



Human IFN γ ELISA Kit

Instructions for use

Catalogue numbers: 1x48 tests: EA102136
 1x96 tests: EA102137
 2x96 tests: EA102138

For research use only

Fast Track Your Research.....

Table of Contents

1. Intended use.....	3
2. Introduction.....	3
2.1. Summary	3
2.2. Principle of the method.....	4
3. Reagents provided and reconstitution	4
4. Materials required but not provided	4
5. Storage Instructions.....	5
6. Specimen collection, processing & storage	5
7. Safety & precautions for use	6
8. Assay Preparation	7
8.1. Assay Design.....	7
8.2. Preparation of Wash Buffer	7
8.3. Preparation of Standard Diluent Buffer.....	7
8.4. Preparation of Standard	8
8.5. Preparation of Controls.....	8
8.6. Preparation of Biotinylated anti-IFN γ	9
8.7. Preparation of Streptavidin-HRP	9
9. Method.....	10
10. Data Analysis.....	11
11. Assay limitations.....	11
12. Performance Characteristics	12
12.1. Sensitivity.....	12
12.2. Specificity	12
12.3. Precision	12
12.4. Dilution Parallelism	13
12.5. Spike Recovery.....	13
12.6. Stability	14
12.7. Expected serum values	14
12.8. Standard Calibration	14
13. Bibliography.....	15
14. OriGeneHuman IFN γ ELISA references	15
15. Assay Summary.....	17
16. International Summaries.....	18
16.1. French	18
16.2. Spanish.....	20

Human IFN γ ELISA KIT

1. Intended use

The OriGene IFN γ ELISA kit is a solid phase sandwich ELISA for the *in vitro* qualitative and quantitative determination of IFN γ in supernatants, buffered solutions or serum and plasma samples and other body fluids. This assay will recognise both natural and recombinant human IFN γ .

This kit has been configured for research use only and must not be used for diagnostic purposes.

2. Introduction

2.1. Summary

Different populations of T-cells secrete differing patterns of cytokines that ultimately lead to different immune responses. IFN γ production is a key function of Th1, CD8+ CTLs and also NK cells. It is a cytokine critical for cell mediated immunity against viral and intracellular bacterial infections and is involved in the inflammatory response following secretion via macrophage activation and stimulation of antibody secretion. IFN γ is the hallmark effector cytokine of Th1 and therefore is an excellent marker for identifying a host response to intracellular pathogens.

IFN γ is produced during infection by T cells of the cytotoxic/suppressor phenotype (CD8) and by a subtype of helper T cells, the Th1 cells. Th1 cells secrete IL-2, IL-3, TNF α and IFN γ , whereas Th2 cells mainly produce IL-3, IL-4, IL-5, and IL-10, but little or no IFN γ (1). IFN γ preferentially inhibits the proliferation of Th2 but not Th1 cells, indicating that the presence of IFN γ during an immune response will result in the preferential proliferation of Th1 cells (2).

In addition, IFN- γ has several properties related to immunoregulation. IFN γ is a potent activator of mononuclear phagocytes (3), and activates macrophages to kill tumor cells by releasing reactive oxygen intermediates and TNF α (4). IFN γ induces or augments the expression of MHC antigens on macrophages, T and B cells and some tumor cell lines (5). On T and B cells IFN γ promotes differentiation. It enhances proliferation of activated B cells and can act synergistically with IL-2 to increase immunoglobulin light-chain synthesis (6,7).

The role of IFN γ as a disease marker has been demonstrated for a number of different pathological situations including, viral infection (8), autoimmune disease (9), transplant rejection (10), Diabetes (5) and allergy (11).

2.2. Principle of the method

A capture Antibody highly specific for IFN γ has been coated to the wells of the microtitre strip plate provided during manufacture. Binding of IFN γ samples and known standards to the capture antibodies and subsequent binding of the biotinylated anti-IFN γ secondary antibody to the analyte is completed during the same incubation period. Any excess unbound analyte and secondary antibody is removed. The HRP conjugate solution is then added to every well including the zero wells, following incubation excess conjugate is removed by careful washing. A chromogen substrate is added to the wells resulting in the progressive development of a blue coloured complex with the conjugate. The colour development is then stopped by the addition of acid turning the resultant final product yellow. The intensity of the produced coloured complex is directly proportional to the concentration of IFN γ present in the samples and standards. The absorbance of the colour complex is then measured and the generated OD values for each standard are plotted against expected concentration forming a standard curve. This standard curve can then be used to accurately determine the concentration of IFN γ in any sample tested.

3. Reagents provided and reconstitution

Reagents (Store@2-8°C)	Quantity 1x48 well kit Cat no. EA102136	Quantity 1x96 well kit Cat no. EA102137	Quantity 2x96 well kit Cat no. EA102138	Reconstitution
96 well microtitre strip plate	1/2	1	2	Ready to use (Pre-coated)
Plastic plate covers	2	2	4	n/a
Standard: 400pg/ml	1	2	4	Reconstitute as directed on the vial (see reagent preparation, section 8)
Standard Diluent (Buffer)	1 (25ml)	1 (25ml)	1 (25ml)	10x Concentrate, dilute in distilled water (see reagent preparation, section 8)
Standard Diluent (Serum)	1 (7ml)	1 (7ml)	2 (7ml)	Ready to use
Control	1	2	4	Reconstitute as directed on the vial (see reagent preparation, section 8)
Biotinylated anti-IFN γ	1 (0.4ml)	1 (0.4ml)	2 (0.4ml)	Dilute in biotinylated antibody diluent (see reagent preparation, section 8)
Biotinylated Antibody diluent	1 (7ml)	1 (7ml)	1 (13ml)	Ready to use
Streptavidin-HRP	1 (5 μ l)	2 (5 μ l)	4 (5 μ l)	Add 0.5ml of HRP diluent prior to use (see reagent preparation, section 8)
HRP Diluent	1 (23ml)	1 (23ml)	1 (23ml)	Ready to use
Wash Buffer	1 (10ml)	1 (10ml)	2 (10ml)	200x Concentrate dilute in distilled water (see reagent preparation, section 8)
TMB Substrate	1 (11ml)	1 (11ml)	1 (24ml)	Ready to use
H ₂ SO ₄ stop reagent	1 (11ml)	1 (11ml)	2 (11ml)	Ready to use

4. Materials required but not provided

- Microtitre plate reader fitted with appropriate filters (450nm required with optional 620nm reference filter)
- Microplate washer or wash bottle
- 10, 50, 100, 200 and 1,000 μ l adjustable single channel micropipettes with disposable tips
- 50-300 μ l multi-channel micropipette with disposable tips
- Multichannel micropipette reagent reservoirs
- Distilled water
- Vortex mixer
- Miscellaneous laboratory plastic and/or glass, if possible sterile

5. Storage Instructions

Store kit reagents between 2 and 8°C. Immediately after use remaining reagents should be returned to cold storage (2-8°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 if, in case of repeated use of one component, the reagent is not contaminated by the first handling.

6. Specimen collection, processing & storage

Cell culture supernatants, human serum, plasma or other biological samples will be suitable for use in the assay. Remove serum from the clot or red cells, respectively, as soon as possible after clotting and separation.

Cell culture supernatants: Remove particulates and aggregates by spinning at approximately 1000 x g for 10 min.

Serum: Use pyrogen/endotoxin free collecting tubes. Serum should be removed rapidly and carefully from the red cells after clotting. Following clotting, centrifuge at approximately 1000 x g for 10 min and remove serum.

Plasma: EDTA, citrate and heparin plasma can be assayed. Spin samples at 1000 x g for 30 min to remove particulates. Harvest plasma.

Storage: If not analyzed shortly after collection, samples should be aliquoted (250-500µl) to avoid repeated freeze-thaw cycles and stored frozen at -70°C. Avoid multiple freeze-thaw cycles of frozen specimens.

Recommendation: Do not thaw by heating at 37°C or 56°C. Thaw at room temperature and make sure that sample is completely thawed and homogeneous before use. When possible avoid use of badly haemolysed or lipemic sera. If large amounts of particles are present these should be removed prior to use by centrifugation or filtration.

7. Safety & precautions for use

- 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.
- Laboratory gloves should be worn at all times.
- Avoid any skin contact with H₂SO₄ and TMB. In case of contact, wash thoroughly with water.
- 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. Lyophilized standards should be discarded after use.
- Once the desired number of strips has been removed, immediately reseal the bag to protect the remaining strips from deterioration.
- 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, for the dispensing of H₂SO₄ and substrate solution, avoid pipettes with metal parts.
- 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.
- The TMB solution is light sensitive. Avoid prolonged exposure to light. Also, avoid contact of the TMB solution with metal to prevent colour development. Warning TMB is toxic avoid direct contact with hands. Dispose off properly.
- If a dark blue colour develops within a few minutes after preparation, this indicates that the TMB solution has been contaminated and must be discarded. Read absorbance's within 1 hour after completion of the assay.
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells.
- Follow incubation times described in the assay procedure.
- Dispense the TMB solution within 15 min of the washing of the microtitre plate.

8. Assay Preparation

Bring all reagents to room temperature before use

8.1. Assay Design

Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running zeros and standards. Each sample, standard, zero and control should be tested **in duplicate**. Remove sufficient Microwell Strips for testing from the aluminium pouch immediately prior to use. Return any wells not required for this assay with desiccant to the pouch. Seal tightly and return to 2-8°C storage.

Example plate layout (example shown for a 6 point standard curve)

	Standards / Controls		Sample Wells									
	1	2	3	4	5	6	7	8	9	10	11	12
A	400	400										
B	200	200										
C	100	100										
D	50	50										
E	25	25										
F	12.5	12.5										
G	zero	zero										
H	Ctrl	Ctrl										

All remaining empty wells can be used to test samples in duplicate

8.2. Preparation of Wash Buffer

Dilute the (200x) wash buffer concentrate 200 fold with distilled water to give a 1x working solution. Pour entire contents (10 ml) of the Washing Buffer Concentrate into a clean 2,000 ml graduated cylinder. Bring final volume to 2,000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. Transfer to a clean wash bottle and store at 2°-25°C.

8.3. Preparation of Standard Diluent Buffer

Add the contents of the vial (10x concentrate) to 225 ml of distilled water before use.

This Solution can be stored at 2-8°C for up to 1 week.

8.4. Preparation of Standard

Depending on the type of samples you are assaying, the kit may include two standard diluents. Because biological fluids might contain proteases or cytokine-binding proteins that could modify the recognition of the cytokine you want to measure, you should reconstitute standard vials with the most appropriate Standard Diluent.

For **serum and plasma** samples: use Standard Diluent - Serum

For **cell culture supernatants**: use Standard Diluent Buffer

Standard vials must be reconstituted with the volume of standard diluent shown on the vial immediately prior to use. This reconstitution gives a stock solution of 400pg/ml of IFN γ . Mix the reconstituted standard gently by repeated aspiration/ejection. Serial dilutions of the standard are made directly in the assay plate to provide the concentration range from 400 to 12.5 pg/ml. A fresh standard curve should be produced for each new assay.

- Immediately after reconstitution add 200 μ l of the reconstituted standard to well's A1 and A2, which provides the highest concentration standard at 400pg/ml.
- Add 100 μ l of appropriate standard diluent to the remaining standard wells B1 and B2 to F1 and F2.
- Transfer 100 μ l from wells A1 and A2 to B1 and B2. Mix the well contents by repeated aspirations and ejections taking care not to scratch the inner surface of the wells.
- Continue this 1:1 dilution using 100 μ l from wells B1 and B2 through to wells F1 and F2 providing a serial diluted standard curve ranging from 400pg/ml to 12.5pg/ml.
- Discard 100 μ l from the final wells of the standard curve (F1 and F2).

Alternatively these dilutions can be performed in separate clean tubes and immediately transferred directly into the relevant wells.

8.5. Preparation of Controls

Freeze-dried control vials should also be reconstituted with the most appropriate Standard Diluent to your samples.

For **serum and plasma samples**: use Standard Diluent - Serum

For **cells culture supernatants**: use Standard Diluent Buffer

The supplied Controls must be reconstituted with the volume of Standard Diluent indicated on the vial. Reconstitution of the freeze-dried material with the indicated volume, will give a solution at the concentration stated on the vial. Do not store after use.

8.6. Preparation of Biotinylated anti-IFN γ

It is recommended this reagent is prepared immediately before use. Dilute the biotinylated anti-IFN γ with the biotinylated antibody diluent in an appropriate clean glass vial using volumes appropriate to the number of required wells. Please see example volumes below:

Number of wells required	Biotinylated Antibody (μ l)	Biotinylated Antibody Diluent (μ l)
16	40	1060
24	60	1590
32	80	2120
48	120	3180
96	240	6360

8.7. Preparation of Streptavidin-HRP

It is recommended to centrifuge vial for a few seconds in a microcentrifuge to collect all the volume at the bottom.

Dilute the 5 μ l vial with 0.5ml of HRP diluent **immediately before use**. Do not keep this diluted vial for future experiments. Further dilute the HRP solution to volumes appropriate for the number of required wells in a clean glass vial. Please see example volumes below:

Number of wells required	Streptavidin-HRP (μ l)	Streptavidin-HRP Diluent (ml)
16	30	2
24	45	3
32	60	4
48	75	5
96	150	10

9. Method

We strongly recommend that every vial is mixed thoroughly without foaming prior to use.

Prepare all reagents as shown in section 8.

Note: final preparation of Biotinylated Secondary Antibody (section 8.6) and Streptavidin-HRP (section 8.7) should occur immediately before use.

Assay Step		Details
1.	Addition	Prepare Standard curve as shown in section 8.4 above
2.	Addition	Add 100µl of each, Sample, Standard, Control and zero (appropriate standard diluent) in duplicate to appropriate number of wells
3.	Addition	Add 50µl of diluted biotinylated anti-IFNγ to all wells
4.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for 2 hours
5.	Wash	Remove the cover and wash the plate as follows: a) Aspirate the liquid from each well b) Dispense 0.3 ml of 1x washing solution into each well c) Aspirate the contents of each well d) Repeat step b and c another two times
6.	Addition	Add 100µl of Streptavidin-HRP solution into all wells
7.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for 30 min
8.	Wash	Repeat wash step 5.
9.	Addition	Add 100µl of ready-to-use TMB Substrate Solution into all wells
10.	Incubation	Incubate in the dark for 15-20 minutes* at room temperature. Avoid direct exposure to light by wrapping the plate in aluminium foil.
11.	Addition	Add 100µl of H₂SO₄:Stop Reagent into all wells
Read the absorbance value of each well (immediately after step 11.) on a spectrophotometer using 450 nm as the primary wavelength and optionally 620 nm as the reference wave length (610 nm to 650 nm is acceptable).		

**Incubation time of the substrate solution is usually determined by the ELISA reader performance. Many ELISA readers only record absorbance up to 2.0 O.D. Therefore the colour development within individual microwells must be observed by the analyst, and the substrate reaction stopped before positive wells are no longer within recordable range*

10. Data Analysis

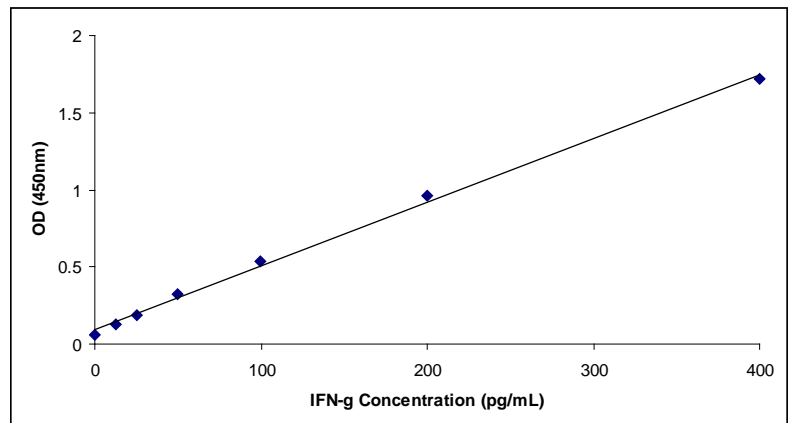
Calculate the average absorbance values for each set of duplicate standards, controls and samples. Ideally duplicates should be within 20% of the mean.

Generate a linear standard curve by plotting the average absorbance of each standard on the vertical axis versus the corresponding IFN γ standard concentration on the horizontal axis.

The amount of IFN γ in each sample is determined by extrapolating OD values against IFN γ standard concentrations using the standard curve.

Example IFN γ Standard curve

Standard	IFN γ Conc	OD (450nm) mean	CV (%)
1	400	1.72	1.0
2	200	0.96	7.0
3	100	0.54	1.8
4	50	0.32	3.3
5	25	0.19	1.9
6	12.5	0.13	0.0
zero	0	0.06	-



Note: curve shown above should not be used to determine results. Every laboratory must produce a standard curve for each set of microwell strips assayed.

11. Assay limitations

Do not extrapolate the standard curve beyond the maximum standard curve point. The dose-response is non-linear in this region and good accuracy is difficult to obtain. Concentrated samples above the maximum standard concentration must be diluted with Standard diluent or with your own sample buffer to produce an OD value within the range of the standard curve. Following analysis of such samples always multiply results by the appropriate dilution factor to produce actual final concentration.

The influence of various drugs on end results has not been investigated. Bacterial or fungal contamination and laboratory cross-contamination may also cause irregular results.

Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Completely empty wells before dispensing fresh Washing Buffer, fill with Washing Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.

Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.

As with most biological assays conditions may vary from assay to assay therefore **a fresh standard curve must be prepared and run for every assay.**

12. Performance Characteristics

12.1. Sensitivity

The sensitivity, minimum detectable dose of IFN γ using this OriGeneIFN γ ELISA kit was found to be less than **5pg/ml**. This was determined by adding 3 standard deviations to the mean OD obtained when the zero standard was assayed 40 times.

12.2. Specificity

This assay recognises both natural and recombinant human IFN γ . To assess the specificity of this OriGeneIFN γ ELISA, several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested (IL-1 α , IL-1 β , IL-10, IL-12, IL-4, IL-6, TNF α , IL-8, and IL-13).

12.3. Precision

Intra-assay

Reproducibility within the assay was evaluated in three independent experiments by two different technicians. Each assay was carried out with 6 replicates (3 duplicates) of 3 spiked serum or human pooled serum samples and 2 supernatants containing different concentrations of IFN γ . Data below show the mean IFN- γ concentration and the coefficient of variation for each sample. The overall **intra-assay coefficient of variation has been calculated to be 4.9%**.

Session	Samples	Assay 1 IFN γ pg/ml	Assay 2 IFN γ pg/ml	Assay 3 IFN γ pg/ml	Mean	SD	CV (%)
1	1	282	267	271	273	7.8	2.9
	2	144	151	149	148	3.5	2.3
	3	62	68	69	66	3.6	5.5
	4	68	62	55	62	6.9	11.1
	5	177	180	185	181	4.4	2.5
2	1	275	263	278	272	7.7	2.8
	2	150	146	150	149	2.1	1.4
	3	56	63	69	63	6.6	10.6
	4	83	77	71	77	5.9	7.7
	5	196	185	166	183	15.3	8.4
3	1	262	242	257	254	10.1	4
	2	127	132	130	130	2.3	1.8
	3	53	48	56	52	3.8	7.2
	4	65	63	66	65	1.7	2.6
	5	165	164	160	163	2.9	1.8

Note : Example data shown above is the data generated by analyst A only.

Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in three independent experiments by two technicians. Each assay was carried out with 6 replicates of 3 spiked human pooled serum samples and 2 supernatants containing different concentration of IFN γ . Data below show the mean IFN γ concentration and the coefficient of variation. The calculated overall **Inter-assay coefficient of variation was 10%**.

Technician	Session	Sample 1 IFN γ pg/ml	Sample 2 IFN γ pg/ml	Sample 3 IFN γ pg/ml	Sample 4 IFN γ pg/ml	Sample 5 IFN γ pg/ml
A	1	282	144	62	68	177
		267	151	68	62	180
		271	149	69	55	185
	2	275	150	56	83	196
		263	146	63	77	185
		278	150	69	71	166
	3	262	127	53	65	165
		242	132	48	63	164
		257	130	56	66	160
B	1	270	142	44	82	191
		251	139	46	76	182
		261	136	51	73	180
	2	266	115	54	92	207
		245	125	62	94	208
		228	117	48	86	201
	3	283	146	55	77	162
		259	139	60	73	162
		289	145	52	79	163
Mean		264	138	56	75	180
SD		16	11	8	11	16
CV		6	8	14	14	9

12.4. Dilution Parallelism

Three serum samples and one human pooled serum (spiked) with different levels of IFN γ were analysed at different serial two fold dilutions (1:2 to 1:8) with two replicates each. Recoveries ranged from 87 to 126% with an overall **mean recovery of 107%**.

12.5. Spike Recovery

The spike recovery was evaluated by spiking 3 concentrations of IFN γ in human serum in 2 separate experiments. Recoveries ranged from 81 to 100% with an overall **mean recovery of 94%**.

12.6. Stability

Storage Stability

Aliquots of spiked serum samples were stored at -20°C , $2-8^{\circ}\text{C}$, room temperature (RT) and at 37°C and the $\text{IFN}\gamma$ level determined after 24h. There was no significant loss of $\text{IFN}\gamma$ reactivity during storage at RT and $2-8^{\circ}\text{C}$ and a slight loss after 24h at 37°C .

Freeze-thaw Stability

Aliquots of spiked serum were stored frozen at -20°C and thawed up to 5 times and the $\text{IFN}\gamma$ level was determined. There was a slight loss (11%) of $\text{IFN}\gamma$ after 5 cycles of freezing and thawing.

12.7. Expected serum values

A panel of 40 human sera and 40 human plasma was tested for $\text{IFN}\gamma$. All were below 5pg/ml except one sample with a concentration of 7.5pg/ml for serum and 24pg/ml for plasma.

12.8. Standard Calibration

This immunoassay is calibrated against the International Reference Standard NIBSC 88/606. NIBSC 88/606 is quantitated in International Units (IU), 1IU corresponding to 0.28ng OriGene $\text{IFN}\gamma$.

Bibliography

1. Mosmann, T. R., Cherwinski, H., Bond, M. W., Giedlin, M. A., and Coffman, R. L. (1986). Two types of murine helper T cell clone. Definition according to profiles of lymphokine activities and secreted proteins. *J. Immunol.* 136, 2348-2357.
2. Gajewski, T. F., and Fitch, F. W. (1993). Anti-proliferative effect of IFN- γ in immune regulation. IFN- γ inhibits the proliferation of Th2 but not Th1 murine helper T lymphocyte clones. *J. Immunol.* 140, 4245-4252.
3. Sastre, L., Roman, J. M., Teplow, D. B., Dreyer, W. J., Gee, C. E., Larson, R. S., Roberts, T. M., and Springer, T. A. (1986). A partial genomic DNA clone for the alpha subunit of the mouse complement receptor type 3 and cellular adhesion molecule Mac-1. *Proc. Natl. Acad. Sci. U. S. A.* 83, 5644-5648.
4. Urban, J. L., Shepard, H. M., Rothstein, J. L., Sugarman, B. J., and Schreiber, H. (1986). Tumor necrosis factor: a potent effector molecule for tumor cell killing by activated macrophages. *Proc. Natl. Acad. Sci. U. S. A.* 83, 5233-5237.
5. Ciampolillo, A., Guastamacchia, E., Caragiulo, L., Lollino, G., De Robertis, O., Lattanzi, V., and Giorgino, R. (1993). In vitro secretion of interleukin-1 beta and interferon-gamma by peripheral blood lymphomononuclear cells in diabetic patients. *Diabetes Res. Clin. Pract.* 21, 87-93.
6. Le thi Bich Thuy, Queen, C., and Fauci, A. S. (1986). Interferon-gamma induces light chain synthesis in interleukin 2 stimulated human B cells. *Eur. J. Immunol.* 16, 547-550.
7. Romagnani, S., Giudizi, M. G., Biagiotti, R., Almerigogna, F., Mingari, C., Maggi, E., Liang, C. M., and Moretta, L. (1986). B cell growth factor activity of interferon-gamma. Recombinant human interferon-gamma promotes proliferation of anti-mu-activated human B lymphocytes. *J. Immunol.* 136, 3513-3516.
8. Cunningham, A. L., Nelson, P. A., Fathman, C. G., and Merigan, T. C. (1985). Interferon gamma production by herpes simplex virus antigen-specific T cell clones from patients with recurrent herpes labialis. *J. Gen. Virol.* 66, 249-258.
9. Olsson, T. Multiple sclerosis, cerebrospinal fluid. (1994). *Ann. Neurol.* 36 Suppl, 100-102.
10. Nast, C. C., Zuo, X. J., Prehn, J., Danovitch, G. M., Wilkinson, A., and Jordan, S. C. (1994). Gamma interferon gene expression in human renal allograft fine-needle aspirates. *Transplantation* 57, 498-502.
11. Suomalainen, H., Soppi, E., Laine, S., and Isolauri, E. (1993). Immunologic disturbances in cow's milk allergy, Evidence for defective interferon-gamma generation. *Pediatr. Allergy Immunol.* 4, 203-207.

13. References

- Alvarez-Rodriguez, L. et al., *Ann Rheum Dis.*, 2010; 69(01): 263-269.
Altokka-Uzun, G. et al., *Cephalalgia*, 2015: 333102415570762
Bedel, R. et al., *Cancer Res.*, 2011; 71(5): 1615-1626
Botella-Carretero J. I. et al., *Eur. J. Endocrinol.*, 2005; 153(2): 223 - 230
Britschgi, M. et al., *J Clin Invest.*, 2001; 107(11): 1433-41
Carcelain G. et al., *J. Virol.*, 2001; 75(1) : 234 - 241
Cerkiene, Z. et al., *Am J Reprod Immunol.*, 2008; 59(2): 118-26.
Chang, Y. et al., *FASEB J.*, 2010; fj.10-162560
Charbonnier, A. S. et al., *J Leukoc Biol.*, 2003; 73(1): 91-9.
Chenivresse, C. et al., *J. Immunol.*, 2012; 189(1): 128-137
Cohen, N. et al., *Blood*, 2006; 107(5): 2037-44.
Cunin, P. et al., *J. Immunol.*, 2011; 186(7): 4175-4182
de Nadai, P. et al., *J Immunol.*, 2006; 176(10): 6286-93.
de Pablo, R. et al., *J Intensive Care Med.*, 2011; 26(2): 125-132
Dembinski J. et al., *Cytokine*, 2003; 21(4): 200 - 206
Diel F. et al., *Inflammation Research* 2003; 52(4): 154-163
El Houda Agueznay, N. et al., *Clin. & Exp. Immunol.*, 2007 ; 150: 114-123
Fahy O. et al., *J. immunol.*, 2002; 168(11): 5912 - 5919
Forsbach, A. et al., *J. Immunol.*, 2008; 180(6): 3729-3738.
Gafvelin, G. et al., *J Biol Chem.*, 2007; 282(6): 3778-87.

Gironella J. et al., Gut, 2005; 54(9): 1244 - 1253
Hailu A. et al., Am J Trop Med Hyg, 2004; 71(5): 561 - 567
Hammad H. et al., Blood, 2001; 98(4): 1135 - 1141
Hasegawa D. et al., Blood, 1998; 91(8): 2793 - 2799
Hatzfeld-Charbonnier, A. S. et al., J Leukoc Biol., 2007;81: 1179 - 1187
Iwamoto, S. et al., J Leukoc Biol., 2005;78(2): 383-92.
Jain, S. et al., J. Med. Microbiol., 2009; 58(2): 180-184.
Katlama C. et al., AIDS, 2002;16(15): 2027-2034
Keller, M. et al., J Immunol., 2005 ; 175(11): 7678-86.
Kerr J. et al., J. Gen. Virol., 2001; 82(Pt 12): 3011-3019
Liu, C. P. et al., J Leukoc Biol., 2007; 81: 1276 - 1286
Ludwig, A. T. et al., Cancer Res., 2004;64(10): 3386-90.
Malmstrom, P.-U. et al., Clin. Cancer Res., 2010; 16(12): 3279-3287
Merlo, A. et al., Infect Immun., 2001; 69(10): 6022-9.
Montero M.T. et al., J. Immunol., 2004; 173(8): 4936 - 4944
Montes, C. L. et al., Cancer Res., (2008; 68(3): 870-879.
Naisbitt D.J. et al., J. Pharmacol. Exp. Ther., 2005; 313(3): 1058 - 1065
Naisbitt, D. J. et al., Mol Pharmacol., 2003;63(3): 732-41.
Nilges, K. et al., J Virol., 2003; 77(9): 5464-74.
Pallandre, J. R. et al., Blood, 2008; blood-2007-12-126888.
Perez S A. et al., Blood, 2005; 106(1):158 - 166
Perez, S. A. et al., Blood., 2003;101(9): 3444-50.
Perez, S. A. et al., Int Immunol., 2006;18(1): 49-58.
Pichavant, M. et al., J Immunol., 2006; 177(9): 5912-9.
Pilch H. et al., Clin. Diagn. Lab. Immunol., 2002; 9(2): 267 - 278
Rodriguez-Zapata, M. et al., Infect. Immun., 2010; 78:3272-3279
Saverino D. et al., J. immunol., 2002; 168(1): 207 - 215
Schaerli P. et al., J. immunol., 2004; 173(3): 2151 - 2158
Schmitt, C. et al., J Leukoc Biol., 2000; 68(6): 836-44.
Siren, J. et al., J Gen Virol., 2004; 85(Pt 8): 2357-64.
Spanou, Z. et al., J Am Soc Nephrol., 2006; 17(10): 2919-27.
Tang, Y. et al., Am J Trop Med Hyg., 2008; 79(2): 154-158.
Tayebi H. et al., J. Immunol. Methods., 1999; 229(1-2): 121 - 130
Tieng, V. et al., Proc Natl Acad Sci., 2002;99(5): 2977-82.
Tluk, S. et al., Int. Immunol., 2009; 21(5): 607-619
Tully, G. et al., J Immunol., 2005; 174(4): 2174-84.
Vollmer, J. et al., Antimicrob Agents Chemother., 2004; 48(6): 2314-7.
Woerly G. et al., J. Exp. Med., 1999; 190(4): 487 -496
Zarkesh-Esfahani S. H. et al., J. Clin. Endocrinol. Metab., 2000;85(9): 3383 – 3390
Zhang, Y. et al., Lupus, 2011; 20: 1172 - 1181

14. Assay Summary

Total procedure length : 2h45mn

Add 100 µl of sample and diluted standard/controls and 50µl Biotinylated anti-IFN γ

↓

Incubate 2 hours at room temperature

↓

Wash three times

↓

Add 100µl of Streptavidin-HRP

↓

Incubate 30min at room temperature

↓

Wash three times

↓

Add 100 µl of ready-to-use TMB
Protect from light. Let the color develop for 15-20 mn.

↓

Add 100µl H₂SO₄

↓

Read Absorbance at 450 nm

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

15. International Summaries

15.1. French

PREPARATION DES REACTIFS : RESUME

1. Tampon de Lavage (<i>Washing Buffer</i>)	Ajouter 10 ml de Tampon de Lavage concentré (<i>Washing Buffer Concentrate</i>) 200 fois (200X) à 1990 ml d'eau distillée		
2 Tampon de Dilution du Standard (<i>Standard Diluent Buffer</i>)	Ajouter 25 ml de Tampon de Dilution du Standard concentré 10 fois (<i>Standard Diluent Buffer Concentrate 10X</i>) à 225 ml d'eau distillée		
3. Standard IFNγ (<i>IFNγ Standard</i>)	Reconstituer le Standard IFNγ (<i>IFNγ Standard</i>) en ajoutant la quantité indiquée sur le flacon avec le Tampon approprié (Tampon de Dilution du Standard ou Tampon de Dilution du Standard : Sérum)		
4. Contrôles (<i>Controls</i>)	Reconstituer les Contrôles (<i>Controls</i>) en ajoutant la quantité indiquée sur le flacon avec le Tampon approprié (Tampon de Dilution du Standard ou Tampon de Dilution du Standard : Sérum)		
5. Anti-IFNγ Biotinylé (<i>Biotinylated anti IFNγ</i>)	Nombre de barrettes	Anti-IFN γ Biotinylé Concentré (μ l) (<i>Biotinylated anti IFNγ</i>)	Diluent de l'Anticorps Biotinylé (μ l) (<i>Biotinylated Antibody Diluent</i>)
	2	40	1060
	3	60	1590
	4	80	2120
	6	120	3180
	12	240	6360
6. Streptavidine-HRP (<i>Streptavidin-HRP</i>)	Nombre de barrettes	Streptavidine-HRP pré-diluée (μ l) (<i>Pre-diluted Streptavidin-HRP</i>)	Diluent HRP (ml) (<i>HRP-Diluent</i>)
	2	30	2
	3	45	3
	4	60	4
	6	75	5
	12	150	10

RESUME DU PROTOCOLE OPERATOIRE: durée totale : 2h45mn

1. Ajouter 100 µl de **Tampon de Dilution du Standard** approprié (*Standard Diluent Buffer* ou *Standard Diluent : Serum*), en duplicate, dans les puits Standards (B1 à F2)
2. Ajouter à la pipette 200 µl de **Standard IFN γ** (*IFN γ Standard*) reconstitué dans les puits A1 et A2 puis réaliser des dilutions du Standard allant de 400 à 12.5 pg/ml en transférant 100 µl d'un puit à l'autre. Jeter les 100 µl des derniers puits (F1 et F2) .
3. Ajouter 100 µl de **Tampon de Dilution du Standard** approprié (*Standard Diluent Buffer* ou *Standard Diluent : Serum*) en duplicate dans les puits "blancs".
4. Ajouter 100 µl d'**échantillon** (*Sample*), en duplicate, dans les puits désignés et 100 µl de **contrôle** (*control*), en duplicate dans les puits contrôles.
5. Préparer l'**anticorps anti IFN γ Biotinylé** (*Biotinylated anti IFN γ*)
6. Ajouter 50 µl d'**anticorps anti IFN γ Biotinylé dilué** (*diluted biotinylated anti IFN γ*) dans tous les puits.
7. Couvrir les barrettes de puits et incuber pendant 2 heures à température ambiante (18-25°C)
8. Vider et laver les puits 3 fois avec le **Tampon de Lavage** (*Washing Buffer*)
9. Préparer la Streptavidine-HRP
10. Ajouter 100 µl de **Streptavidin-HRP diluée** (*diluted HRP-Streptavidin*) dans tous les puits
11. Couvrir les puits et incuber pendant 30 minutes à température ambiante (18°-25°C).
12. Vider et laver les puits 3 fois avec le **Tampon de Lavage** (*Washing Buffer*)
13. Ajouter 100 µl de **solution de TMB** (*TMB solution*) prête à l'emploi dans tous les puits y compris les "blancs".
14. Incuber les barrettes de puits pendant environ 12-15 minutes à température ambiante (18°-25°C) à l'obscurité.
15. Ajouter 100 µl d'**H $_2$ SO $_4$: Solution Stop** (*H $_2$ SO $_4$: Stop Solution*) dans tous les puits y compris les "blancs".
16. Mesurer l'absorbance à la longueur d'onde 450 nm et optionnellement à 620 nm (entre 610 et 650 nm) comme longueur d'onde de référence.

Remarque: Les échantillons présentant une valeur de D.O. excédant la gamme de la courbe standard peuvent donner des concentrations incorrectes. C'est pourquoi, il est recommandé de diluer de tels échantillons avec le Tampon de Dilution du Standard (*Standard Diluent Buffer*) afin de quantifier précisément le véritable taux d'IFN γ .

15.2. Spanish

PREPARACIÓN DE LOS PRODUCTOS

1. Tampón de Lavado Añadir **Tampón de Lavado Concentrado** 200 X (10 ml) a 1990 ml de agua destilada.

2. Tampón diluyente del estándar Añadir **Tampón Diluyente del Estándar Concentrado** 10 X (25 ml) a 225 ml de agua destilada.

3. Estándar IFN γ Reconstituir el **Estándar IFN γ** añadiendo el Diluyente del Estándar apropiado, como indica la etiqueta del vial.

4. Controles Reconstituir los **controles** añadiendo el Diluyente del Estándar apropiado, como indica la etiqueta del vial.

5. Anti-IFNγ biotinilado	Número de tiras	Anticuerpo biotinilado concentrado (μ l)	Diluyente del anticuerpo biotinilado (μ l)
	2	40	1,060
	3	60	1,590
	4	80	2,120
	6	120	3,180
	12	240	6,360

6. Estreptavidina-HRP	Número de tiras	Estreptavidina-HRP prediluida (μ l)	Diluyente de HRP (ml)
	2	30	2
	3	45	3
	4	60	4
	6	75	5
	12	150	10

RESUMEN DEL PROTOCOLO. El procedimiento total tiene una duración de 2h45min.

1. Añadir 100 µl del **Tampón Diluyente del Estándar** apropiado, por duplicado, a los pocillos designados para el estándar (B1 to F2).
2. Pipetear 200 µl del **Estándar IFN γ** reconstituido en los pocillos A1 y A2 y hacer diluciones seriadas del estándar con el rango de concentraciones de 400 a 12.5 pg/ml, transfiriendo 100 µl de un pocillo al siguiente. Descartar 100 µl de los últimos pocillos.
3. Añadir 100 µl del **Tampón Diluyente del Estándar** apropiado, por duplicado, a los pocillos que van a ser el "blanco".
4. Añadir 100 µl de las muestras, por duplicado, a los pocillos designados para ello, y 100 µl del Control reconstituido, por duplicado, a los pocillos designados como "control".
5. Preparar el anticuerpo **Anti-IFN γ Biotinilado**.
6. Añadir 50 µl del **anti-IFN γ Biotinilado** y diluido, a todos los pocillos.
7. Cubrir la placa e incubar durante 2 horas a temperatura ambiente (18-25°C).
8. Vaciar y lavar la placa 3 veces con **Tampón de Lavado**.
9. Preparar la **Estreptavidina-HRP**.
10. Añadir 100 µl de **Estreptavidina-HRP** diluida a todos los pocillos.
11. Cubrir la placa e incubar 30 minutos a temperatura ambiente (18° to 25°C).
12. Vaciar y lavar la placa 3 veces con **Tampón de Lavado**.
13. Añadir 100 µl de solución **TMB preparado para utilizar**, a todos los pocillos, incluidos los pocillos con "blancos".
14. Incubar la placa durante 12-15 minutos a temperatura ambiente (18° to 25°C) y en oscuridad.
15. Añadir 100 µl de H₂SO₄: **Solución de Parada**, a todos los pocillos, incluidos los pocillos con los "blancos".
16. Medir la intensidad de color a 450 nm y a 620 nm como longitud de onda de referencia (de 610 nm a 650 nm sería aceptable).

Nota: El cálculo de concentraciones de muestras con densidad óptica que supere el rango de la curva estándar, resultaría incorrecto, dando niveles de IFN γ más bajos de lo real. Estas muestras, requerirían ser diluidas con el Tampón de Dilución de Estándar adecuado, para poder precisar la cantidad real de IFN γ .