

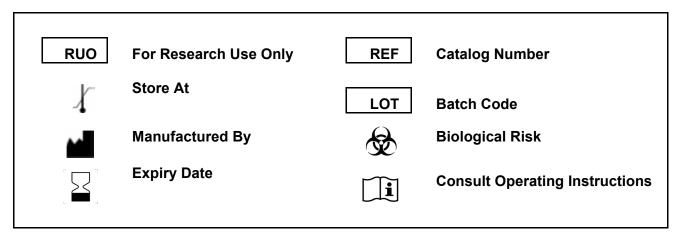
KRIBIOLISA™ Semaglutide (Ozempic™) ELISA

REF : KBI5030

Ver5.0

RUO

Immunoassay for Quantitative estimation of Semaglutide in solutions and human serum.



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KRIBIOLISA™ Semaglutide ELISA

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Introduction:

Semaglutide (trade name **Ozempic**) is a pharmaceutical drug in development by a Danish company Novo Nordisk for the treatment of type 2 diabetes. It is marketed by the name Ozempic. As a glucagon-like peptide-1 receptor agonist, it lowers the blood sugar level by increasing the production of insulin. It was discovered in 2012, by a team of researchers at Novo Nordisk as a longer-acting alternative to liraglutide. Clinical trials were started in 2015, and phase 3 was completed in 2016. FDA approval was applied in December 2016, and in October 2017 FDA Advisory Committee voted 16-0 in favor It can be used as both injection-type or oral-type drug.

Intended Use:

The KRIBIOLISA™ Semaglutide ELISA kit is used for estimation of Semaglutide in solutions and human serum.

Principle:

The Semaglutide ELISA is a competitive immunoassay for the determination of Semaglutide. The anti-GLP-1 antibodies are coated on 96 well plate. A constant concentration of Biotinylated GLP-1 and varying concentration of unlabeled Semaglutide or sample compete for binding to anti-GLP-1 antibodies. Captured Biotinylated GLP-1 antibodies are subsequently bound by Streptavidin-HRP which produces a soluble colored product after addition of TMB substrate. The enzyme reaction is stopped by dispensing of stop solution into the wells. The optical density (OD) of the solution at 450 nm is inversely proportional to the amount of bound Semaglutide molecule present in standards or samples.

Materials Provided:

- 1. Anti-GLP-1 Coated Microtiter Plate (12 x 8 wells) 1 no
- Semaglutide Standard 1 vial
- 3. Biotinylated GLP-1 2 vials
- 4. Concentrated Streptavidin-HRP Conjugate 1 vial
- 5. Conjugate Diluent 12 ml
- 6. Wash Buffer (20X) 25 ml
- 7. Assay Diluent- 50 ml
- 8. TMB Substrate 12 ml
- 9. Stop Solution 12 ml
- 10. Instruction Manual

Materials to be provided by the End-User:

- 1. Microplate Reader able to measure absorbance at 450 nm.
- 2. Adjustable pipettes to measure volumes ranging from 50 ul to 1000 ul.
- 3. Deionized (DI) water.
- 4. Wash bottle or automated microplate washer.
- 5. Graph paper or software for data analysis.
- 6. Tubes to prepare standard/sample dilutions.
- 7. Timer.
- 8. Absorbent paper.
- 9. Incubator.

Storage Information:

- 1. Store kit components at 2-8°C.
- 2. Store Biotinylated GLP-1 at -20°C. Aliquot and store at -20°C to avoid repeated freeze-thaw cycles.

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3. Before using, bring all components to room temperature (18-25°C). Upon assay completion return all components to appropriate storage conditions

Health Hazard Warnings:

- Reagents that contain preservatives may be harmful if ingested, inhaled or absorbed through the skin.
 Refer to the MSDS online for details.
- 2. To reduce the likelihood of blood-borne transmission of infectious agents, handle all serum and/or plasma in accordance with NCCLS regulations.

Specimen Collection and Handling:

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.

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

Note:

- 1. Samples to be used within 5 days may be stored at 4°C, otherwise samples must be stored at -20°C (≤1 month) or -80°C (≤2 months) to avoid loss of bioactivity and contamination.
- 2. Sample hemolysis will influence the result, so hemolytic specimen should not be used.
- 3. When performing the assay, bring samples to room temperature.
- It is highly recommended to use serum instead of plasma for the detection based on quantity of our inhouse data.

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

- 1. Bring all kit components and samples to room temperature (18-25°C) before use. If the kit will not be used up in one time, please only take out strips and reagents for present experiment, and leave the remaining strips and reagents in required condition.
- Standard: The concentration of the standard in the stock solution is 1.34 mg/ml. Use 2.24 ul and dilute with 597.76 ul of Assay Diluent to get a concentration of 5 ug/ml. Prepare the standards as per the table given below using this diluted solution (5 ug/ml) and Assay Diluent.

Standard Concentrations	Standard	Dilution Particulars		
2.50 ug/ml	2.50 ug/ml Standard No.5 300 ul diluted Solution from above (5 ug Diluent			
1.00 ug/ml	Standard No.4	200 ul Standard No.5 + 300 ul Assay Diluent		
0.25 ug/ml	Standard No.3	125 ul Standard No.4 + 375 ul Assay Diluent		
0.05 ug/ml	Standard No.2	100 ul Standard No.3 + 400 ul Assay Diluent		
0.00 ug/ml	Standard No.1	300 ul Assay Diluent		

Mix each tube thoroughly before the next transfer. Set up 5 points of diluted standard such as 0 ug/ml, 0.05 ug/ml, 0.25 ug/ml, 1.0 ug/ml and 2.5 ug/ml.

- 3. **Biotinylated GLP-1:** Dilute in the ratio of 1:100 using Assay Diluent. Add 10ul of Biotinylated GLP-1 to 990 ul of Assay Diluent to make final volume to 1 ml.
- 4. Streptavidin:HRP Conjugate: The Streptavidin:HRP Conjugate is provided in a concentrated form. Dilute as required prior to running the assay using Conjugate Diluent. The dilution should be done in the ratio of 1:500. (for example, 4 ul of conc. Streptavidin:HRP Conjugate and 1996 ul of Conjugate Diluent. Note: any unused diluted conjugate should be discarded and not reused. Only freshly prepared diluted Conjugate should be used for the assay.

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Procedural Notes:

- In order to achieve good assay reproducibility and sensitivity, proper washing of the plates to remove excess un-reacted reagents is essential.
- 2. Avoid assay of Samples containing Sodium Azide (NaN₃), as it could destroy the HRP activity resulting in under-estimation of the amount of Semaglutide.
- 3. It is recommended that all Standards and Samples be assayed in duplicates.
- 4. Maintain a repetitive timing sequence from well to well for all the steps to ensure that the incubation timings are same for each well.
- 5. If the Substrate has a distinct blue color prior to use it may have been contaminated and use of such substrate can lead to low / incorrect results.
- 6. The plates should be read within 30 minutes after adding the Stop Solution.
- 7. It is advisable to 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 or triplicates. A standard curve is required for each assay. All steps must be performed at 37°C
- 2. Pipette 100 ul of Standards or Samples into the respective wells.
- 3. Cover the plate and incubate for 90 minutes at 37°C
- 4. Pipette 50 ul of diluted Biotinylated GLP-1 into each well.
- 5. Cover the plate and incubate for 90 minutes at 37°C
- 6. 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.
- 7. Add 100 ul of diluted Strepatividin: HRP Conjugate in each well.
- 8. Incubate the microplate for 60 minutes at 37°C.
- 9. 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.
- 10. Add 100 ul of TMB Substrate in each well.
- 11. Incubate the plate at 37°C for 15-30 minutes in dark. DO NOT SHAKE or else it may result in higher backgrounds and worse precision. Positive wells should turn bluish in color.
- 12. Pipette out 100 ul of Stop Solution. Wells should turn from blue to yellow in color.
- 13. Read the absorbance at 450 nm with a microplate reader.

Calculation 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 Semaglutide 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 Semaglutide Concentration. If samples were diluted, multiply by the appropriate dilution factor.

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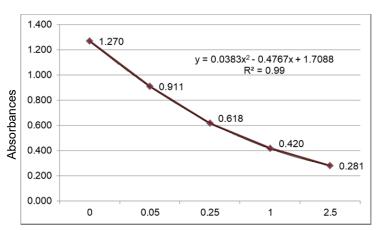
Software which is able to generate a linear regression is best recommended for automated results.

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 2.5 ug/ml standard.

Typical Example of Graph



Semaglutide Concentrations (ug/ml)

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 0.05 ug/ml

Specificity:

The antibodies used in the kit are monoclonal GLP-1 antibody with cross-reactivity to Semaglutide. The calibrators used are certified against commercially available Ozempic™.

Linearity:

Standards provided in the kit will be used for measuring the linearity range of Semaglutide present in matrix. The standard graph range indicated is 0 ug/ml to 2.5 ug/ml.

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 (0.01 ug/ml), medium (0.5 ug/ml) and high (2 ug/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.

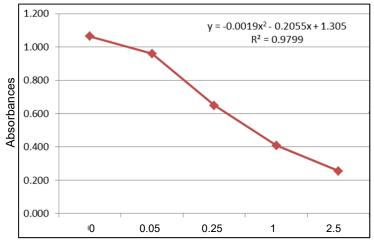


Pool	Intra Assay %CV	Inter Assay %CV		
Low	<10%	<10%		
Medium	<5%	<5%		
High	<5%	<5%		

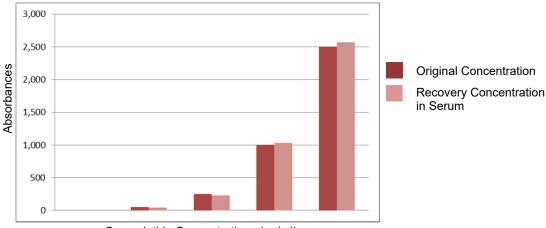
Recovery:

Known amount of Semaglutide was "spiked" in diluted normal human serum (1:1000) and run in the ELISA. The resulting concentration, or "recovery" of the spiked material, demonstrates if the expected value can be measured accurately. If the recovered value differs significantly from the amount expected, this may be a sign that some factor in the sample matrix may be causing a falsely elevated or falsely depressed value.

Standard ug/ml	Abs 1	Abs 2	Mean Abs	Recov Conc	% Recovery in Serum
0	1.067	1.061	1.064	-	-
0.05	0.968	0.952	0.960	0.042	84.68
0.25	0.660	0.638	0.649	0.228	91.31
1.00	0.424	0.392	0.408	1.033	103.35
2.50	0.221	0.289	0.255	2.568	102.74



Semaglutide Concentrations (ug/ml)



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Semaglutide Concentrations (ug/ml)

Con/Conc = Concentration Abs = Absorbance at 450 nm

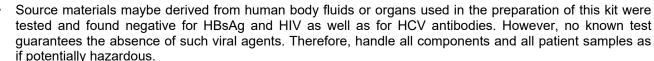
Recov Conc / Backend Calculation = Recovery Concentration

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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.





- 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:

Discovery of the once-weekly glucagon-like peptide-1 (GLP-1) analogue semaglutide

J Lau, P Bloch, L Schäffer, I Pettersson... - Journal of medicinal ..., 2015 - ACS Publications

... Discovery of the Once-Weekly Glucagon-Like Peptide-1 (GLP-1) Analogue Semaglutide ... Semaglutide was selected as the optimal once weekly candidate. Semaglutide has two amino acid substitutions compared to human GLP-1 (Aib 8 , Arg 34) and is derivatized at lysine 26 ...

Lipopeptides as therapeutics: applications and in vivo quantitative analysis

J Zemenová, D Sýkora, L Maletínská, J Kuneš - Bioanalysis, 2017 - Future Science

... assays do not detect fragments of ghrelin, as observed for the single-site ELISAs that have ... ethanol

and 1.5% hydrochloric acid was reported as the sample preparation procedure preceding the ELISA. In the case of semaglutide, the other novel GLP-1 analog, the use of ELISA ...

Comparison of ELISA and HPLC-MS methods for the determination of exenatide in biological and biotechnology-based formulation matrices

AR Pinho, A Fortuna, A Falcão, AC Santos... - Journal of ..., 2019 - Elsevier

... Comparison of ELISA and HPLC-MS methods for the determination of exenatide in biological and biotechnology-based formulation matrices ... Description of main ELISA and HPLC-MS main features and comparison towards exenatide's quantification. • ... F Azizova-Such - carlsibicky.wordpress.com

... The diagnosis of HIT is excluded if the OD of the ELISA is <0.40 and confirmed if the OD is >2.00 ...

GLP-1 receptor agonists liraglutide and semaglutide significantly decrease cardiovascular death

and major cardiac events; however, the cardiac benefits of this class are delayed ...

Canadian Canagliflozin Registry (CanCARE)—A Prospective, Observational, Assessment of Canagliflozin Treatment in Type 2 Diabetes Mellitus (T2DM); Six Month ...

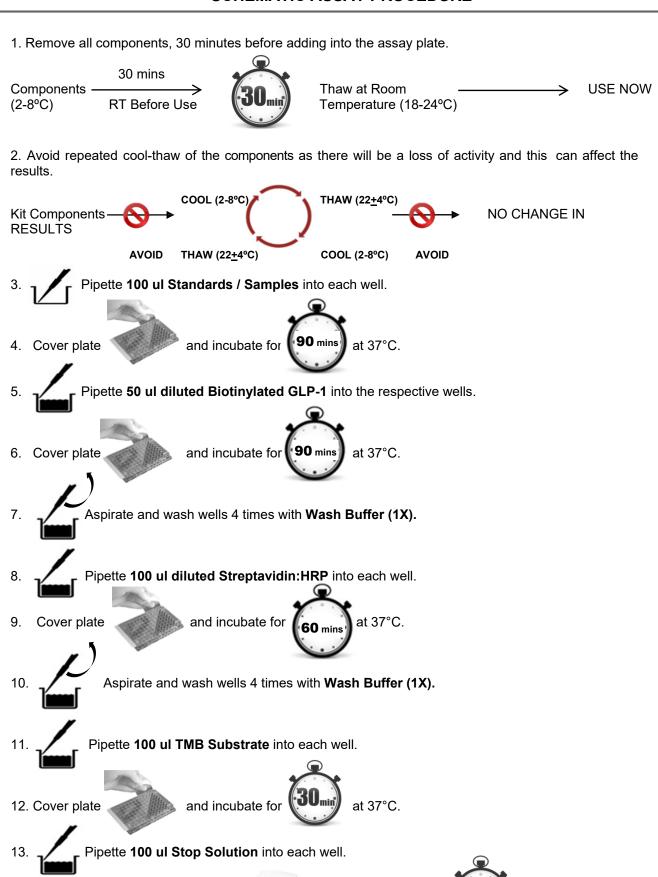
V Woo, HS Bajaj, A Bell... - Canadian ..., 2017 - canadianjournalofdiabetes.com

... After 48h of treatments, DHEA levels were measured in culture media by ELISA and corrected for protein quantification ... Semaglutide, a GLP-1 analog in development for once-weekly sub-cutaneous treatment of T2D, demonstrated superior HbA1c and body weight reductions vs ...



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SCHEMATIC ASSAY PROCEDURE



#KBI5030 Ver5.0 www.krishgen.com

microplate reader within

of stopping reaction.

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14. Read absorbance at 450nm with a



Typical Example of a Work List

Well #	Contents	Absorbance at 450nm	Mean Absorbance	ng/ml Semaglutide equivalent
1A 2A	0.00 ug/ml 0.00 ug/ml			
1B 2B	0.05 ug/ml 0.05 ug/ml			
1C 2C	0.25 ug/ml 0.25 ug/ml			
1D 2D	1.00 ug/ml 1.00 ug/ml			
1E 2E	2.50 ug/ml 2.50 ug/ml			
1F 2F	Sample			
1G 2G	Sample			
1H 2H	Sample			

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