



#### For Research Use Only, Not for use in diagnostic procedures

ELISA Kit for Measuring Human soluble IL-6 Receptor

# CircuLex Human soluble IL-6 Receptor ELISA Kit

Cat# CY-8222

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#### **Intended Use**

The MBL Research Product CircuLex Human soluble IL-6 Receptor ELISA Kit is used for the quantitative measurement of human soluble IL-6 receptor (sIL-6R) in serum and cell culture supernatant.

Individual users should determine appropriate conditions when using other types of samples.

This assay kit is for research use only and not for use in diagnostic or therapeutic procedures.

## Storage

- Upon receipt store all components at 4°C.
- Do not expose reagents to excessive light.





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## Introduction

The soluble IL-6 receptor (sIL-6R) (1) is a soluble form of IL-6RA, also known as gp80 or CD126. The sIL-6R is derived from the cleavage of membrane IL-6RA or by alternative splicing and is a subunit of the IL-6 (interleukin 6) receptor complex along with the signal-transducing component, interleukin-6 signal transducer (IL-6ST/GP130/IL-6beta) (2). The IL-6 receptor complex is necessary for activation of IL-6 signaling, which regulates cell growth and differentiation, playing important roles in immune response and tumor progression (3). However, sIL-6R binds to its ligand alone and acts as an agonist of IL-6 activity. Changes in the serum sIL-6R levels are related to numerous clinical disorders such as inflammatory disorders, pathogenic infections, and cancers.

For example, It reported sIL-6R levels were increased in COPD (Chronic Obstructive Pulmonary Disease) patients because IL-6 promotes chronic inflammation through a variety of mechanisms (4-6) and it appears that increased sIL-6R plays a role in mediating these effects.

In another study, increased loss of sIL-6R expression in colorectal cancer was significantly correlated with disease progression (7).

Additionally, esophageal squamous cell carcinoma (ESCC) patients with an increased serum level of sIL-6R are predicted to respond poorly to preoperative chemoradiotherapy (8). Moreover, a sIL-6R inhibitor is used for the treatment for rheumatoid arthritis. It is known sIL-6R has the potential to become biomarkers and therapeutic target of various diseases.



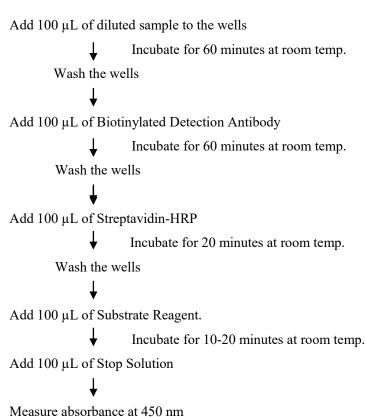


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## Principle of the Assay

The MBL Research Product CircuLex Human soluble IL-6 Receptor ELISA Kit employs the quantitative sandwich enzyme immunoassay technique. An antibody specific for human sIL-6R is pre-coated onto a microplate. Standards and samples are pipetted into the wells and the immobilized antibody binds any human sIL-6R present. After washing away any unbound substances, a biotinylated antibody specific for human sIL-6R is added to the wells. Following a wash to remove any unbound biotinylated antibody, Streptavidin-HRP is added to the wells. After washing away any unbound Streptavidin-HRP, HRP remaining on the well is allowed to react with the substrate H<sub>2</sub>O<sub>2</sub>-tetramethylbenzidine. The reaction is stopped by addition of acidic solution and absorbance of the resulting yellow product is measured at 450 nm. The absorbance is proportional to the concentration of human sIL-6R. A standard curve is constructed by plotting absorbance values versus human sIL-6R concentrations of calibrators, and concentrations of unknown samples are determined using this standard curve

## **Summary of Procedure**







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#### **Materials Provided**

All samples and standards should be assayed in duplicate. The following components are supplied and are sufficient for the one 96-well microplate kit.

**Microplate:** One microplate supplied ready to use, with 96 wells (12 strips of 8-wells) in a foil, zip-lock bag with a desiccant pack. Wells are pre-coated with anti-human sIL-6R monoclonal antibody as a capture antibody.

**10X Wash Buffer:** One bottle containing 100 mL of 10X buffer containing Tween®-20.

**Sample Dilution Buffer:** One bottle containing 50 mL of 1X buffer; use for standard and sample dilution. Ready to use.

**Human sIL-6R Standard:** One vial containing X\* ng of lyophilized recombinant human sIL-6R.

\*The amount is changed depending on lot. See the real "User's Manual" included in the kit box.

**Biotinylated Detection Antibody:** One vial containing 12 mL of biotinylated anti-human sIL-6R antibody. Ready to use.

**100X Streptavidin-HRP:** One vial containing 120 μL of 100X HRP (horseradish peroxidase) conjugated streptavidin.

**Streptavidin-HRP Dilution Buffer:** One bottle containing 12 mL of 1X buffer; use for dilution of 100X Streptavidin-HRP.

**Substrate Reagent:** One bottle containing 20 mL of the chromogenic substrate, tetra-methylbenzidine (TMB). Ready to use.

**Stop Solution:** One bottle containing 20 mL of 1 N H<sub>2</sub>SO<sub>4</sub>. Ready to use.

## **Materials Required but not Provided**

- Pipettors: 2-20 μL, 20-200 μL and 200-1,000 μL precision pipettors with disposable tips.
- Precision repeating pipettor
- Orbital microplate shaker
- Microcentrifuge and tubes for sample preparation.
- Vortex mixer
- (Optional) Microplate washer: Manual washing is possible but not preferable.
- Plate reader capable of measuring absorbance in 96-well plates at dual wavelengths of 450 nm/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. The plate can also be read at a single wavelength of 450 nm, which will give a somewhat higher reading.
- (Optional) Software package facilitating data generation and analysis
- 500 or 1,000 mL graduated cylinder.
- Reagent reservoirs
- · Deionized water of the highest quality
- Disposable paper towels

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#### **Precautions and Recommendations**

- Although we suggest to conduct experiments as outlined below, the optimal experimental
  conditions will vary depending on the parameters being investigated, and must be determined by
  the individual user.
- Allow all the components to come to room temperature before use.
- All microplate strips that are not immediately required should be returned to the zip-lock pouch, which must be carefully resealed to avoid moisture absorption.
- Do not use kit components beyond the indicated kit expiration date.
- Use only the microtiter wells provided with the kit.
- Rinse all detergent residue from glassware.
- Use deionized water of the highest quality.
- Do not mix reagents from different kits.
- The buffers and reagents in this kit may contain preservatives or other chemicals. Care should be taken to avoid direct contact with these reagents.
- Do not mouth pipette or ingest any of the reagents.
- Do not smoke, eat, or drink when performing the assay or in areas where samples or reagents are handled.
- Dispose of tetra-methylbenzidine (TMB) containing solutions in compliance with local regulations.
- Avoid contact with Substrate Solution which contains hydrogen peroxide.
- CAUTION: Biological samples may be contaminated with infectious agents. Do not ingest, expose to open wounds or breathe aerosols. Wear protective gloves and dispose of biological samples properly.
- CAUTION: Stop Solution is a strong acid. Wear disposable gloves and eye protection when handling the solution.





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## Sample Collection and Storage

**Serum:** Use a serum separator tube and allow samples to clot for  $60 \pm 30$  minutes. Centrifuge the samples at 4°C for 10 minutes at 1,000 x g. Remove serum and assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of serum may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

**Cell culture supernatant:** Remove any particulates by centrifugation and assay immediately or aliquot and store samples at below -70°C. Avoid repeated freeze-thaw cycles.

#### Other biological samples: MBL has not tested.

(e.g. Remove any particulates by centrifugation and assay immediately or aliquot and store samples at below -70°C. Avoid repeated freeze-thaw cycles. Individual users should determine appropriate conditions when using other types of samples.)





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## **Detailed Protocol**

The MBL Research Product CircuLex Human Soluble IL-6 Receptor ELISA Kit is provided with removable strips of wells so the assay can be carried out on separate occasions using only the number of strips required for the particular determination. Since experimental conditions may vary, an aliquot of the standard within the kit, should be included in each assay as a calibrator. Disposable pipette tips and reagent troughs should be used for all liquid transfers to avoid cross-contamination of reagents or samples.

#### **Preparation of Working Solutions**

All reagents need to be brought to room temperature prior to the assay. Assay reagents are supplied ready-to-use, with the exception of 10X Wash Buffer, 100X Streptavidin-HRP, and Human sIL-6R Standard.

- 1. Prepare a working solution of Wash Buffer by adding 100 mL of 10X Wash Buffer to 900 mL of deionized (distilled) water (ddH<sub>2</sub>O). Mix well. Store at 4°C for two weeks or -20°C for long-term storage.
- 2. Prepare **1X Streptavidin-HRP** by 100-fold diluting **100X Streptavidin-HRP** with **Streptavidin-HRP** bilution **Buffer** at the time of use and discard any unused portion after use.
- 3. Reconstitute **Human sIL-6R Standard** with **0.5 mL** of **ddH<sub>2</sub>O** by gently mixing. <u>After reconstitution</u>, <u>immediately dispense it in small aliquots (e.g. 100 μL) to plastic micro-centrifuge tubes and store below -70°C to avoid non-specific adsorption to glass surface and multiple freeze-thaw cycles. The concentration of human sIL-6R in vial should be <u>**9.6 ng/mL**</u>, which is referred to as the **Master Standard** of human sIL-6R.</u>
  - \*The amount is changed depending on lot. See the real "User's Manual" included in the kit box.

Prepare Standard Solutions as follows:

Use **Master Standard** to produce a dilution series (below). Mix each tube thoroughly before the next transfer. **Std.1** (960 pg/mL) serves as the highest standard. **Sample Dilution Buffer** serves as the zero standard (Blank).

	Volume of Standard	Sample Dilution Buffer	Concentration
Std.1	60 μL of Master Standard (9.6 ng/mL)	540 μL	960 pg/mL
Std.2	300 μL of Std. 1 (960 pg/mL)	300 μL	480 pg/mL
Std.3	300 μL of Std. 2 (480 pg/mL)	300 μL	240 pg/mL
Std.4	300 μL of Std. 3 (240 pg/mL)	300 μL	120 pg/mL
Std.5	300 μL of Std. 4 (120 pg/mL)	300 μL	60 pg/mL
Std.6	300 μL of Std. 5 (60 pg/mL)	300 μL	30 pg/mL
Std.7	300 μL of Std. 6 (30 pg/mL)	300 μL	15 pg/mL
Blank	-	300 μL	0 ng/mL

**Note:** Do not use a repeating pipette. Change tips for every dilution. Wet tip with Sample Dilution Buffer before dispensing.





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#### **Sample Preparation**

Dilute samples with Sample Dilution Buffer.

- Serum samples may require a 100-fold dilution.
- Cell culture supernatants require appropriate dilutions.

#### **Assay Procedure**

- 1. Remove the appropriate number of microtiter wells from the foil pouch and place them into the well holder. Return any unused wells to the foil pouch, refold, seal with tape and store at 4°C.
- 2. Dilute samples with **Sample Dilution Buffer**. (See "Sample Preparation" above.)
- 3. Pipette 100 μL of Standard Solutions (Std1-Std7, Blank) and diluted samples in duplicates, into the appropriate wells.
- 4. Incubate the plate <u>at room temperature (ca.25°C) for 60 minutes</u>, shaking at ca. 300 rpm on an orbital microplate shaker.
- 5. Wash 4-times by filling each well with Wash Buffer (350 μL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
- 6. Add 100 μL of Biotinylated Detection Antibody into each well.
- 7. Incubate the plate <u>at room temperature (ca.25°C) for 60 minutes</u>, shaking at ca. 300 rpm on an <u>orbital microplate shaker</u>.
- 8. Wash 4-times by filling each well with Wash Buffer (350  $\mu$ L) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
- 9. Add 100 μL of 1X Streptavidin-HRP into each well.
- 10. Incubate the plate <u>at room temperature (ca.25°C) for 20 minutes</u>, shaking at ca. 300 rpm on an <u>orbital microplate shaker</u>.
- 11. Wash 4-times by filling each well with Wash Buffer (350 μL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
- 12. Add 100 μL of Substrate Reagent. Avoid exposing the microtiter plate to direct sunlight. Covering the plate with e.g. aluminum foil is recommended. Return Substrate Reagent to 4°C immediately after the necessary volume is removed
- 13. Incubate the plate <u>at room temperature (ca.25°C) for 10-20 minutes</u>, shaking at ca. 300 rpm on an <u>orbital microplate shaker</u>. The incubation time may be extended up to 30 minutes if the reaction temperature is below than 20°C.
- 14. Add 100 μL of Stop Solution to each well in the same order as the previously added Substrate Reagent.
- 15. Measure absorbance in each well using a spectrophotometric microplate reader at dual wavelengths of





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450/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. Read the microplate at 450 nm if only a single wavelength can be used. Wells must be read within 30 minutes of adding the Stop Solution.

- **Note-1:** Complete removal of liquid at each step is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating or decanting. Invert the plate and blot it against clean paper towels.
- **Note-2:** Reliable standard curves are obtained when either O.D. values do not exceed 0.25 units for the blank (zero concentration), or 3.0 units for the highest standard concentration.
- **Note-3**: If the microplate reader is not capable of reading absorbance greater than the absorbance of the highest standard, perform a second reading at 405 nm. A new standard curve, constructed using the values measured at 405 nm, is used to determine the concentration of off-scale samples. The readings at 405 nm should not replace the on-scale readings at 450 nm.





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#### **Calculations**

Average the duplicate readings for each standard, control and sample, and subtract the optical density of the average zero standard. Plot the optical density versus the concentration of standards and draw the best curve. Most microtiter plate readers perform automatic calculations of analyte concentration. The standard curve fits best to a sigmoidal four-parameter logistic equation. The results of unknown samples can be calculated with any computer program having a four-parameter logistic function.

A standard curve is also to be constructed by plotting the absorbance (Y) versus log of the known concentration (X) of standards, using a cubic function. Alternatively, the logit log function can be used to linearize the standard curve (i.e. logit of optical density (Y) is plotted versus log of the known concentration (X) of standards). To determine the concentration of each sample, first find the optical density on the y-axis and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the x-axis and read the corresponding concentration.

If the samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

## **Measurement Range**

The measurement range is 15 pg/mL to 960 pg/mL. Any sample reading higher than the highest standard should be diluted with Sample Dilution Buffer in higher dilution and re-assayed. Dilution factors need to be taken into consideration in calculating the human sIL-6R concentration.

## **Troubleshooting**

- 1. All samples and standards should be assayed in duplicate, using the protocol described in the **Detailed Protocol**. Incubation times or temperatures significantly different from those specified may give erroneous results.
- 2. Poor duplicates, accompanied by elevated values for wells containing no sample, indicate insufficient washing. If all instructions in the **Detailed Protocol** were followed accurately, such results indicate a need for washer maintenance.
- 3. Overall low signal may indicate that desiccation of the plate has occurred between the final wash and addition of Substrate Reagent. <u>Do not allow the plate to dry out</u>. Add Substrate Reagent immediately after wash.

# **Reagent Stability**

All of the reagents included in the MBL Research Product CircuLex Human soluble IL-6 Receptor ELISA Kit have been tested for stability. Reagents should not be used beyond the stated expiration date.





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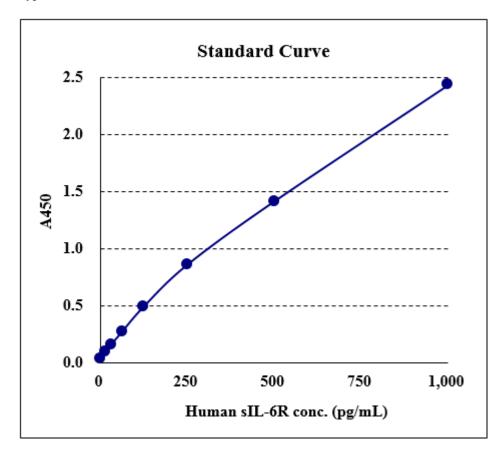
## **Assay Characteristics**

## 1. Sensitivity

The limit of detection (defined as such a concentration of human sIL-6R giving absorbance higher than mean absorbance of blank\* plus three standard deviations of the absorbance of blank: A blank + 3SD blank) is better than 5.49 pg/mL of sample.

\* Sample Dilution Buffer was pipetted into blank wells.

#### Typical standard curve







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#### 2. Precision

Intra-assay Precision (Precision within an assay)

Three samples\* of known concentration were tested sixteen times on one plate to assess intra-assay precision.

• Intra-assay (Within-Run, n=16) CV=4.0, 3.5, 4.3 %

\* Sample: Cell culture supernatant

Human sIL-6R conc. (pg/mL)

			re cone. (pg/mb)
	Sample 1	Sample 2	Sample 3
1	30.5	228.0	665.9
2	28.6	221.8	667.5
3	30.5	231.0	706.6
4	29.4	238.4	751.8
5	30.8	246.8	751.3
6	28.9	237.3	715.1
7	29.4	238.8	711.4
8	30.8	237.3	685.2
9	29.7	240.3	643.9
10	28.4	226.2	677.7
11	30.5	240.7	719.9
12	30.5	246.8	730.1
13	31.9	254.4	712.5
14	32.9	242.2	711.4
15	30.2	243.0	694.3
16	31.6	239.2	687.8
MAX.	32.9	254.4	751.8
MIN.	28.4	221.8	643.9
MEAN	30.3	238.3	702.0
S.D.	1.2	8.3	30.0
C.V.	4.0%	3.5%	4.3%





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Inter-assay Precision (Precision between assays)

Three samples\* of known concentration were tested in five separate assays to assess inter-assay precision.

• Inter-assay (Run-to-Run, n=5) CV=9.6, 6.4, 8.2 %

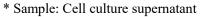
\* Sample: Cell culture supernatant

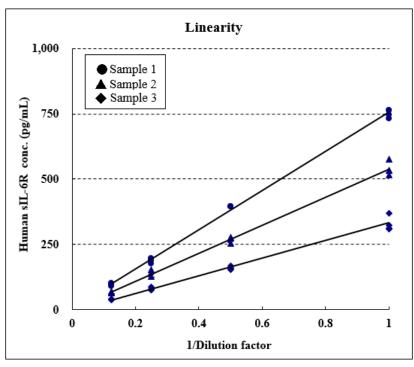
Human sIL-6R conc. (pg/mL)

	Sample 1	Sample 2	Sample 3	
1	26.2	237.2	685.2	
2	24.1	212.2	591.3	
3	31.2	252.9	726.8	
4	27.8	233.4	704.0	
5	28.9	227.7	728.3	
MAX.	31.2	252.9	728.3	
MIN.	24.1	212.2	591.3	
MEAN	27.6	232.7	687.1	
S.D.	2.7	14.8	56.4	
C.V.	9.6%	6.4%	8.2%	

#### 3. Linearity

To assess the linearity of the assay, three samples\* were serially diluted with Sample Dilution Buffer to produce samples with values within the dynamic range of the assay.









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# **Example of Test Results**

Fig.1 Human sIL-6R concentration in healthy volunteers' sera (n=24)

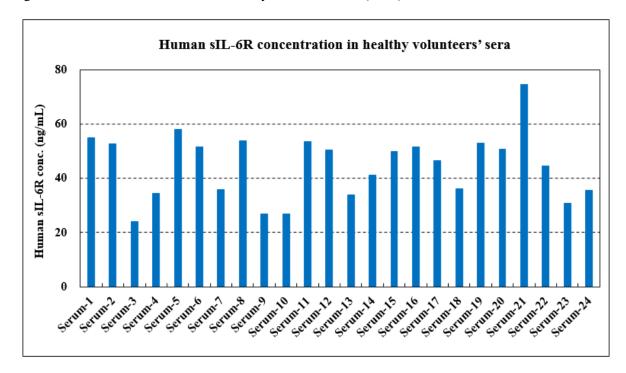
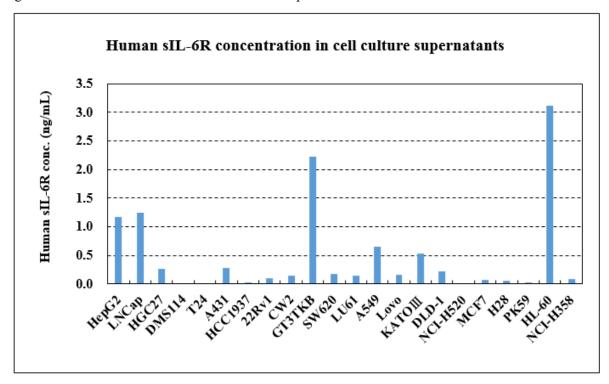


Fig.2 Human sIL-6R concentration in cell culture supernatants







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## References

- 1. Lust JA *et al.* Isolation of an mRNA encoding a soluble form of the human interleukin-6 receptor. Cytokine. 1992 Mar;4(2):96-100.
- 2. Yawata H *et al.* Structure-function analysis of human IL-6 receptor: dissociation of amino acid residues required for IL-6-binding and for IL-6 signal transduction through gp130. EMBO J. 1993 Apr;12(4):1705-12.
- 3. Narazaki M *et al.* Soluble forms of the interleukin-6 signal-transducing receptor component gp130 in human serum possessing a potential to inhibit signals through membrane-anchored gp130. Blood. 1993 Aug 15;82(4):1120-6.
- 4. Houssiau FA *et al.* Interleukin-6 in synovial fluid and serum of patients with rheumatoid arthritis and other inflammatory arthritides. Arthritis Rheum. 1988 Jun;31(6):784-8.
- 5. Atreya R *et al.* Blockade of interleukin 6 trans signaling suppresses T-cell resistance against apoptosis in chronic intestinal inflammation: evidence in crohn disease and experimental colitis in vivo. Nat Med. 2000 May;6(5):583-8.
- 6. Yang XO *et al.* STAT3 regulates cytokine-mediated generation of inflammatory helper T cells. J Biol Chem. 2007 Mar 30;282(13):9358-63.
- 7. Okugawa Y *et al.* Loss of tumoral expression of soluble IL-6 receptor is associated with disease progression in colorectal cancer. Br J Cancer. 2010 Sep 7;103(6):787-95.
- 8. Makuuchi Y *et al.* Soluble interleukin-6 receptor is a serum biomarker for the response of esophageal carcinoma to neoadjuvant chemoradiotherapy. Cancer Sci. 2013 Aug;104(8):1045-51.

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