






# KRIBIOLISA® Amivantamab (RYBREVANT™) ELISA

**REF** : KBI1130

Ver 1.0

**RUO**

Enzyme Immunoassay for the Quantitative Determination of Amivantamab in human serum and plasma

<b>RUO</b>	For Research Use	<b>REF</b>	Catalog Number
	Store At	<b>LOT</b>	Batch Code
	Manufactured By		Biological Risk
	Expiry Date		Consult Operating Instructions

*For Research Use Only. Purchase does not include or carry the right to resell or transfer this product either as a stand-alone product or as a component of another product. Any use of this product other than the permitted use without the express written authorization of Krishgen Biosystems Private Limited is strictly prohibited.*

**REF** KBI1130

 96 tests

## Krishgen Biosystems Private Limited

For US/Europe Customers: toll free +1(888)-970-0827 | tel +1(562)-568-5005

For Asia/India Customers: +91(22)-49198700

Email: sales1@krishgen.com | <http://www.krishgen.biz> / [www.krishgenbio.com](http://www.krishgenbio.com)

### Introduction:

Amivantamab, sold under the brand name of RYBREVANT™, is an anti-EGFR-MET bispecific antibody, derived from Chinese hamster ovary cells, approved for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy. Patients with NSCLC often develop resistance to drugs that target EGFR and MET individually, so amivantamab was developed to attack both targets, reducing the chance of resistance developing. Amivantamab was found to be more effective than the EGFR inhibitor erlotinib or the MET inhibitor crizotinib *in vivo*. Patients with NSCLC with exon 20 insertion mutations in EGFR do not respond to tyrosine kinase inhibitors, and were generally treated with platinum-based therapy. Amivantamab was granted FDA approval on 21 May 2021, followed by the approval by the EMA on 9 December 2021 and Health Canada on 30 March 2022.

### Intended Use:

The KRIBIOLISA® Amivantamab (RYBREVANT™) ELISA is used as an analytical tool for quantitative determination of Amivantamab in human serum and plasma.

### Principle:

The method employs the sandwich enzyme immunoassay technique. Human EGFR is pre-coated onto microwells. Samples or standards are pipetted into microwells and antibodies to Amivantamab present in the standards or sample are bound by the capture antibody. Then, a HRP (horseradish peroxidase) conjugated Anti Human IgG is pipetted and incubated. After washing microwells in order to remove any nonspecific binding, the ready to use substrate 3,3',5,5' Tetramethyl Benzidine (TMB) solution is added to microwells and color develops proportionally to the amount of Amivantamab in the sample. Color development is then stopped by addition of stop solution. Absorbance is measured at 450 nm.

### Materials Provided:

Part	Description	Qty
Human EGFR Coated Microtiter Plate	96 well polystyrene microplate (12 strips of 8 wells) coated with Human EGFR.	1 x 96 wells
Amivantamab Standard	Amivantamab Standard in a buffered protein base with protein stabilizer and preservatives 0.02% Methylisothiazolinone and 0.02% bromonitrodioxane (lyophilized, concentrated, 1 ug/ml).	2 vials
Anti Human IgG:HRP Conjugate concentrated	Anti Human IgG conjugated to Horseradish Peroxidase, concentrated (1 mg/ml).	2 vials
Detection Diluent	Buffered protein base with protein stabilizer and preservatives 0.02% Methylisothiazolinone and 0.02% bromonitrodioxane.	12 ml
(1X) Sample Diluent	Buffered protein base with protein stabilizer and preservatives 0.02% methylisothiazolinone and 0.02% bromonitrodioxane.	2 x 50 ml
(1X) Standard Diluent	Buffered protein base with 1:1000 dilution human serum and preservatives 0.02% Methylisothiazolinone and 0.02% bromonitrodioxane.	10 ml
(20X) Wash Buffer	20-fold concentrated solution of buffered surfactant with preservative thiomersol < 0.01%. May turn yellow over time.	25 ml
TMB Substrate	Stabilized Chromogen.	12 ml
Stop Solution	0.73M Phosphoric Acid.	12 ml
Instruction Manual		1 no

### Materials to be provided by the End-User:

1. Microtiter Plate Reader able to measure absorbance at 450 nm.
2. Adjustable pipettes and multichannel pipettor to measure volumes ranging from 25 ul to 1000 ul.
3. Deionized (DI) water.
4. Wash bottle or automated microplate washer.
5. Graph paper or software for data analysis.

6. Timer.
7. Absorbent Paper.

#### Handling/Storage:

1. It is advisable to aliquot and stores the Anti Human IgG:HRP Conjugate concentrated at -20°C upon receipt. Rest of the kit components should be stored at 2-8°C. Immediately discard any excess Working Anti Human IgG:HRP Conjugate after running your assay.
2. All the reagents and wash solutions should be used within 12 months from manufacturing date.
3. Before using, bring all components to room temperature (18-25°C). Upon assay completion ensure all components of the kit are returned to appropriate storage conditions.
4. The Substrate is light-sensitive and should be protected from direct sunlight or UV sources.

#### Health Hazard Warnings:

1. Reagents that contain preservatives may be harmful if ingested, inhaled or absorbed through the skin.
2. For Research Use Only.



#### Sample Preparation and Storage:

Blood is taken by venipuncture. Serum is separated after clotting by centrifugation. Lipaemic, hemolytic or contaminated samples should not be run. Repeated freezing and thawing should be avoided. If samples are to be used for several assays, initially aliquot samples and keep at - 20°C.

#### Preparation Before Use:

Allow samples to reach room temperature prior to assay. Take care to agitate patient samples gently in order to ensure homogeneity.

Test Sample preparation - Serum samples have to be diluted 1:1000 (v/v), e.g. for 1:1000 (1 ul sample + 999 ul sample diluent) prior to assay. The samples may be kept at 2 - 8°C for up to three days. Long-term storage requires the samples to be kept at -20°C.

#### Reagent Preparation (all reagents should be diluted immediately prior to use):

1. Label any aliquots made with the kit Lot No and Expiration date and store it at appropriate conditions mentioned.
2. Bring all reagents to Room Temperature before use.
3. To make **Wash Buffer (1X)**; dilute **25 ml of 20X Wash Buffer in 475 ml of DI water**.
4. **Standards Preparation:** Reconstitute the concentrated Standard lyophilized vial with 1 ml of Standard Diluent to obtain a concentration of 1ug/ml (1000 ng/ml). Keep the vial for 15 mins with gentle agitation before making further dilutions. Prepare **Standards** as per the below table. Use the Standard Diluent as the Zero Standard (Standard No.0).

Standard Concentration	Standard Vial	Dilution Particulars
1000 ng/ml	Reconstituted Standard	Lyophilized Standard provided in the Kit + 1 ml of Standard Diluent
500 ng/ml	Standard No.8	500 ul Reconstituted Standard + 500 ul Standard Diluent
250 ng/ml	Standard No.7	500 ul Standard No.8 + 500 ul Standard Diluent
125 ng/ml	Standard No.6	500 ul Standard No.7 + 500 ul Standard Diluent
62.5 ng/ml	Standard No.5	500 ul Standard No.6 + 500 ul Standard Diluent
31.25 ng/ml	Standard No.4	500 ul Standard No.5 + 500 ul Standard Diluent
15.6 ng/ml	Standard No.3	500 ul Standard No.4 + 500 ul Standard Diluent
7.8 ng/ml	Standard No.2	500 ul Standard No.3 + 500 ul Standard Diluent
3.9 ng/ml	Standard No.1	500 ul Standard No.2 + 500 ul Standard Diluent
0 ng/ml	Standard No.0	Only Standard Diluent

**5. Working Anti Human IgG:HRP Conjugate – Refer to the Reagent Preparation sheet attached with the IFU and COA (enclosed in the kit).****Procedural Notes:**

1. In order to achieve good assay reproducibility and sensitivity, proper washing of the plates to remove excess un-reacted reagents is essential.
2. High Dose Hook Effect may be observed in samples with very high concentrations of Amivantamab. High Dose Hook Effect is due to excess of antibody for very high concentrations of Amivantamab present in the sample.
3. Avoid assay of Samples containing sodium azide ( $\text{NaN}_3$ ), as it could destroy the HRP activity resulting in under-estimation of the amount of Amivantamab.
4. It is recommended that all Standards and Samples be assayed in duplicates.
5. Maintain a repetitive timing sequence from well to well for all the steps to ensure that the incubation timings are same for each well.
6. If the Substrate has a distinct blue color prior to use it may have been contaminated and use of such substrate can lead to compromise of the sensitivity of the assay.
7. The plates should be read within 30 minutes after adding the Stop Solution.
8. Make a work list in order to identify the location of Standards and Samples.

**Assay Procedure:**

1. It is strongly recommended that all Standards and Samples be run in duplicates or triplicates. All steps must be performed at 37°C.
2. Pipette **100 ul** of **prepared Standards and diluted Samples** to the respective wells.
3. Cover the plate and incubate for 60 minutes at 37°C.
4. Aspirate and wash plate 4 times with **Wash Buffer (1X)** and blot residual buffer by firmly tapping plate upside down on absorbent paper. Wipe of any liquid from the bottom outside of the microtiter wells as any residue can interfere in the reading step.
5. Pipette **100 ul** of **Working Anti Human IgG:HRP Conjugate** to all wells.
6. Cover the plate and incubate for 120 minutes at 37°C.
7. Aspirate and wash plate 4 times with **Wash Buffer (1X)** as mentioned in Step 4.
8. Add **100 ul** of **TMB Substrate** in each well.
9. Incubate the plate at 37°C for 30 minutes in dark. DO NOT SHAKE or else it may result in higher backgrounds and worse precision. Positive wells should turn bluish in color.
10. Pipette out **100 ul** of **Stop Solution**. Wells should turn from blue to yellow in color.
11. Read the absorbance at 450 nm with a microplate within 10-15 minutes after addition of Stop solution.

**Interpretation of Results:**

Determine the Mean Absorbance for each set of duplicate or triplicate Standards and Samples. Using Graph paper, plot the average value (absorbance 450nm) of each standard on the Y-axis versus the corresponding concentration of the standards on the X-axis. Draw the best fit curve through the standard points. To determine the unknown Amivantamab, find the unknown's Mean Absorbance value on the Y-axis and draw a horizontal line to the standard curve. At the point of intersection, draw a vertical line to the X-axis and read the Amivantamab Concentration. If samples were diluted, multiply by the appropriate dilution factor.

Software which is able to generate a linear regression is best recommended for automated results.

**Note:**

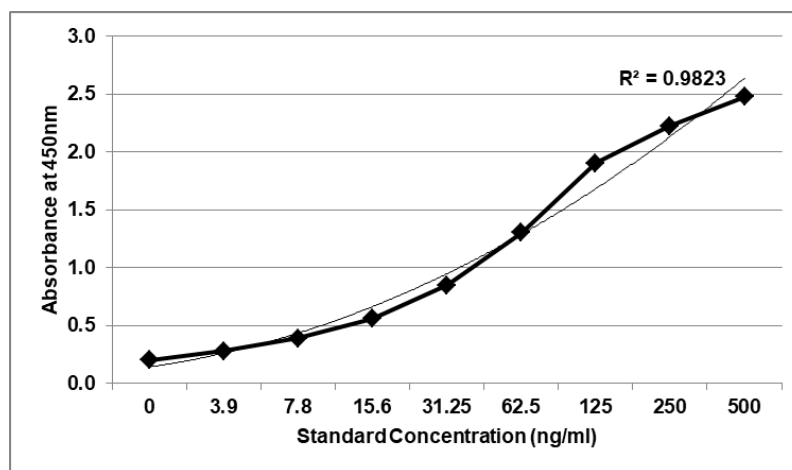
It is recommended to repeat the assay at a different dilution factor in the following cases:

- If the sample absorbance value is below the first standard.
- If the absorbance value is equivalent or higher than the 1000 ng/ml standard.

**Typical Data (representative only)**

Standard Concentration (ng/ml)	Absorbance	Interpolated Concentration	% Interpolated Concentration against Actual Concentration
0	0.201		-----
3.9	0.281	3.7	95.6
7.8	0.389	8.8	112.5
15.6	0.563	16.6	106.2
31.25	0.849	30.4	97.4
62.5	1.304	59.5	95.3
125	1.905	135.0	108.0
250	2.226	238.3	95.3
500	2.480	500.3	100.1

**Typical Graph (representative only)**



Abs = absorbance at 450nm

**Quality Control:**

It is recommended that for each laboratory assay appropriate quality control samples in each run to be used to ensure that all reagents and procedures are correct.

**Performance Characteristics of the Kit:**

This kit has been validated as per EMA/FDA guidelines in line with ICH Code for Harmonization of Biological Assays.

**Sensitivity:**

**Limit of Quantification:** It is defined as the lowest concentration of an analyte that can be determined with an acceptable repeatability and the LOQ was found to be 3 ng/ml.

**Limit Of Detection:** It is defined as the lowest detectable concentration corresponding to a signal of Mean of '0' standard plus 2\*SD.

10 replicates of '0' standards were evaluated and the LOD was found to be less than 3 ng/ml.

**Specificity:**

The antibodies used in the kit are monoclonal, anti-idiotypic antibodies specific for Anti-Amivantamab. The calibrators/standards are calibrated against commercially sourced Amivantamab (Rybrevant™).

**Precision:**

Precision is defined as the percent coefficient of variation (%CV) i.e. standard deviation divided by the mean and multiplied by 100. Assay precision was determined by both intra (n=5 assays) and inter assay (n=5 assays) reproducibility on two pools with low (3.9 ng/ml), medium (31.25 ng/ml) and high (500 ng/ml) concentrations. While actual precision may vary from laboratory to laboratory and technician to technician, it is recommended that all operators achieve precision below these design goals before reporting results.

Pool	Intra Assay %CV
Low	<12%
Medium	<10%
High	<10%

Pool	Inter Assay %CV
Low	<15%
Medium	<10%
High	<10%

**Safety Precautions:**

- **This kit is For Research Use only.** Follow the working instructions carefully.
- The expiration dates stated on the kit are to be observed. The same relates to the stability stated for reagents.
- Do not use or mix reagents from different lots.
- Do not use reagents from other manufacturers.
- Avoid time shift during pipetting of reagents.
- All reagents should be kept in the original shipping container.
- Some of the reagents contain small amount of sodium azide (<0.1 % w/v) as preservative. They must not be swallowed or allowed to come into contact with skin or mucosa.
- Since the kit contains potentially hazardous materials, the following precautions should be observed.
  - Do not smoke, eat or drink while handling kit material.
  - Always use protective gloves.
  - Never pipette material by mouth.
  - Wipe up spills promptly, washing the affected surface thoroughly with a decontaminant.
- In any case GLP should be applied with all general and individual regulations to the use of this kit

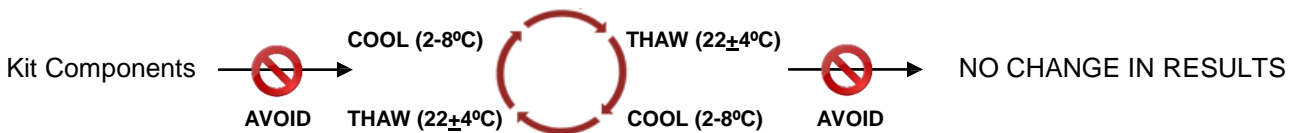


**SCHEMATIC ASSAY PROCEDURE**

1. Remove all components, 30 minutes before adding into the assay plate.



2. Avoid repeated cool-thaw of the components as there will be a loss of activity and this can affect the results.



3. Pipette **100 ul prepared Standards / diluted Samples** to the respective wells.

4. Cover plate and incubate for **60 min** at 37°C.

5. Aspirate and wash wells 4 times with **Wash Buffer (1X)**.

6. Pipette **100 ul Working Anti Human IgG:HRP** into each well.

7. Cover plate and incubate for **120 min** at 37°C.

8. Aspirate and wash wells 4 times with **Wash Buffer (1X)**.

9. Pipette **100 ul TMB Substrate** into each well.

10. Cover plate and incubate for **30 min** at 37°C.

11. Pipette **100 ul Stop Solution** into each well.

12. Read absorbance at 450 nm with a microplate reader within **15 min** of stopping reaction.

**LIMITED WARRANTY**

Krishgen Biosystems Private Limited does not warrant against damages or defects arising in shipping or handling, or out of accident or improper or abnormal use of the Products; against defects in products or components not manufactured by Krishgen Biosystems Private Limited, or against damages resulting from such non-Krishgen Biosystems Private Limited made products or components. Krishgen Biosystems Private Limited passes on to customer the warranty it received (if any) from the maker thereof of such non Krishgen made products or components. This warranty also does not apply to Products to which changes or modifications have been made or attempted by persons other than pursuant to written authorization by Krishgen Biosystems Private Limited.

THIS WARRANTY IS EXCLUSIVE. The sole and exclusive obligation of Krishgen Biosystems Private Limited shall be to repair or replace the defective Products in the manner and for the period provided above. Krishgen Biosystems Private Limited shall not have any other obligation with respect to the Products or any part thereof, whether based on contract, tort, and strict liability or otherwise. Under no circumstances, whether based on this Limited Warranty or otherwise, shall Krishgen Biosystems Private Limited be liable for incidental, special, or consequential damages.

This Limited Warranty states the entire obligation of Krishgen Biosystems Private Limited with respect to the Products. If any part of this Limited Warranty is determined to be void or illegal, the remainder shall remain in full force and effect.

Krishgen Biosystems Private Limited. 2026

**THANK YOU FOR USING A KRISHGEN PRODUCT!**








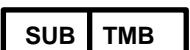





KRISHGEN BIOSYSTEMS PRIVATE LIMITED®, DHARMAPLEX®, GENBULK®, GENLISA®, KRISHZYME®, KRISHGEN®, KRIBIOLISA®, KRISHPLEX®, TITANIUM®, QUALICHEK® are registered trademarks of KRISHGEN BIOSYSTEMS PRIVATE LIMITED.

© KRISHGEN BIOSYSTEMS PRIVATE LIMITED. ALL RIGHTS RESERVED.

RYBREVANT™ is the registered trade mark of Eli Lilly & Company, USA

KRISHGEN BIOSYSTEMS PRIVATE LIMITED | OUR REAGENTS | YOUR RESEARCH |

### SYMBOLS KEY

	Human EGFR Coated Microtiter Plate (12x8 wells)
	Amivantamab Standard, Lyophilized
	Anti Human IgG:HRP Conjugate Concentrated
	Detection Diluent
	(1X) Sample Diluent
	(1X) Standard Diluent
	(20X) Wash Buffer
	TMB Substrate
	Stop Solution
	Consult Instructions for Use
	Catalog Number
	Expiration Date
	Storage Temperature