

Human IL-17A ELISpot

Instructions for use

Catalogue Numbers:

	Without Plates	With non-Sterile Plates	With sterile Plates
1x96 tests	EA101633	EA101634	EA101636
5x96 tests	EA101637	EA101638	EA101640
10x96 tests	EA101641	EA101642	EA101643
15x96 tests	EA101644	EA101645	EA101646
20x96 tests	EA101647	EA101648	EA101649

For research use only

Fast Track Your Research.....

Table of Contents

1.	Intended Use	2
2.	Introduction	2
2.1.	Summary	2
2.2.	Principle Of The Method	3
3.	Reagents Provided (Contents Shown For 5x96 Test Format)	4
4.	Materials/Reagents Required But Not Provided	4
5.	Storage Instructions	4
6.	Safety & Precautions For Use	5
7.	Reagent Preparation	6
7.1.	1x Phosphate Buffered Saline (PBS) (Coating Buffer)	6
7.2.	Cell Culture Media + 10% Serum (Blocking Buffer)	6
7.3.	1% BSA PBS Solution (Dilution Buffer)	6
7.4.	0.05% PBS-T Solution (Wash Buffer)	6
7.5.	35% Ethanol (PVDF Membrane Activation Buffer)	6
7.6.	Capture Antibody	6
7.7.	Detection Antibody	6
7.8.	Streptavidin – AP Conjugate	6
8.	Sample And Control Preparation	7
8.1.	Cell Stimulation	7
8.2.	Positive Assay Control, IL-17A Production	7
8.3.	Negative Assay Control	7
9.	Method	8
10.	Performance Characteristics	9
10.1.	Specificity	9
10.2.	Reproducibility And Linearity	9
11.	Bibliography	10
12.	OriGene IL-17A Elispot References	10

Human IL-17A ELISpot

1. Intended use

OriGene **ELISpot** is a highly specific immunoassay for the analysis of cytokine and other soluble molecule production and secretion from T-cells at a single cell level in conditions closely comparable to the *in-vivo* environment with minimal cell manipulation. This technique is designed to determine the frequency of cytokine producing cells under a given stimulation and the comparison of such frequency against a specific treatment or pathological state. The ELISpot assay constitutes an ideal tool in the investigation of Th1 / Th2 responses, vaccine development, viral infection monitoring and treatment, cancerology, infectious disease, autoimmune diseases and transplantation.

Utilising sandwich immuno-enzyme technology, OriGene ELISpot assays can detect both secreted cytokines and single cells that simultaneously produce multiple cytokines. Cell secreted cytokines or soluble molecules are captured by coated antibodies avoiding diffusion in supernatant, protease degradation or binding on soluble membrane receptors. After cell removal, the captured cytokines are revealed by tracer antibodies and appropriate conjugates.

This kit has been configured for research use only and is not to be used in diagnostic procedures.

2. Introduction

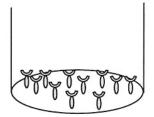
2.1. Summary

Interleukin-17 (IL-17, or IL-17A) is the founding member of a group of cytokines called the IL-17 family. IL-17A, was originally identified as a transcript from a rodent T-cell hybridoma by Rouvier et al. in 1993. IL-17A is involved in inducing and mediating proinflammatory responses, commonly associated with allergic responses and induces the production of many other cytokines (such as IL-6, G-CSF, GM-CSF, IL-1 β , TGF- β , TNF- α), chemokines (including IL-8, GRO- α and MCP-1) and prostaglandins (e.g. PGE2) from many cell types (fibroblasts, endothelial cells, epithelial cells, keratinocytes and macrophages). IL-17A function is also essential to a subset of CD4+ T-Cells called T helper 17 (Th17) cells.

2.2. Principle of the method

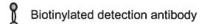
A capture antibody highly specific for the analyte of interest is coated to the wells of a PVDF bottomed 96 well microtitre plate either during kit manufacture or in the laboratory. The plate is then blocked to minimise any non-antibody dependent unspecific binding and washed. Cell suspension and stimulant are added and the plate incubated allowing the specific antibodies to bind any analytes produced. Cells are then removed by washing prior to the addition of Biotinylated detection antibodies which bind to the previously captured analyte. Enzyme conjugated streptavidin is then added binding to the detection antibodies. Following incubation and washing substrate is then applied to the wells resulting in coloured spots which can be quantified using appropriate analysis software or manually using a microscope.

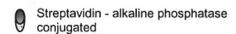
1. 96-PVDF bottomed-well plates are first treated with 35% ethanol and then coated with capture antibody



Capture antibody

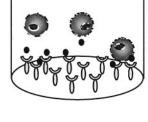




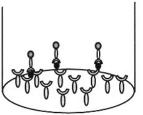




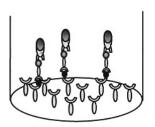
2. Incubation of cells in the coated microwell



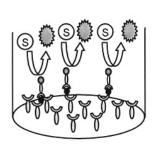
3. Cell removal by washing. Incubation with biotinylated antibody



4. Incubation with streptavidin – alkaline phosphatase conjugated



5. Addition of substrate BCIP/NBT and monitoring of spot formation.





3. Reagents provided (Contents shown for 5x96 test format)

- 96 well PDVF bottomed plates (5 if ordered)
- Capture Antibody for IL-17A (0.5ml supplied sterile)
- Biotinylated detection antibody (lyophilised, resuspend in 0.55ml)
- Streptavidin-Alkaline Phosphatase conjugate (50μl)
- Bovine Serum Albumin (BSA)
- Ready to use BCIP/NBT substrate buffer (50ml)

Please note for 1 x 96 demo kits Biotinylated detection antibody is provided in liquid form.

4. Materials/Reagents required but not provided

- Miscellaneous laboratory plastic and/or glass, if possible sterile
- Ethanol
- Cell culture reagents (e.g. RPMI-1640, L-glutamine, FCS)
- Cell stimulation reagents (e.g. PMA, Ionomycin)
- CO₂ incubator
- Tween 20
- Phosphate Buffered Saline (PBS)
- 96 well PVDF bottomed plates if not ordered (we recommended Millipore plates catalogue # MSIPN4510, MSIPS4510 and M8IPS4510)

5. Storage Instructions

Store kit reagents between 2 and 8°C except uncoated plates which should be stored at RT. Immediately after use remaining reagents should be returned to cold storage (2 to 8°C). Expiry of the kit and reagents is stated on box front labels. The expiry of the kit components can only be guaranteed if the components are stored properly, and in the case of repeated use of one component, the reagent is not contaminated by the first handling.

6. Safety & Precautions for use

- For research use only not to be used as a diagnostic test
- Handling of reagents, serum or plasma specimens should be in accordance with local safety procedures , e.g.CDC/NIH Health manual : " Biosafety in Microbiological and Biomedical Laboratories" 1984
- Do not eat, drink, smoke or apply cosmetics where kit reagents are used
- Do not pipette by mouth
- When not in use, kit components should be stored refrigerated or frozen as indicated on vials or bottles labels
- All reagents should be warmed to room temperature before use.
- Cover or cap all reagents when not in use
- Do not mix or interchange reagents between different lots
- Do not use reagents beyond the expiration date of the kit
- Use a clean disposable plastic pipette tip for each reagent, standard, or specimen addition in order to avoid cross contamination
- Use a clean plastic container to prepare the washing solution
- Thoroughly mix the reagents and samples before use by agitation or swirling
- All residual washing liquid must be drained from the wells by efficient aspiration or by decantation followed by tapping the plate forcefully on absorbent paper. Never insert absorbent paper directly into the wells
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells
- **BCIP/NBT buffer** is potentially carcinogenic and should be disposed of appropriately, caution should be taken when handling this reagent, always wear gloves
- Follow incubation times described in the assay procedure

7. Reagent Preparation

7.1. 1X Phosphate Buffered Saline (PBS) (Coating Buffer)

For 1 litre of 10X PBS weigh-out: 80g NaCl

2g KH₂PO₄

14.4g Na₂HPO_{4 2}H₂O.

Add distilled water to 1 litre. Adjust the pH of the solution to 7.4 +/- 0.1 were required.

Dilute the solution to 1X before use.

7.2. Cell culture media + 10% serum (Blocking Buffer)

For one plate add 1ml serum (e.g. FCS) to 9ml of culture media (use same cell culture medium as used to derive the cell suspension).

7.3. 1% BSA PBS Solution (Dilution Buffer)

For one plate dissolve 0.2 g of BSA in 20 ml of 1X PBS.

7.4. 0.05% PBS-T Solution (Wash Buffer)

For one plate dissolve 50µl of Tween 20 in 100 ml of 1X PBS.

7.5. 35% Ethanol (PVDF Membrane Activation Buffer)

For one plate mix 3.5 ml of ethanol with 6.5 ml of distilled water.

7.6. Capture Antibody

This reagent is supplied sterile once opened keep the vial sterile or aliquot and store at -20°C. For optimal performance prepare the Capture Antibody dilution immediately before use.

Dilute 100µl of capture antibody in 10 ml of 1X PBS and mix well.

7.7. Detection Antibody

Reconstitute the lyophilised antibody with 0.55ml of distilled water. Gently mix the solution and wait until all the lyophilised material is back into solution.

Please note for 1 x 96 demo kits Biotinylated detection antibody is provided in liquid form.

If not used within a short period of time, reconstituted Detection Antibody should be aliquoted and stored at -20°C. In these conditions the reagent is stable for at least one year. For optimal performance prepare the reconstituted antibody dilution immediately prior to use.

Dilute 100µl of antibody into 10ml Dilution Buffer and mix well.

7.8. Streptavidin – AP conjugate

For optimal performance prepare the Streptavidin-AP dilution immediately prior to use

For 1 plate dilute 10µl of Streptavidin-AP conjugate into 10 mL Dilution Buffer and mix well.

Do not keep this solution for further experiments.

8. Sample and Control Preparation

8.1. Cell Stimulation

Cells can either be stimulated directly in the antibody coated wells (Direct) or, first stimulated in 24 well plates or flask, harvested, and then plated into the coated wells (Indirect).

The method used is dependent on 1) the type of cell assayed 2) the expected cell frequency. When a low number of cytokine producing cells are expected it is also advised to test them with the direct method, however, when this number is particularly high it is better to use the indirect ELISpot method.

All the method steps following stimulation of the cells are the same whatever the method (direct/indirect) chosen.

8.2. Positive Assay Control, IL-17A production

We recommend using the following polyclonal activation as a positive control in your assay.

Dilute PBMC in culture media (e.g. RPMI 1640 supplemented with 2mM L-glutamine and 10% heat inactivated fetal calf serum) containing 1ng/ml PMA and 500ng/ml ionomycin (Sigma, Saint Louis, MO). Distribute 2x10⁵ to 1x10⁵ cells per 100µl in required wells of an antibody coated 96-well PVDF plates and incubate for 15-20 hours in an incubator.

For antigen specific stimulation, the optimal concentration of the antigen and the optimal concentration of number of cells have to be determined experimentally, as it is depending on the frequency of cytokine producing cells

8.3. Negative Assay Control

Dilute PBMC in culture media to give an appropriate cell number (same number of unstimulated cells as stimulated sample cells) per 100µl with no stimulation.

8.4. Sample

Dilute PBMC in culture medium and stimulator of interest (i.e. Sample, Vaccine, Peptide pool or infected cells) to give an appropriate cell number per 100µl.

Optimal assay performances are observed between 1x10⁵ and 2.5x10⁵ cells per 100μl.

Stimulators and incubation times can be varied depending on the frequency of cytokine producing cells and therefore should be optimised by the testing laboratory.

9. Method

Prepare all reagents as shown in section 7 and 8. Note: For optimal performance prepare the Streptavidin-AP dilution immediately prior to use

Details			
Add 25µl of 35% ethanol to every well			
nt paper.			
per well			
S per well			
ppropriate nave been			
length of			
ery well			
nning ated			
it the			
tilled n			
at ut			

Read Spots: allow the wells to dry and then read results. The frequency of the resulting coloured spots corresponding to the cytokine producing cells can be determined using an appropriate ELISpot reader and analysis software or manually using a microscope.

Note: spots may become sharper after overnight incubation at 4°C

Plate should be stored at RT away from direct light, but please note colour may fade over prolonged periods so read results within 24 hours.

10. Performance Characteristics

10.1. Specificity

The assay recognizes natural human IL-17A.

To define specificity, several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested (IL-1b, IL-6, IL-23, IFN γ , IL-17B, IL-17D, IL-17F, IL-17F). This testing was performed using the equivalent human IL-17A antibody pair in an ELISA assay.

10.2. Reproducibility and Linearity

Intra-assay reproducibility and linearity were evaluated by measuring the spot development following the stimulation (PMA / Ionomycin) of 6 different PBMC cell concentrations, 12 repetitions in 1 batch. The data shows the mean spot number, range and CV for the six cell concentrations.

		Mean number of			
Cells / well	n	spots per well	Min	Max	CV%
200000	12	372	300	440	11
100000 recommended	12	439	365	483	7
50000	12	299	269	313	4
25000	12	157	126	175	10
12500	12	69	48	83	15
6250	12	31	22	42	21

11. Bibliography

F. Y. Cheung P, K. Wong C, W. K. Lam C, Molecular Mechanisms of Cytokine and Chemokine Release from Eosinophils Activated by IL-17A, IL-17F, and IL-23: Implication for Th17 Lymphocytes-Mediated Allergic Inflammation. J Immunol 2008; 180: 5625–5635.

Kawaguchi M, Adachi M, Oda N, Kokubu F, Shau-Ku Huang, IL-17 cytokine family. J Allergy Clin Immunol 2004; 114: 1265-73

Ouyang W, K. Kolls J, Zheng Y, The Biological Functions of T Helper 17 Cell Effector Cytokines in Inflammation. Immunity 2008; 28: 454-467.

Shen F, L. Gaffen S, Structure–function relationships in the IL-17 receptor: Implications for signal transduction and therapy. Cytokine 2008; 41: 92–104.

Yoshihara K, Yamada H, Hori A, Yajima T, Kubo C, Yoshikai Y, IL-15 exacerbates collagen-induced arthritis with an enhanced CD4+ T cell response to produce IL-17. Eur. J. Immunol. 2007; 37: 2744–2752.

12. OriGene IL-17A ELISpot references

Rinaldi, M. et al., Thorax, Antielastin B-cell and T-cell immunity in patients with chronic obstructive pulmonary disease, 2012; 10.1136/thoraxinl-2011-200690

TECHNICAL CONSULTATION

OriGene Technologies, Inc. 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

FOR RESEARCH USE ONLY
NOT FOR USE IN DIAGNOSTIC PROCEDURES