

# KRIBIOLISA™ Infliximab (Remicade™) ELISA






**REF** : KBI1011

Ver 4.0

**RUO**

This Kit has been Calibrated against an International Standard from the National Institute of Biologicals and Control (NIBSC), Potters Bar, Hertfordshire EN6 3QG, UK.

Enzyme Immunoassay for the Quantitative Determination of Infliximab in serum, plasma and cell culture supernatant

<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 is strictly prohibited.*

**REF**

**KBI1011**



**96 tests**



**KRISHGEN BioSystems**

| For US / Europe: toll free +1(888)-970-0827 tel: +1(562)-568-5005  
For Asia / India: tel: +91(22)-49198700  
Email: sales@krishgen.com

**Introduction:**

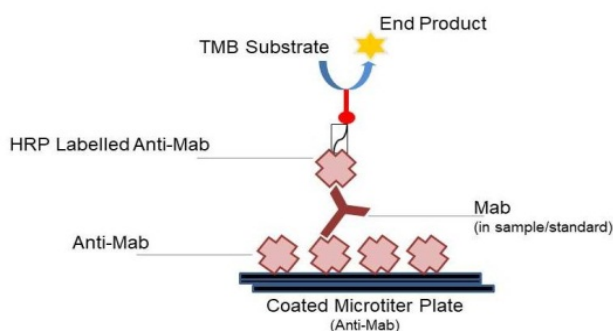
Infliximab is a monoclonal antibody which has high specificity for TNF $\alpha$ , and does not neutralize TNF beta. Infliximab causes programmed cell death of TNF $\alpha$ -expressing activated T lymphocytes, an important cell type mediating inflammation; hence it is generally assumed that resolution of activated T cells by Infliximab explains its efficacy in Crohn's disease.

**Intended Use:**

The KRIBIOLISA™ Infliximab (Remicade™) ELISA is used as an analytical tool for quantitative determination of Infliximab in serum, plasma and cell culture supernatant.

**Principle:**

The method employs the quantitative sandwich enzyme immunoassay technique. Antibodies to Infliximab are pre-coated onto microwells. Samples and standards are pipetted into microwells and human Infliximab present in the sample are bound by the capture antibody. Then, a HRP (horseradish peroxidase) conjugated anti-Infliximab antibody is pipetted and incubated. After washing microwells in order to remove any non-specific binding, the ready to use substrate solution (TMB) is added to microwells and color develops proportionally to the amount of Infliximab in the sample. Color development is then stopped by addition of stop solution. Absorbance is measured at 450 nm.

**Materials Provided:**

Part	Description	Qty
Anti-Infliximab Coated Microtiter Plate	96 well polystyrene microplate (12 strips of 8 wells) coated with Anti-Adalimumab monoclonal antibody.	1 x 96 wells
Infliximab Standard	Recombinant Infliximab in a buffered protein base with preservative sodium azide < 0.01% – lyophilized ( 1 ug/ml)	2 vials
Anti-Infliximab:HRP Conjugate	Anti-Infliximab conjugated to Horseradish Peroxidase with protein stabilizer and preservatives 0.02% methylisothiazolone and 0.02% bromonitrodioxane.	12 ml
(1X) Sample Diluent	Buffered protein base with preservative thiomersol < 0.01%	50 ml
(1X) Standard Diluent	Buffered protein base with 1:100 dilution human serum and preservative thiomersol < 0.01%	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	2N sulfuric 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. All reagents should be stored at 2°C to 8°C for stability.
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. Plasma can be used, too. 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.

For Cell Culture Supernatant – If necessary, centrifuge to remove debris prior to analysis. Samples can be stored at -20°C or -80°C. Avoid repeated freeze-thaw cycles.

**Preparation Before Use:**

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

Serum and Plasma Test Sample preparation - Samples have to be diluted 1:10 to 1:100 (v/v), e.g. for 1:100 (5 ul sample + 495 ul sample diluent) prior to assay. The samples may be kept at 2 - 8°C for up to three days. Long-term storage requires -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. **Standard Preparation:** Reconstitute the concentrated lyophilized standard vial with 1 ml of Standard Diluent to obtain a concentration of 1 ug/ml. Keep the vial for 15 mins with gentle agitation before making further dilutions. Dilute 80 ul of original **Standard (1 ug/ml)** with 420 ul of Standard Diluent to generate a **160 ng/ml Standard Solution**. Prepare further **Standards** by serially diluting the Standard Solution as per the below table. Use the Standard Diluent as the Zero Standard (Standard No.0).

Standard Concentration	Standard Vial	Dilution Particulars
1 ug/ml	Lyophilized Standard	Lyophilized Standard provided in the Kit + 1ml of Standard Diluent
160 ng/ml	Standard No.5	80 ul Reconstituted Standard (1 ug/ml) + 420 ul Standard Diluent
80 ng/ml	Standard No.4	250 ul Standard No.5 + 250 ul Standard Diluent
40 ng/ml	Standard No.3	250 ul Standard No.4 + 250 ul Standard Diluent
20 ng/ml	Standard No.2	250 ul Standard No.3 + 250 ul Standard Diluent
10 ng/ml	Standard No.1	250 ul Standard No.2 + 250 ul Standard Diluent
0 ng/ml	Standard No.0	Only Standard Diluent

Use the Standards immediately upon reconstitution. Discard balance standard after use. Do not store them for further experiments.

**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 Infliximab. High Dose Hook Effect is due to excess of antibody for very high concentrations of Infliximab present in the sample. High Dose Hook effect is most likely encountered from samples early in the purification process. If Hook Effect is possible, the samples to be assayed should be diluted with a compatible diluent. Thus if the Infliximab concentration of the undiluted sample is less than the diluted sample, this may be indicative of the Hook Effect.
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 Infliximab.
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 compromisation 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 Controls and Samples be run in duplicates. A standard curve is required for each assay. All steps must be performed at 37°C.
2. Add **100 ul** of **Standards** or **Samples** into 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 without delay in the same order **100 ul** of **Anti-Infliximab: HRP Conjugate** into each well.
6. Cover the plate and incubate for 60 minutes at 37°C.
7. 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.
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 reader.

**Calculation of Results:**

Determine the Mean Absorbance for each set of duplicate Standards and Samples. Using graph paper, plot the average value (absorbance 450 nm) 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 Infliximab concentrations, 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 Infliximab Concentration. If samples were diluted, multiply by the appropriate dilution factor.

Software which is able to generate a cubic spline curve-fit or a polynomial curve (2<sup>nd</sup> order) is best recommended

for automated results.

**Note:**

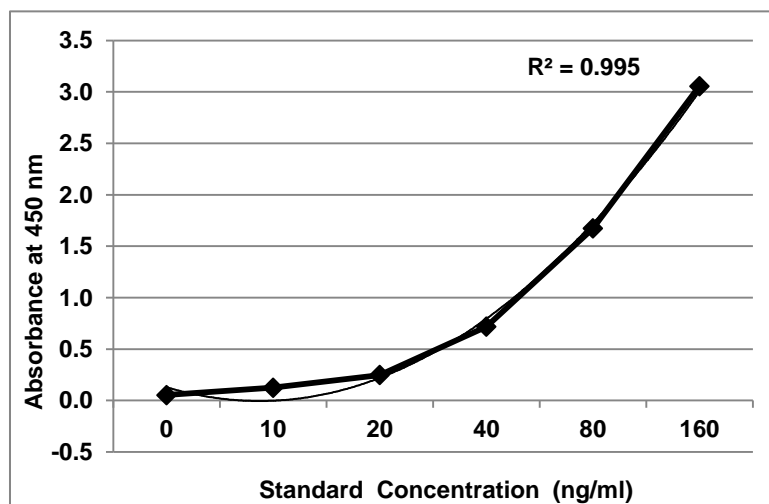
It is recommended to repeat the assay at a different dilution factor in the following cases:

- If the sample absorbance value is below the first standard.
- If the absorbance value is equivalent or higher than the 160 ng/ml standard.

**Typical Data**

Standard Concentration (ng/ml)	Abs A	Abs B	Mean Abs	Interpolated Concentration	% Interpolated Concentration against Actual Concentration
0	0.051	0.056	0.054	1.9	--
10	0.130	0.120	0.125	10.5	105.1
20	0.280	0.216	0.248	18.8	93.9
40	0.686	0.749	0.717	40.6	101.6
80	1.699	1.649	1.674	79.8	99.7
160	3.240	2.873	3.056	160.1	100.1

**Typical Graph**



**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 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 8 ng/ml.

This Kit has been Calibrated against an International Standard from the National Institute of Biologicals and Control (NIBSC), Potters Bar, Hertfordshire EN6 3QG, UK. 10 ng of supplied standard equals 0.01 IU of TNF-alpha binding activity. Please note that the calibration is lot specific.

**Specificity:**

The antibodies used in the kit are monoclonal antibodies, anti-idiotypic and specific for Infliximab. The calibrators / standards used are calibrated against commercially sourced Remicade™.

**Linearity:**

Standards provided in the kit will be used for measuring the linearity range of Infliximab present in matrix.

**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 (10 ng/ml), medium (40 ng/ml) and high (160 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	Inter Assay %CV
Low	<10%	<10%
Medium	<5%	<5%
High	<5%	<5%

**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/w) as preservative. They must not be swallowed or allowed to come into contact with skin or mucosa.
- Source materials maybe derived from human body fluids or organs used in the preparation of this kit were tested and found negative for HBsAg and HIV as well as for HCV antibodies. However, no known test guarantees the absence of such viral agents. Therefore, handle all components and all patient samples as if potentially hazardous.
- 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.

**References:**

Anti-TNF therapy and the risk of serious infections in a cohort of patients with rheumatoid arthritis: comparison of adalimumab, etanercept and infliximab in the GISEA ... F Atzeni, P Sarzi-Puttini, C Botsios, A Carletto... - Autoimmunity ..., 2012 - Elsevier.

Harmonization of infliximab and anti-infliximab assays facilitates the comparison between originators and biosimilars in clinical samples

A Gils, T Van Stappen, E Dreesen... - Inflammatory bowel ..., 2016 - academic.oup.com.

Intravenous hydrocortisone premedication reduces antibodies to infliximab in Crohn's disease: a randomized controlled trial RJ Farrell, M Alsahli, YT Jeen, KR Falchuk... - Gastroenterology, 2003 - Elsevier

ATI and infliximab measurement. Quantitative ATI and infliximab ELISA immunoassays. (Prometheus Laboratories, Inc., San Diego, CA) were performed blindly in duplicate on sera and measured as described previously. 9 Investigators.

Increased efficacy of infliximab associated with methotrexate in ankylosing spondylitis VC Pérez-Guijo, AR Cravo, M del Carmen Castro... - Joint Bone Spine, 2007 - Elsevier.

Clinical utility of antihuman lambda chain-based enzyme-linked immunosorbent assay (ELISA) versus double antigen ELISA for the detection of anti-infliximab ... U Kopylov, Y Mazor, M Yavzori, E Fudim... - Inflammatory bowel ..., 2011 - academic.oup.com

(TNF) therapy in rheumatoid arthritis: correlation of TNF-alpha serum level with clinical response and benefit from changing dose or frequency of infliximab. AF Edrees, SN Misra, NI Abdou - Clinical and ..., 2005 - pdfs.semanticscholar.org

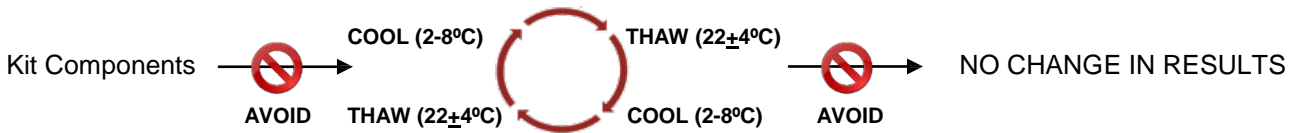
Detection of infliximab in breast milk of nursing mothers with inflammatory bowel disease. S Ben-Horin, M Yavzori, U Kopylov... - Journal of Crohn's ..., 2011 - academic.oup.com

**SCHEMATIC ASSAY PROCEDURE**

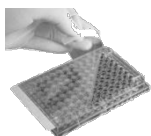

1. Remove all components, 30 minutes before adding into the assay plate.




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

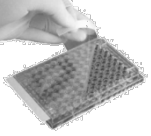




3.  Pipette **100 ul Standards / Samples** into the respective wells.

4.  Cover plate and incubate for  at 37°C.

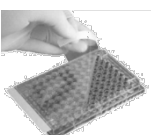

5.  Aspirate and wash wells 4 times with **Wash Buffer (1X)**.

6.  Pipette **100 ul Anti Infliximab:HRP** into each well.



7.  Cover plate and incubate for  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  at 37°C.

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

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



### Typical Example of a Work List

Well #	Contents	Absorbance at 450nm	Mean Absorbance	ng/ml Infliximab equivalent
1A 2A	zero std zero std			
1B 2B	10 ng/ml 10 ng/ml			
1C 2C	20 ng/ml 20 ng/ml			
1D 2D	40 ng/ml 40 ng/ml			
1E 2E	80 ng/ml 80 ng/ml			
1F 2F	160 ng/ml 160 ng/ml			
1G 2G	Sample			
1H 2H	Sample			
3A 4A	Sample			
3B 4B	Sample			

### LIMITED WARRANTY

Krishgen Biosystems 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, or against damages resulting from such non-Krishgen Biosystems made products or components. Krishgen Biosystems 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.













THIS WARRANTY IS EXCLUSIVE. The sole and exclusive obligation of Krishgen Biosystems shall be to repair or replace the defective Products in the manner and for the period provided above. Krishgen Biosystems 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 be liable for incidental, special, or consequential damages.

This Limited Warranty states the entire obligation of Krishgen Biosystems 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. 2021

**THANK YOU FOR USING KRISHGEN PRODUCT!**

## SYMBOLS KEY

	Anti-Infliximab Microtiter Plate (12x8 wells)
	Infliximab Standard lyophilized
	Conjugate Horseradish Peroxidase
	(1X) Sample Diluent
	(1X) Standard Diluent
	(20X) Wash Buffer
	TMB Substrate
	Stop Solution
	Consult Instructions for Use
	Catalogue Number
	Expiration Date
	Storage Temperature