where they remain for the duration of the pregnancy. The increased level of hCG in non-pregnant women or men suggest neoplasia. Thus hCG measurement is useful for the recognition and monitoring of chorionic tumors and as a tumor marker for other malignancies that produce hCG ectopically. These include testicular, pancreatic, and bronchogenic pulmonary cancers.

## Principle of the test

The hCG ELISA is an adapted solid phase sandwich ELISA method. The samples, biotin labeled anti-hCG and anti-hCG-HRP conjugate are added to the wells coated with Streptavidin. hCG in the patient's serum binds to binds to the anti-hCG antibodies and forms a sandwich on the streptavidin coated plate. Unbound protein and HRP conjugate are washed off by wash buffer. Upon the addition of the substrate, the intensity of color is proportional to the concentration of hCG in the samples. A standard curve is prepared relating color intensity to the concentration of hCG in the sample.

#### Components

	MATERIALS PROVIDED	96 Tests
1.	Microwells coated with Streptavidin	12x8x1
2.	hCG Standards: 6 vials ( ready to use)	0.5ml
3.	hCG Conjugate Reagent: 1 bottle (ready to use)	12 ml
4.	TMB Substrate: 1 bottle (ready to use)	12ml
5.	Stop Solution: 1 bottle (ready to use)	12ml
6.	20X Wash concentrate: 1 bottle	25ml



## Materials and Equipment Required but Not Provided

- 1. Distilled or deionized water
- 2. Precision pipettes
- 3. Disposable pipette tips
- 4. ELISA reader capable of reading absorbance at 450nm
- 5. Absorbance paper or paper towel

#### **Disclaimer**

This product is for research use only and not intended for diagnostic procedures.

## **Specimen Collection Handling**

- 1. Collect blood specimens and separate the serum immediately.
- 2. Specimens may be stored refrigerated at (2-8°C) for 5 days. If storage time exceeds 5 days, store frozen at (-20°C) for up to one month.
- 3. Avoid multiple freeze-thaw cycles.
- 4. Prior to assay, frozen sera should be completely thawed and mixed well.
- 5. Do not use grossly lipemic specimens.

#### **Reagent Preparation**

Prepare 1X Wash buffer by adding the contents of the bottle (25 ml, 20X) to 475 ml of distilled or deionized water. Store at room temperature (18-26°C).

### **Assay Procedure**

- Before proceeding with the assay, bring all reagents, serum references and controls to room temperature (18-26°C). Gently mix all reagents before use.
- The components in this kit are intended for use as an integral unit. The components of different lots should not be mixed.
- It is recommended that standards, control and serum samples be run in duplicate.
- Do not use sodium azide as preservative. Sodium azide inhibits HRP enzyme activities.
- 1. Place the desired number of coated strips into the holder. Replace any unused microwell strips back into the foil pouch, seal, and store at 2-8°C.
- 2. Pipet 25 µl of hCG standards, controls, and samples in to appropriate wells.
- 3. Add 100 µl of Conjugate Reagent to all wells.
- 4. Incubate for 60 minutes at room temperature (18-26°C).
- 5. Remove liquid from all wells. Wash wells three times with 300 μl of 1X wash buffer. Blot on absorbent paper towels.
- 6. Add 100 µl of TMB substrate to all wells.
- 7. Incubate for 15 minutes at room temperature.
- 8. Add 50 µl of stop solution to all wells. Shake the plate gently to mix the solution.
- 9. Read absorbance on ELISA Reader at 450 nm within 15 minutes after adding the stopping solution.

### **Calculation of Results**

The standard curve is constructed as follows:

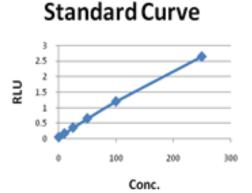
1. Standard values may vary slightly with each lot. Be sure to use the correct value (printed on the vial label and included with the Certificate of Analysis. The standard below is only an example.



- 2. To construct the standard curve, plot the absorbance for the hCG standards (vertical axis) versus the hCG standard concentrations in mIU/mI (horizontal axis) on a linear graph paper. Draw the best curve through the points.
- 3. Read the absorbance for controls and each unknown sample from the curve. Record the value for each control or unknown sample.
- 4. Values above 250 mIU should be retested after diluting with "0" standard.

## **Example of a Standard Curve**

Standard	Conc (mIU/ml)	OD450 nm
Std 1	0	0.048
Std 2	10	0.169
Std 3	25	0.357
Std 4	50	0.650
Std 5	100	1.198
Std 6	250	2.642



### **Expected Values**

It is recommended that each laboratory establish its own normal ranges based on a representative sampling of the local population. The following values for hCG may be used as initial guideline ranges only:

hCG Normal Range = Less Than 5 mIU/ml.

#### References

- 1. Cole LA. Immunoassay of human chorionic gonadotropin, its free subunits, and metabolites. Clin Chem 1997;43(12):2233-43.
- 2. Choi MJ; Choe IS; Kang HK; Lee JS; Chung TW. Simple enzyme immunoassay for the simultaneous measurement of whole choriogonadotropin molecules and free beta-subunits in sera of women with abnormal pregnancies or tumors of the reproductive system. Clin Chem 1991;37(5):673-7.
- 3. Trundle DS; Chou PP; Raymond A. Automated determination of human choriogonadotropin by use of microparticle capture analysis. Clin Chem 1990;36(3):554-6
- **4.** Mantzavinos T; Phocas I; Chrelias H; Sarandakou A; Zourlas PA. Serum levels of steroid and placental protein hormones in ectopic pregnancy. Eur J Obstet Gynecol Reprod Biol 1991;39(2):117-22.

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