



Human Proinsulin
250 Tubes
Cat. # HPI-15K

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HPI-15K

HUMAN PROINSULIN RIA KIT
250 TUBES (Cat. # HPI-15K)

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HUMAN PROINSULIN RIA KIT

250 TUBES (Cat. # HPI-15K)

I. INTENDED USE

This Human Proinsulin Kit is for the quantitative determination of Proinsulin in serum, plasma, and other biological media. This assay cross-reacts neither with Human Insulin (<0.1%) nor with Human C-Peptide (0.1%) and therefore measures "true" Proinsulin levels. It is a completely homologous assay since the antibody was raised against purified Human Proinsulin and both the standard and the tracer are prepared with Human Proinsulin.

For Research Use Only. Not for Use in Diagnostic Procedures.

II. PRINCIPLES OF PROCEDURE

In radioimmunoassay, a fixed concentration of labeled tracer antigen is incubated with a constant dilution of antiserum such that the concentration of antigen binding sites on the antibody is limited, for example, only 50% of the total tracer concentration may be bound by antibody. If unlabeled antigen is added to this system, there is competition between labeled tracer and unlabeled antigen for the limited and constant number of binding sites on the antibody. Thus, the amount of tracer bound to antibody will decrease as the concentration of unlabeled antigen increases. This can be measured after separating antibody-bound from free tracer and counting one or the other, or both fractions. A standard curve is set up with increasing concentrations of standard unlabeled antigen and from this curve the amount of antigen in unknown samples can be calculated. Thus, the four basic necessities for a radioimmunoassay system are: a specific antiserum to the antigen to be measured, the availability of a radioactive labeled form of the antigen, a method whereby antibody-bound tracer can be separated from the unbound tracer, and finally, an instrument to count radioactivity.

The EMD Millipore Human Proinsulin assay utilizes ¹²⁵I-labeled Human Proinsulin and a Human Proinsulin antiserum to determine the level of Proinsulin in serum, plasma or tissue culture media by the double antibody/PEG technique.

III. REAGENTS SUPPLIED

Each kit is sufficient to run 250 tubes and contains the following reagents:

A. Assay Buffer

0.05M Phosphosaline pH 7.4 containing 0.025M EDTA, 0.08% Sodium Azide, and 1% RIA Grade BSA
Quantity: 40 mL/vial
Preparation: Ready to use

B. Human Proinsulin Antibody

Goat anti-Human Proinsulin Specific Antibody Serum in Assay Buffer
Quantity: 26 mL/vial
Preparation: Ready to use

C. ¹²⁵I-Human Proinsulin

¹²⁵I-Proinsulin Label, HPLC purified (specific activity 229 $\mu\text{Ci}/\mu\text{g}$)
Lyophilized for stability. Freshly iodinated label contains <3 μCi , (111 kBq) calibrated to the 1st Monday of each month.
Quantity: 27 mL/vial upon hydration
Preparation: Contents Lyophilized. Hydrate with entire contents of Label Hydrating Buffer. Allow to sit at room temperature for 30 minutes, with occasional gentle mixing.

D. Human Proinsulin Label Hydrating Buffer

Assay Buffer containing Normal Goat Serum as a carrier. Used to hydrate ¹²⁵I-Proinsulin.
Quantity: 27 mL/vial
Preparation: Ready to use

E. Human Proinsulin Standards

Purified Recombinant Human Proinsulin in Assay Buffer at the following concentration:
100 pM
Quantity: 3 mL/vial
Preparation: Ready to use

F. Matrix Solution

For correction of matrix effect in serum and plasma samples. Sample contains 0.08% Sodium Azide
Quantity: 6 mL/bottle

G. Quality Controls 1 & 2

Purified Recombinant Human Proinsulin in Assay Buffer
Quantity: 1 mL/vial
Preparation: Ready to use

H. Precipitating Reagent

Donkey anti Goat IgG Serum, 3% PEG and 0.05% Triton X-100 in 0.05M Phosphosaline, 0.025M EDTA, 0.08% Sodium Azide
Quantity: 260 mL/vial
Preparation: Ready to use; chill to 4°C.

IV. STORAGE AND STABILITY

Refrigerate all reagents between 2 and 8°C for short term storage. For prolonged storage (>2 weeks), freeze at $\leq -20^{\circ}\text{C}$. Avoid multiple (>5) freeze/thaw cycles. Refer to date on bottle for expiration when stored at $\leq -20^{\circ}\text{C}$. Do not mix reagents from different kits unless they have the same lot number.

V. REAGENT PRECAUTIONS

A. Radioactive Materials

This radioactive material may be received, acquired, possessed and used only by research personnel or clinical laboratories for in vitro research tests not involving internal or external administration of the material, or the radiation there from, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations of the U. S. Nuclear Regulatory Commission (NRC) or of a State with which the Commission has entered into an agreement for the exercise of regulatory authority.

The following are suggested general rules for the safe use of radioactive material. The customer's Radiation Safety Officer is ultimately responsible for the safe handling and use of radioactive material.

1. Wear appropriate personal protective devices at all times while in areas where radioactive materials are used or stored.
2. Wear laboratory coats, disposable gloves, and other protective clothing at all times.
3. Monitor hands, shoes, and clothing and immediate area surrounding the work station for contamination after each procedure and before leaving the area.
4. Do not eat, drink, or smoke in any area where radioactive materials are stored or used.
5. Never pipette radioactive material by mouth.
6. Dispose of radioactive waste in accordance with NRC rules and regulations.
7. Avoid contaminating objects such as telephones, light switches, doorknobs, etc.
8. Use absorbent pads for containing and easily disposing of small amounts of contamination.
9. Wipe up all spills immediately and thoroughly and dispose of the contaminated materials as radioactive waste. Inform Radiation Safety Officer.




B. Sodium Azide

Sodium Azide has been added to all reagents as a preservative at a concentration of 0.08%. Although it is at a minimum concentration, Sodium Azide may react with lead and copper plumbing to form highly explosive metal azides. On disposal, flush with a large volume of water to prevent azide build up.

Note: See Full Labels of Hazardous components on next page.

V. REAGENT PRECAUTIONS (CONTINUED)

Full labels of hazardous components in this kit:

Ingredient, Cat #		Full Label	
¹²⁵ I-Human ProInsulin Tracer	9015	 	<p>Danger. Harmful if swallowed. Causes serious eye damage. Harmful to aquatic life with long lasting effects. Avoid release to the environment. Wear eye protection. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical advice/ attention.</p>
Human ProInsulin Antibody	1015-K		<p>Warning. Causes serious eye irritation. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.</p>

VI. MATERIALS REQUIRED BUT NOT PROVIDED

1. Borosilicate glass tubes, 12 x 75 mm. (NOTE: Polypropylene or polystyrene tubes may be used if the investigator finds that the pellet formation is acceptably stable in their system.)
2. 100 μ L and 200 μ L pipettes with disposable tips
3. 100 μ L & 1.0 mL repeating dispenser
4. Refrigerated swing bucket centrifuge capable of developing 2,000 - 3,000xg. (Use of fixed-angle buckets is not recommended.)
5. Absorbent paper
6. Vortex mixer
7. Refrigerator
8. Gamma Counter

VII. SPECIMEN COLLECTION AND STORAGE

1. A maximum of 200 μ L per assay tube of serum or plasma can be used. Smaller volumes of sample may be used when Proinsulin concentrations are anticipated to be elevated or when sample size is limited. Additional Assay Buffer must be added to compensate for the difference so the volume is equivalent to 200 μ L, e.g., when using 100 μ L sample, add 100 μ L buffer. (See the note under the "Calculations" section.)
2. Care must be taken when using heparin as an anticoagulant, since an excess will provide falsely high values. Use no more than 10 IU heparin per mL of blood collected.
3. Specimens can be stored at 4°C if they will be tested within 24 hours of collection. For longer storage, specimens should be stored at \leq -20°C. Avoid multiple (>5) freeze/thaw cycles.
4. Avoid using samples with gross hemolysis or lipemia.

VIII. ASSAY PROCEDURE

Standard Preparation

Use care in opening the Standard vial.

Label five glass tubes 1, 2, 3, 4, and 5. Add 1.0 mL Assay Buffer to each of the six tubes. Prepare serial dilutions by adding 1.0 mL of the 100-pM standard to tube 1, mix well and transfer 1.0 mL of tube 1 to tube 2, mix well and transfer 1.0 mL of tube 2 to tube 3, mix well and transfer 1.0 mL of tube 3 to tube 4, mix well and transfer 1.0 mL of tube 4 to tube 5, mix well.

Note: Do not use a Repeater pipette. Change tip for every dilution. Wet tip with Standard before dispensing. Unused portions of standard should be stored at $\leq -20^{\circ}\text{C}$. Avoid multiple freeze/thaw cycles.

Tube #	Standard Concentration	Volume of Assay Buffer to Add	Volume of Standard to Add
1	50 pM	1.0 mL	1.0 mL of 100 pM
2	25 pM	1.0 mL	1.0 mL of 50 pM
3	12.5 pM	1.0 mL	1.0 mL of 25 pM
4	6.25 pM	1.0 mL	1.0 mL of 12.5 pM
5	3.125 pM	1.0 mL	1.0 mL of 6.25 pM

For optimal results, accurate pipetting and adherence to the protocol are recommended.

A. Assay Set-Up, Day One

1. Pipet 400 μL of Assay Buffer to the Non-Specific Binding (NSB) tubes (3-4), 200 μL to Reference (Bo) tubes (5-6), no buffer to tubes 7-22, and 100 μL to tubes 23 through the end of the assay.
2. Pipet 200 μL of Standards and Quality Controls in duplicate (see flow chart).
3. Pipet 200 μL of each Sample in duplicate. (NOTE: Smaller volumes of sample may be used when Proinsulin concentrations are anticipated to be elevated or when sample size is limited. Additional Assay Buffer should be added to compensate for the difference so that the volume is equivalent to 200 μL , e.g., when using 100 μL of sample, add 100 μL of Assay Buffer). Refer to Section IX for calculation modification.
4. Pipet 100 μL of Matrix Solution-HPI to tubes 5 to 22.
5. Pipet 100 μL of Human Proinsulin antibody to all tubes except Total Count tubes (1-2) and NSB tubes (3-4).
6. Vortex, cover, and incubate 48 hours at room temperature.

B. Day Three

7. Pipet 100 μL of hydrated ^{125}I -Proinsulin tracer to all tubes. Important: For preparation, see Section III, Part C.
8. Vortex, cover, and incubate 22 hours at room temperature.

VIII. ASSAY PROCEDURE (continued)

C. Day Four

9. Add 1.0 mL of cold (4°C) Precipitating Reagent to all tubes (except Total Count tubes).
10. Vortex and incubate 20 minutes at 4°C.
11. Centrifuge, 4°C, all tubes [except Total Count tubes (1-2)] for 25 minutes at 2,000-3,000xg. NOTE: If less than 2,000xg is used or if slipped pellets have been observed in previous runs, the time of centrifugation must be increased to obtain a firm pellet (e.g., 40 minutes). Multiple centrifuge runs within an assay must be consistent.

Conversion of rpm to xg:

$$xg = (1.12 \times 10^{-5}) (r) (\text{rpm})^2$$

r = radial distance in cm (from axis of rotation to the bottom of the tube)

rpm = revolutions per minute

12. Immediately decant the supernatant of all tubes except Total Count tubes (1-2), drain tubes for at least 15-60 seconds (be consistent between racks), and blot excess liquid from lip of tubes. NOTE: Invert tubes only one time. Pellets are fragile and slipping may occur.
13. Count all tubes in a gamma counter for 1 minute. Calculate the pM of Human Proinsulin in unknown samples using automated data reduction procedures (see Section IX).

VIII. ASSAY PROCEDURE (continued)

Assay Procedure Flow Chart

Day One						Day Three		Day Four		
Set-up	Step 1	Step 2 & 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11, 12, & 13
Tube Number	Add Buffer	Add Standard / QC / Sample	Add Matrix Solution-HPI	Add Human Proinsulin Antibody	Vortex, Cover, and Incubate 48 hrs at RT	Add I-125 Human Proinsulin Tracer	Vortex, and Incubate 22 hrs. at RT	Add Precipitating Reagent	Vortex, and Incubate 20 min. at 4°C	Centrifuge for 25 min. @ 4°C, Decant, and Count
1,2		-	-	-		100 µL		-		
3,4	400 µL	-	-	-		100 µL		1.0 mL		
5,6	200 µL	-	100 µL	100 µL		100 µL		1.0 mL		
7,8	-	200 µL of 3.125 pM	100 µL	100 µL		100 µL		1.0 mL		
9,10	-	200 µL of 6.25 pM	100 µL	100 µL		100 µL		1.0 mL		
11,12	-	200 µL of 12.5 pM	100 µL	100 µL		100 µL		1.0 mL		
13,14	-	200 µL of 25 pM	100 µL	100 µL		100 µL		1.0 mL		
15,16	-	200 µL of 50 pM	100 µL	100 µL		100 µL		1.0 mL		
17,18	-	200 µL of 100 pM	100 µL	100 µL		100 µL		1.0 mL		
19,20	-	200 µL of QC 1	100 µL	100 µL		100 µL		1.0 mL		
21,22	-	200 µL of QC 2	100 µL	100 µL		100 µL		1.0 mL		
23,24	100 µL	200 µL of unknown	-	100 µL		100 µL		1.0 mL		
25-n	100 µL	200 µL of unknown	-	100 µL		100 µL		1.0 mL		

IX. CALCULATIONS

A. Explanation

The calculations for Human Proinsulin can be automatically performed by most gamma counters possessing data reduction capabilities or by independent treatment of the raw data using a commercially available software package. Choose weighted 4-parameter or weighted log/logit for the mathematical treatment of the data.

NOTE: Be certain the procedure used subtracts the NSB counts from each average count, except Total Counts, prior to final data reduction.

B. Manual Calculation

1. Average duplicate counts for Total Count tubes (1-2), NSB tubes (3-4), Total Binding tubes (Reference, Bo) (5-6), and all duplicate tubes for standards and samples to the end of the assay.
2. Subtract the average NSB counts from each average count (except for Total Counts). These counts are used in the following calculations.
3. Calculate the percentage of tracer bound
(Total Binding Counts/Total Counts) X 100
This should be 35-50%.
4. Calculate the percentage of total binding (%B/Bo) for standard and sample
$$\%B/Bo = (\text{Sample or Standard}/\text{Total Binding}) \times 100$$
5. Plot the % B/Bo for each standard on the y-axis and the known concentration of the standard on the x-axis using log-log graph paper.
6. Construct the reference curve by joining the points with a smooth curve.
7. Determine the pM of Human Proinsulin in the unknown samples and controls by interpolation of the reference curve.

NOTE: When sample volumes assayed differ from 200 μL , an appropriate mathematical adjustment must be made to accommodate for the dilution factor (e.g., if 100 μL of sample is used, then calculated data must be multiplied by 2).

X. INTERPRETATION

A. Acceptance Criteria

1. The run will be considered accepted when all Quality Control values fall within the calculated Quality Control range; if any QC's fall outside the control range, review results with the supervisor.
2. If the difference between duplicate results of a sample is >10% CV, repeat the sample.
3. The limit of sensitivity for the Human Proinsulin assay is 3.055 pM (200 μL sample size).
4. The limit of linearity for the Human Proinsulin assay is 100 pM (200 μL sample size). Any result greater than 100 pM should be repeated on dilution using Assay Buffer as a diluent.

XI. NORMAL FASTING RANGE

7.9 \pm 1.5 pM

EMD Millipore recommends that each laboratory establish a normal fasting range.

XII. ASSAY CHARACTERISTICS

A. Sensitivity

The lowest level of Proinsulin that can be detected by this assay is 3.055 pM when using a 200 µL sample size.

B. Performance

The following parameters of assay performance are expressed as Mean ± Standard Deviation.

ED₈₀ = 12 ± 1 pM

ED₅₀ = 28 ± 3 pM

ED₂₀ = 66 ± 8 pM

C. Specificity

The specificity (also known as selectivity) of an analytical test is its ability to selectively measure the analyte in the presence of other like components in the sample matrix.

Intact Human Proinsulin	100%
Des 31, 32 HPI	95%
Des 64, 65 HPI	<0.1%
Human Insulin	<0.1%
Human C-Peptide	<0.1%
Bovine Proinsulin	ND
Porcine Proinsulin	ND
Glucagon	ND
Human IGF-I	ND
Human IGF-II	ND
Somatostatin	ND
Pancreatic Polypeptide	ND

ND-not detectable

D. Precision

Within and Between Assay Variation

Sample No.	Mean pM	Within % CV	Between % CV
1	4.7	6.9	7.7
2	7.5	5.0	10.1
3	17.8	2.0	5.0
4	40.8	1.5	1.5

Within and between assay variations were performed on four human serum samples containing varying concentrations of Human Proinsulin. Data (mean and % CV) shown are from five duplicate determinations of each serum sample in four separate assays.

XII. ASSAY CHARACTERISTICS (continued)

E. Recovery

Spike & Recovery of Proinsulin in Human Serum

Sample No.	Proinsulin Added pM	Observed pM	Expected pM	% Recovery
1	0	4.0	-	-
2	5	8.3	9.0	92
3	10	12.8	14.0	91
4	20	22.3	24.0	93

Varying concentrations of Human Proinsulin were added to four human serum samples and the Proinsulin content was determined by RIA. Mean of the observed levels from four duplicate determinations in four separate assays are shown. Percent recovery was calculated on the observed vs. expected.

F. Linearity

Effect of Serum Dilution

Sample No.	Volume Sampled	Observed pM	Expected pM	% Of Expected
1	200 µL	40.8	40.8	100
	150 µL	43.2		106
	100 µL	44.9		110
2	200 µL	17.8	17.8	100
	150 µL	19.3		108
	100 µL	21.3		120
3	200 µL	14.3	14.3	100
	150 µL	15.5		108
	100 µL	16.2		113
4	200 µL	12.6	12.6	100
	150 µL	13.0		103
	100 µL	14.4		114

Aliquots of pooled human serum containing varying concentrations of Proinsulin were analyzed in the volumes indicated. Dilution factors of 1, 1.33, and 2 representing 200 µL, 150 µL, and 100 µL, respectively, were applied in calculating observed concentrations. Mean Proinsulin levels and percent of expected for four separate assays are shown.

XII. ASSAY CHARACTERISTICS (continued)

G. Example of Assay Results

This data is presented as an example only and should not be used in lieu of a standard curve prepared with each assay.

Tube #	ID	CPM	Ave CPM	Ave Net CPM	% B/Bo	pM
1	Totals	15981				
2	"	16237	16109			
3	NSB	572				
4	"	527	550			
5	Bo	6399				
6	"	6456	6428	5878		
<u>Standards</u>						
7	3.125 PM	6105				
8		6151	6128	5578	0.949	
9	6.25 PM	5800				
10		5544	5672	5122	0.871	
11	12.5 PM	4941				
12		4887	4914	4364	0.742	
13	25 pM	3702				
14		3716	3709	3159	0.537	
15	50 pM	2028				
16		2074	2051	1501	0.255	
17	100 pM	1052				
18		1042	1047	497	0.085	
<u>Controls/Unknown</u>						
19	QC 1	5128				
20		5060	5094	4544	0.773	12.03
21	QC 2	2394				
22		2515	2455	1905	0.324	40.55

XIII. QUALITY CONTROLS

Good Laboratory Practice (GLP) requires that Quality Control (QC) specimens be run with each standard curve to check the assay performance. Two levels of controls are provided for this purpose. These and any other control materials should be assayed repeatedly to establish mean values and acceptable ranges. Each individual laboratory is responsible for defining their system for Quality Control decisions and is also responsible for making this system a written part of their laboratory manual. The ranges for Quality Control 1 and 2 are provided on the card insert or can be located at the EMD Millipore website emdmillipore.com using the catalog number as the keyword.

Recommended batch analysis decision using two controls (Westgard Rules):³

1. When both controls are within ± 2 SD. Decision: Approve batch and release analyte results.
2. When one control is outside ± 2 SD and the second control is within ± 2 SD. Decision: Hold results, check with supervisor. If no obvious source of error is identified by the below mentioned check of systems, the supervisor may decide to release the results.

Technician check of systems:

1. Check for calculation errors
2. Repeat standards and controls
3. Check reagent solutions
4. Check instrument

XIV. REPLACEMENT REAGENTS

Reagent	Cat. #
¹²⁵ I-Human Proinsulin (<3 uCi, 111 kBq)	9015
Human Proinsulin Label Hydrating Buffer (27mL)	LHB-15
Human Proinsulin Standards (3 mL each)	8015-K
Matrix Solution 6 mL)	GP0015
Human Proinsulin Antibody (26 mL)	1015-K
Precipitating Reagent (260 mL)	PR-15
QC 1&2 (1 mL each)	6000-K
Assay Buffer (40 mL)	AB-P

XV. ORDERING INFORMATION

To place an order or to obtain additional information about our immunoassay products, please contact your Customer Service or Technical Support Specialist.

Contact information for each region can be found on our website:

emdmillipore.com/contact

Conditions of Sale

For Research Use Only. Not for Use in Diagnostic Procedures.

Safety Data Sheets (SDS)

Safety Data Sheets for EMD Millipore products may be ordered by fax or phone or through our website at emdmillipore.com/msds.

XVI. REFERENCES

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