

# **ab108749 – Anti-Leishmania IgG Human ELISA Kit**

## Instructions for Use

For the qualitative measurement of IgG class antibodies against Leishmania in Human serum and plasma (citrate).

This product is for research use only and is not intended for diagnostic use.

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## 1. BACKGROUND

Abcam's anti-Leishmania IgG Human *in vitro* ELISA (Enzyme-Linked Immunosorbent Assay) kit is designed for the accurate qualitative measurement of IgG class antibodies against Leishmania in Human serum and plasma.

A 96-well plate has been precoated with Leishmania antigens to bind cognate antibodies. Controls or test samples are added to the wells and incubated. Following washing, a horseradish peroxidase (HRP) labelled anti-Human IgG conjugate is added to the wells, which binds to the immobilized Leishmania-specific antibodies. TMB is then catalyzed by the HRP to produce a blue color product that changes to yellow after adding an acidic stop solution. The density of yellow coloration is directly proportional to the amount of Leishmania IgG sample captured in plate.

Leishmania is a protozoan belonging to the order trypanosomatidae. The parasites exist in two forms: the promastigotes in the midgut of the vector insect, and the amastigotes within the phagolysosomes of macrophages in their mammalian hosts. In the macrophages they live as round, non-motile amastigotes (3-7  $\mu\text{m}$  in diameter). The macrophages are ingested by the sandfly during blood-meal and the amastigotes are released into their stomach. Almost immediately the amastigotes transform into the motile, elongated (10-20 $\mu\text{m}$ ), flagellate promastigote form, which migrate to the alimentary tract of the fly and after multiplication move forward to the salivary glands of the insect. Leishmaniases are a globally widespread group of parasitic diseases; the "type" is determined by the primary location of the macrophages that are infected. In Humans four different forms of Leishmaniasis with a broad range of clinical manifestations are present; all can have devastating consequences. Leishmaniasis currently affects some 12 million people in 88 countries, all but 16 of which are in the developing world. It is estimated that 350 million people are exposed to the risk of infection by the different species of Leishmania parasite; the annual incidence of new cases is about 2 million (1-1.5 million cases of CL, 500,000 cases of VL). Visceral leishmaniasis (VL) is the most severe form of the disease, which, if untreated, has a mortality rate of almost

## PRODUCT INFORMATION

100%. Like many other tropical diseases, the leishmaniasis are related to economic development and man-made environmental changes, which increase exposure to the sandfly vector. The geographical distribution is limited by the distribution of the sandfly. AIDS and other immunosuppressive conditions increase the risk of Leishmania infected people developing visceral illness (VL). Leishmania/HIV co-infections are considered to be a real “emerging disease”, especially in south-western Europe, where 25-80% of adult VL cases are related to HIV infection, and 1.5-9.5% of AIDS cases suffer from newly acquired or reactivated VL. Intravenous drug users have been identified as the main population at risk.

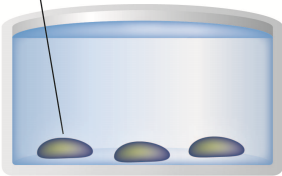
Species	Disease	Symptoms	Mechanism of Infection
Leishmania infantum Leishmania donovani	Visceral leishmaniasis (VL) or kala-azar	Irregular bouts of fever, substantial weight loss, swelling of spleen and liver and anaemia	Transmission (in the saliva) by the bite of infected female sandflies of the genus phlebotomus in the Old World and Lutzomyia in the New World. The insects are 2 to 3 mm long and are found throughout the tropical and temperate parts of the world. Transmission primarily zoonotic, but anthroponotic forms exist.
Leishmania major	Cutaneous leishmaniasis (CL)	Self-limiting skin lesions	
Leishmania brasiliensis	Mucocutaneous leishmaniasis (MCL)	Skin ulcers, which can spread and cause hideous tissue destructions	
Leishmania mexicana	Diffuse cutaneous leishmaniasis (DCL)	Disseminated and chronic lesions which resemble those of lepromatous leprosy	

Infection may be identified by

- Microscopy
- Serology: IFA, ELISA

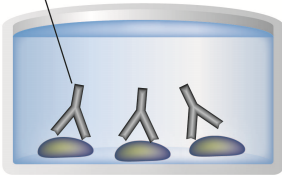
## 2. ASSAY SUMMARY

### Capture Antigens



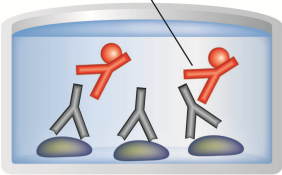
Prepare all reagents, samples and controls as instructed.

### Sample



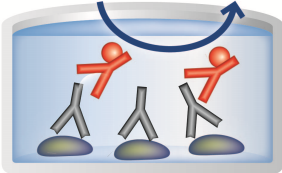
Add samples and controls to wells used. Incubate at 37°C.

### Labeled HRP-Conjugate



Wash each well and add prepared labeled HRP-Conjugate. Incubate at room temperature.

### Substrate Colored Product



After washing, add TMB substrate solution to each well. Incubate at room temperature. Add Stop Solution to each well. Read immediately.

### 3. PRECAUTIONS

Please read these instructions carefully prior to beginning the assay.

All kit components have been formulated and quality control tested to function successfully as a kit. Modifications to the kit components or procedures may result in loss of performance.

### 4. STORAGE AND STABILITY

Store kit at 2-8°C immediately upon receipt.

Refer to list of materials supplied for storage conditions of individual components. Observe the storage conditions for individual prepared components in section 9. Reagent Preparation.

### 5. MATERIALS SUPPLIED

Item	Amount	Storage Condition (Before Preparation)
Leishmania (IgG) Coated Microplate (12 x 8 wells)	96 Wells	2-8°C
IgG Sample Diluent***	100 mL	2-8°C
Stop Solution	15 mL	2-8°C
20X Washing Solution*	50 mL	2-8°C
Leishmania Protein A Conjugate**	20 mL	2-8°C
TMB Substrate Solution	15 mL	2-8°C
Leishmania IgG Positive Control***	2 mL	2-8°C
Leishmania IgG Cut-off Control***	3 mL	2-8°C
Leishmania IgG Negative Control***	2 mL	2-8°C

\* Contains 0.1 % Bronidox L after dilution

\*\* Contains 0.2 % Bronidox L

\*\*\* Contains 0.1 % Kathon

### 6. MATERIALS REQUIRED, NOT SUPPLIED

These materials are not included in the kit, but will be required to successfully utilize this assay:

- Microplate reader capable of measuring absorbance at 450 nm or 620 nm
- Incubator at 37°C
- Multi and single channel pipettes to deliver volumes between 10 and 1,000 µL
- Optional: Automatic plate washer for rinsing wells
- Vortex tube mixer
- Deionised or (freshly) distilled water
- Disposable tubes
- Timer

### 7. LIMITATIONS

- ELISA kit intended for research use only. Not for use in diagnostic procedures
- All components of Human origin used for the production of these reagents have been tested for anti-HIV antibodies, anti-HCV antibodies and HBsAg and have been found to be non-reactive. Nevertheless, all materials should still be regarded and handled as potentially infectious
- Use only clean pipette tips, dispensers, and lab ware.
- Do not interchange screw caps of reagent vials to avoid cross-contamination
- Close reagent vials tightly immediately after use to avoid evaporation and microbial contamination
- After first opening and subsequent storage check conjugate and control vials for microbial contamination prior to further use

- To avoid cross-contamination and falsely elevated results pipette patient samples and dispense conjugate, without splashing, accurately to the bottom of wells

### 8. TECHNICAL HINTS

- Avoid foaming or bubbles when mixing or reconstituting components
- Avoid cross contamination of samples or reagents by changing tips between sample, standard and reagent additions.
- Ensure plates are properly sealed or covered during incubation steps
- Complete removal of all solutions and buffers during wash steps is necessary for accurate measurement readings
- **This kit is sold based on number of tests. A ‘test’ simply refers to a single assay well. The number of wells that contain sample, control or standard will vary by product. Review the protocol completely to confirm this kit meets your requirements. Please contact our Technical Support staff with any questions**



## 9. REAGENT PREPARATION

Equilibrate all reagents, samples and controls to room temperature (18-25°C) prior to use.

### 9.1 1X Washing Solution

Prepare 1X Washing Solution by diluting 20X Washing Solution with deionized water. To make 200 mL 1X Washing Solution combine 10 mL 20X Washing Solution with 190 mL deionized water. Mix thoroughly and gently.

- All other solutions are supplied ready to use

## 10. SAMPLE COLLECTION AND STORAGE

- Use Human serum or plasma (citrate) samples with this assay. If the assay is performed within 5 days of sample collection, the specimen should be kept at 2-8°C; otherwise it should be aliquoted and stored deep-frozen (-20 to -80°C). If samples are stored frozen, mix thawed samples well before testing.

*Avoid repeated freezing and thawing.*

Heat inactivation of samples is not recommended

## 11. SAMPLE PREPARATION

- Before assaying, all samples should be diluted 1:100 with IgG Sample Diluent. Add 10 µL sample to 1 mL IgG Sample Diluent to obtain a 1:100 dilution. Mix gently and thoroughly.

## 12. PLATE PREPARATION

- The 96 well plate strips included with this kit are supplied ready to use. It is not necessary to rinse the plate prior to adding reagents
- Unused well strips should be returned to the plate packet and stored at 4°C
- For each assay performed, a minimum of 1 well must be used as a blank, omitting sample and conjugate from well addition
- For statistical reasons, we recommend each standard and sample should be assayed with a minimum of two replicates (duplicates)

## **13. ASSAY PROCEDURE**

- **Equilibrate all materials and prepared reagents to room temperature prior to use.**
- **Please read the test protocol carefully before performing the assay. Reliability of results depends on strict adherence to the test protocol as described.**
- **If performing the test on ELISA automatic systems we recommend increasing the washing steps from three to five and the volume of washing solution from 300  $\mu$ L to 350  $\mu$ L to avoid washing effects.**
- **All controls (Leishmania IgG Positive, Leishmania IgG Negative and Leishmania IgG Cut-off) must be included with each assay performed to determine test results**
- **Assay all standards, controls and samples in duplicate.**
  - 13.1. Prepare all reagents, standards, and samples as directed in the previous sections.
  - 13.2. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, reseal and return to 4°C storage.
  - 13.3. Add 100  $\mu$ L of controls or diluted sample into appropriate wells. Leave one well for substrate blank.
  - 13.4. Cover wells with the foil supplied in the kit and incubate for 1 hour at 37°C.
  - 13.5. Remove the foil, aspirate the contents of the wells and wash each well three times with 300  $\mu$ L of 1X Washing Solution. Avoid spill over into neighboring wells. The soak time between each wash cycle should be >5 sec. After the last wash, remove the remaining 1X Washing Solution by aspiration or decanting. Invert the plate and blot it against clean paper towels to remove excess liquid.

Note: Complete removal of liquid at each step is essential for good assay performance.

## ASSAY PROCEDURE

- 13.6. Add 100  $\mu$ L Leishmania Protein A Conjugate into all wells except for the blank well. Cover with foil.
- 13.7. Incubate for 30 minutes at room temperature. Do not expose to direct sunlight.
- 13.8. Repeat step 13.5.
- 13.9. Add 100  $\mu$ L TMB Substrate Solution into all wells
- 13.10. Incubate for exactly 15 minutes at room temperature in the dark.
- 13.11. Add 100  $\mu$ L Stop Solution into all wells in the same order and at the same rate as for the TMB Substrate Solution.  
Note: Any blue color developed during the incubation turns into yellow.
- 13.12. Highly positive samples can cause dark precipitates of the chromogen. These precipitates have an influence when reading the optical density. Predilution of the sample with PBS for example 1:1 is recommended. Then dilute the sample 1:100 with IgG Sample Diluent and multiply the results in Standard Units by 2 (See Section 14. Calculations.)
- 13.13. Measure the absorbance of the specimen at 450 nm within 30 minutes after addition of the Stop Solution.  
*Dual wavelength reading using 620 nm as reference wavelength is recommended.*

## 14. CALCULATIONS

In order for an assay to be considered valid, the following criteria must be met:

- **Substrate blank:** Absorbance value < **0.100**
- **Negative control:** Absorbance value < **0.200** and < **cut-off**
- **Cut-off control:** Absorbance value **0.150 – 1.300**
- **Positive control:** Absorbance value > **cut-off**

If these criteria are not met, the test is not valid and must be repeated.

### Calculation of Results

Calculate the mean background subtracted absorbances for each sample and compare to mean Cut-off control value.

The Cut-off control value is the mean absorbance value of the Cut-off control wells.

Example: Absorbance value Cut-off control Well 1 = 0.156

Absorbance value Cut-off control Well 2 = 0.168

Mean Cut Off value:  $(0.156 + 0.168)/2 = 0.162$

### Interpretation of Results

Samples are considered to give a positive signal if the absorbance value is greater than 10% over the cut-off value.

Samples with an absorbance value of less than 10% above or below the Cut-off control value should be considered as inconclusive (grey zone) i.e. neither positive or negative. It is recommended to repeat the assay using fresh samples. If results of the second test are again less than 10% above or below the Cut-off control value the sample has to be considered negative.

Samples are considered negative if the absorbance value is lower than 10% below the cut-off.

## Results in Standard Units

$$\frac{\text{Patient (mean) absorbance value} \times 10}{\text{Cut-off}} = \text{Standard Units}$$

*Example:*            
$$\frac{1.786 \times 10}{0.38} = 47 \text{ Standard Units}$$

Cut-off:	10	Standard Units
Grey zone:	9-11	Standard Units
Negative:	<9	Standard Units
Positive:	>11	Standard Units

## 15. TYPICAL SAMPLE VALUES

### PRECISION –

Positive Serum	<b>Intra-Assay</b>	<b>Inter-Assay</b>
n=	7	4
Mean	1.609	0.735
%CV	7.4	5.9

## 16. ASSAY ANALYTICAL SPECS

### SPECIFICITY -

The specificity is 85% and is defined as the probability of the assay scoring negative in the absence of the specific analyte.

### SENSITIVITY -

The sensitivity is 91% and is defined as the probability of the assay scoring positive in the presence of the specific analyte.

## 17. INTERFERENCES

Interferences with hemolytic, lipemic or icteric sera are not observed up to a concentration of 10 mg/mL hemoglobin, 5 mg/mL triglycerides and 0.2 mg/mL bilirubin.

## 18. TROUBLESHOOTING

Problem	Cause	Solution
Low signal	Incubation time too short	Try overnight incubation at 4 °C
	Precipitate can form in wells upon substrate addition when concentration of target is too high	Increase dilution factor of sample
	Using incompatible sample type (e.g. serum vs. cell extract)	Detection may be reduced or absent in untested sample types
	Sample prepared incorrectly	Ensure proper sample preparation/dilution
Large CV	Bubbles in wells	Ensure no bubbles present prior to reading plate
	All wells not washed equally/thoroughly	Check that all ports of plate washer are unobstructed/wash wells as recommended
	Incomplete reagent mixing	Ensure all reagents/master mixes are mixed thoroughly
	Inconsistent pipetting	Use calibrated pipettes & ensure accurate pipetting
	Inconsistent sample preparation or storage	Ensure consistent sample preparation and optimal sample storage conditions (e.g. minimize freeze/thaws cycles)



## RESOURCES

<b>Problem</b>	<b>Cause</b>	<b>Solution</b>
High background	Wells are insufficiently washed	Wash wells as per protocol recommendations
	Contaminated wash buffer	Make fresh wash buffer
	Waiting too long to read plate after adding stop solution	Read plate immediately after adding stop solution
Low sensitivity	Improper storage of ELISA kit	Store all reagents as recommended. Please note all reagents may not have identical storage requirements.
	Using incompatible sample type (e.g. Serum vs. cell extract)	Detection may be reduced or absent in untested sample types

19. NOTES



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