

# GM-CSF ELISA

Enzyme immunoassay for the quantitative determination of human GM-CSF in cell culture supernatant, human serum and plasma

**REF**

**BE51081**



**96**



**2-8 °C**

EU: *For research use only.*

U.S.: *For research use only.  
Not for use in diagnostic procedures.*



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## 1 Intended Use

The human GM-CSF ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of human GM-CSF. **The human GM-CSF ELISA is for research use only. Not for diagnostic or therapeutic procedures.**

## 2 Summary

Granulocyte - macrophage colony - stimulating factor (GM-CSF) is a small glycoprotein growth factor which stimulates the production and function of neutrophils, eosinophils and monocytes (3) GM-CSF can be produced by a wide variety of tissue types, including fibroblasts, endothelial cells, T-cells, macrophages, mesothelial cells, epithelial cells and many types of tumor cells. In most of these tissues, inflammatory mediators, such as interleukin-1, interleukin-6, tumor necrosis factor or endotoxin, are potent inducers of GM-CSF gene expression, which occurs at least partly by post-transcriptional modification of the GM-CSF mRNA.

The biological effects of GM-CSF are mediated through binding to cell surface receptors, which appear to be widely expressed by hematopoietic cells and also by some non-hematopoietic cells, such as endothelial cells. At least two different functional classes of GM-CSF receptor have been identified. The neutrophil GM-CSF receptor exclusively binds GM-CSF, while interleukin-3 competes for binding of GM-CSF to a second class of receptors detected on some leukemic cell lines (7). Monitoring of GM-CSF has been found relevant in human prostate cancer (14), poorly healing wounds (8), thyroid carcinoma (12), severe mucositis (11), fungal infections (13), AIDS (17), bone marrow transplantation (19, 4, 2, 1), renal cell carcinoma and prostate cancer (18), acute lymphoblastic leukemia (15, 4) pulmonary inflammation (5), hematological malignancies (15, 9), infection (6), lung cancer (5).

### 3 Principles of the Test

An anti-human GM-CSF coating antibody is adsorbed onto microwells.

Human GM-CSF present in the sample or standard binds to antibodies adsorbed to the microwells. A HRP-conjugated anti-human GM-CSF antibody is added and binds to human GM-CSF captured by the first antibody.

Following incubation unbound HRP-conjugated anti-human GM-CSF is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

A coloured product is formed in proportion to the amount of human GM-CSF present in the sample or standard. The reaction is terminated by addition of acid and absorbance is measured at 450 nm. A standard curve is prepared from 7 human GM-CSF standard dilutions and human GM-CSF concentration determined.

Figure 1

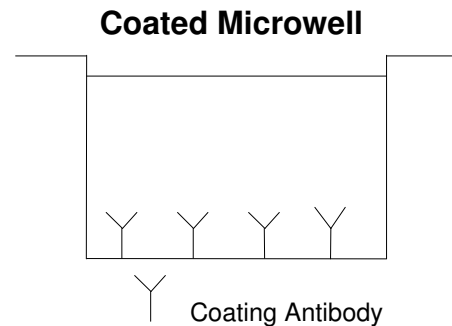


Figure 2

**First Incubation**

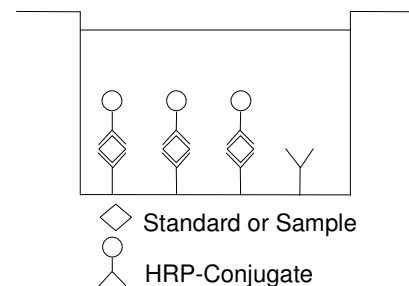


Figure 3

**Second Incubation**

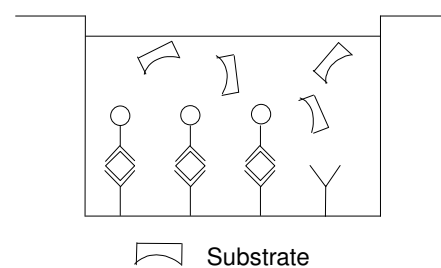
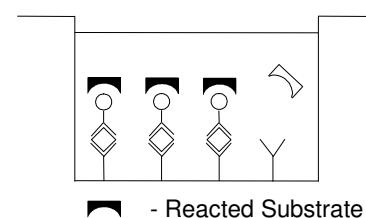


Figure 4



#### 4 Reagents Provided

- 1 aluminium pouch with a **Microwell Plate coated** with monoclonal antibody to human GM-CSF
- 1 vial (100 µl) **HRP-Conjugate** anti-human GM-CSF monoclonal antibody
- 2 vials human GM-CSF **Standard** lyophilized, 1000 pg/ml upon reconstitution
- 1 vial (5 ml) **Assay Buffer Concentrate** 20x (PBS with 1% Tween 20 and 10% BSA)
- 1 bottle (50 ml) **Wash Buffer Concentrate** 20x (PBS with 1% Tween 20)
- 1 vial (15 ml) **Substrate Solution** (tetramethyl-benzidine)
- 1 vial (12 ml) **Stop Solution** (1M Phosphoric acid)
- 1 vial (0.4 ml) **Blue-Dye**
- 1 vial (0.4 ml) **Green-Dye**
- 2 **Adhesive Films**

## 5 Storage Instructions – ELISA Kit

Store kit reagents between 2° and 8°. Immediately after use remaining reagents should be returned to cold storage (2° to 8°C). Expiry of the kit and reagents is stated on labels.

Expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, this reagent is not contaminated by the first handling.

## 6 Specimen Collection and Storage Instructions

Cell culture supernatant, serum, plasma (EDTA, heparin) and amniotic fluid were tested with this assay. Other biological samples might be suitable for use in the assay.

Remove serum or plasma from the clot or cells as soon as possible after clotting and separation.

Pay attention to a possible “**Hook Effect**” due to high sample concentrations (see chapter 11).

Samples containing a visible precipitate must be clarified prior to use in the assay. Do not use grossly hemolyzed or lipemic specimens.

Samples should be aliquoted and must be stored frozen at -20°C to avoid loss of bioactive human GM-CSF. If samples are to be run within 24 hours, they may be stored at 2° to 8°C (for sample stability refer to 13.5).

Avoid repeated freeze-thaw cycles. Prior to assay, the frozen sample should be brought to room temperature slowly and mixed gently.

## **7 Materials Required But Not Provided**

- 5 ml and 10 ml graduated pipettes
- 5  $\mu$ l to 1000  $\mu$ l adjustable single channel micropipettes with disposable tips
- 50  $\mu$ l to 300  $\mu$ l adjustable multichannel micropipette with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, cylinders necessary for preparation of reagents
- Device for delivery of wash solution (multichannel wash bottle or automatic wash system)
- Microwell strip reader capable of reading at 450 nm (620 nm as optional reference wave length)
- Glass-distilled or deionized water
- Statistical calculator with program to perform regression analysis

## 8 Precautions for Use

- All chemicals should be considered as potentially hazardous. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water. See material safety data sheet(s) and/or safety statement(s) for specific advice.
- Reagents are intended for research use only and are not for use in diagnostic or therapeutic procedures.
- Do not mix or substitute reagents with those from other lots or other sources.
- Do not use kit reagents beyond expiration date on label.
- Do not expose kit reagents to strong light during storage or incubation.
- Do not pipette by mouth.
- Do not eat or smoke in areas where kit reagents or samples are handled.
- Avoid contact of skin or mucous membranes with kit reagents or specimens.
- Rubber or disposable latex gloves should be worn while handling kit reagents or specimens.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- In order to avoid microbial contamination or cross-contamination of reagents or specimens which may invalidate the test use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.

- Exposure to acid inactivates the conjugate.
- Glass-distilled water or deionized water must be used for reagent preparation.
- Substrate solution must be at room temperature prior to use.
- Decontaminate and dispose specimens and all potentially contaminated materials as they could contain infectious agents. The preferred method of decontamination is autoclaving for a minimum of 1 hour at 121.5°C.
- Liquid wastes not containing acid and neutralized waste may be mixed with sodium hypochlorite in volumes such that the final mixture contains 1.0% sodium hypochlorite. Allow 30 minutes for effective decontamination. Liquid waste containing acid must be neutralized prior to the addition of sodium hypochlorite.

## 9 Preparation of Reagents

**Buffer Concentrates** should be brought to room temperature and should be diluted before starting the test procedure.

If crystals have formed in the **Buffer Concentrates**, warm them gently until they have completely dissolved.

### 9.1 Wash Buffer (1x)

Pour entire contents (50 ml) of the **Wash Buffer Concentrate** (20x) into a clean 1000 ml graduated cylinder. Bring to final volume of 1000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. The pH of the final solution should adjust to 7.4.

Transfer to a clean wash bottle and store at 2° to 25°C. Please note that Wash Buffer (1x) is stable for 30 days.

Wash Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Wash Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 - 6	25	475
1 - 12	50	950

### 9.2 Assay Buffer (1x)

Pour the entire contents (5 ml) of the **Assay Buffer Concentrate** (20x) into a clean 100 ml graduated cylinder. Bring to final volume of 100 ml with distilled water. Mix gently to avoid foaming.

Store at 2° to 8°C. Please note that the Assay Buffer (1x) is stable for 30 days.

Assay Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Assay Buffer Concentrate (20x) (ml)	Distilled Water (ml)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

### 9.3 HRP-Conjugate

**Please note that the HRP-Conjugate should be used within 30 minutes after dilution.**

Make a 1:100 dilution of the concentrated **HRP-Conjugate** solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	HRP-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

### 9.4 Human GM-CSF Standard

Reconstitute **human GM-CSF standard** by addition of distilled water. Reconstitution volume is stated on the label of the standard vial. Swirl or mix gently to insure complete and homogeneous solubilization (concentration of reconstituted standard = 1000 pg/ml).

After usage remaining standard cannot be stored and has to be discarded.

**Standard dilutions** can be prepared directly on the microwell plate (see 10.c) or alternatively in tubes (see 9.4.1).

### 9.4.1 External Standard Dilution

Label 7 tubes, one for each standard point.

S1, S2, S3, S4, S5, S6, S7

Then prepare 1:2 serial dilutions for the standard curve as follows:

Pipette 225  $\mu$ l of Assay Buffer (1x) into each tube.

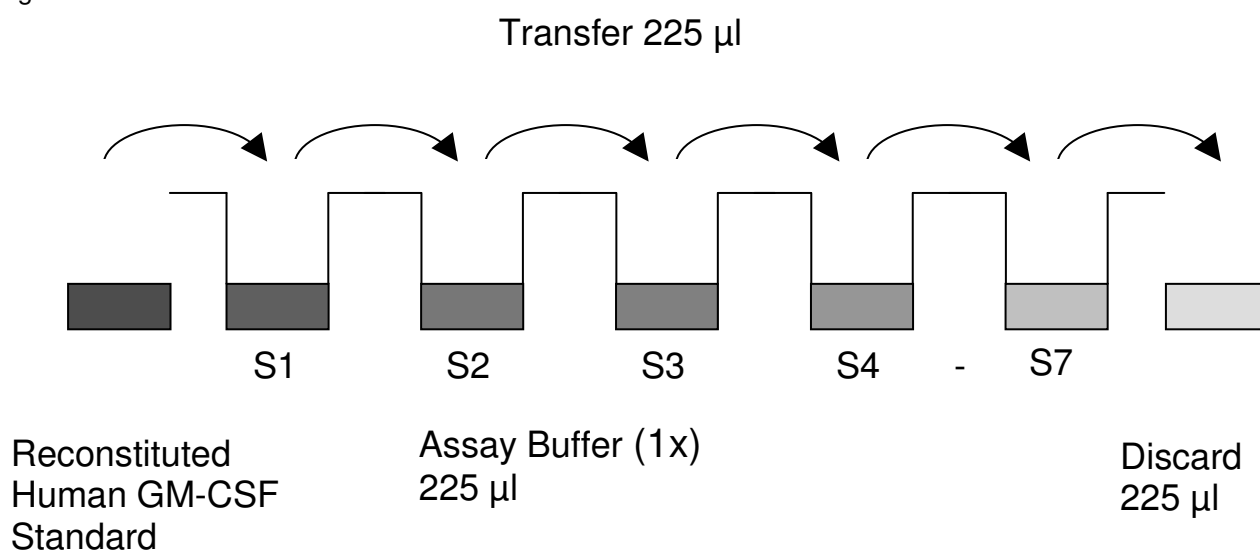
Pipette 225  $\mu$ l of reconstituted standard (concentration = 1000 pg/ml) into the first tube, labelled S1, and mix (concentration of standard 1 = 500 pg/ml).

Pipette 225  $\mu$ l of this dilution into the second tube, labelled S2, and mix thoroughly before the next transfer.

Repeat serial dilutions 5 more times thus creating the points of the standard curve (see Figure 5).

Assay Buffer (1x) serves as blank.

Figure 5



### 9.5 Addition of Colour-giving Reagents: Blue-Dye, Green-Dye

In order to help our customers to avoid any mistakes in pipetting the IBL-International ELISAs, IBL-International offers a tool that helps to monitor the addition of even very small volumes of a solution to the reaction well by giving distinctive colours to each step of the ELISA procedure.

**This procedure is optional**, does not in any way interfere with the test results, and is designed to help the customer with the performance of the test, but can also be omitted, just following the instruction booklet.

Alternatively, the dye solutions from the stocks provided (**Blue-Dye**, **Green-Dye**) can be added to the reagents according to the following guidelines:

**1. Diluent:**

Before standard and sample dilution add the **Blue-Dye** at a dilution of 1:250 (see table below) to the appropriate diluent (1x) according to the test protocol. After addition of **Blue-Dye**, proceed according to the instruction booklet.

5 ml Assay Buffer (1x)	20 µl <b>Blue-Dye</b>
12 ml Assay Buffer (1x)	48 µl <b>Blue-Dye</b>
50 ml Assay Buffer (1x)	200 µl <b>Blue-Dye</b>

**2. HRP-Conjugate:**

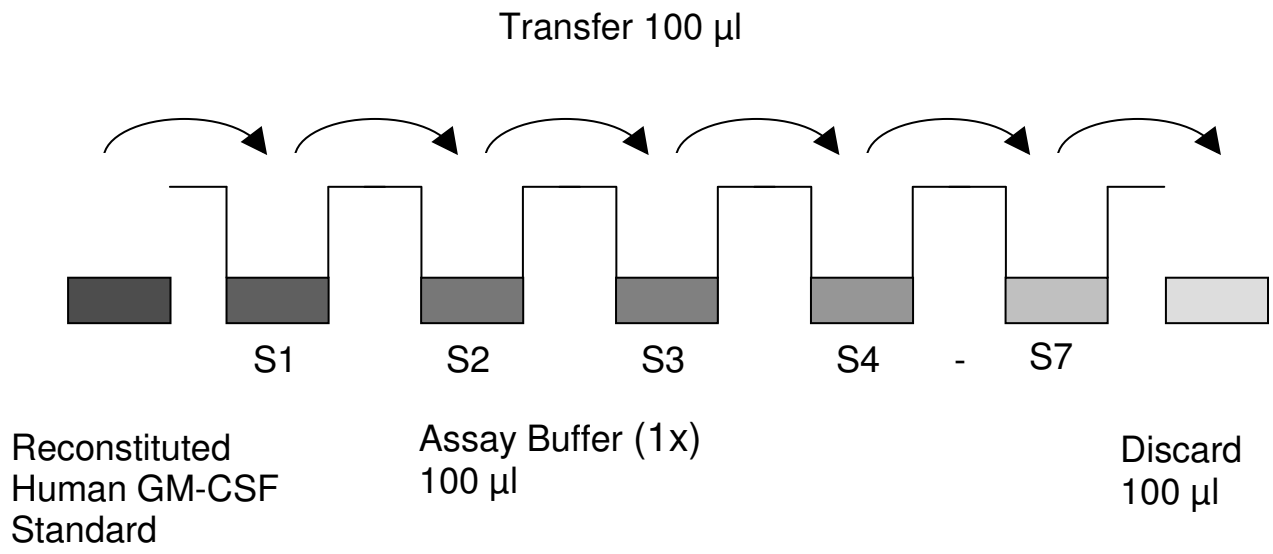
Before dilution of the concentrated HRP-Conjugate add the **Green-Dye** at a dilution of 1:100 (see table below) to the Assay Buffer (1x) used for the final conjugate dilution. Proceed after addition of **Green-Dye** according to the instruction booklet: Preparation of HRP-Conjugate.

3 ml Assay Buffer (1x)	30 µl <b>Green-Dye</b>
6 ml Assay Buffer (1x)	60 µl <b>Green-Dye</b>

## 10 Test Protocol

- a. Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Each sample, standard, blank and optional control sample should be assayed in duplicate. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2°-8°C sealed tightly.
- b. Wash the microwell strips twice with approximately 400 µl **Wash Buffer** per well with thorough aspiration of microwell contents between washes. Allow the Wash Buffer to sit in the wells for about **10 – 15 seconds** before aspiration. Take care not to scratch the surface of the microwells.  
After the last wash step, empty wells and tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing. Alternatively microwell strips can be placed upside down on a wet absorbent paper for not longer than 15 minutes. **Do not allow wells to dry.**
- c. **Standard dilution on the microwell plate** (Alternatively the standard dilution can be prepared in tubes - see 9.4.1):  
Add 100 µl of Assay Buffer (1x) in duplicate to all **standard wells**. Pipette 100 µl of prepared **standard** (see Preparation of Standard 9.4, concentration = 1000 pg/ml) in duplicate into well A1 and A2 (see Table 1). Mix the contents of wells A1 and A2 by repeated aspiration and ejection (concentration of standard 1, S1 = 500 pg/ml), and transfer 100 µl to wells B1 and B2, respectively (see Figure 6). Take care not to scratch the inner surface of the microwells.  
Continue this procedure 5 times, creating two rows of human GM-CSF standard dilutions ranging from 500.0 to 7.8 pg/ml. Discard 100 µl of the contents from the last microwells (G1, G2) used.

Figure 6



In case of an **external standard dilution** (see 9.4.1), pipette 100  $\mu$ l of these standard dilutions (S1 - S7) in the standard wells according to Table 1.

Table 1

Table depicting an example of the arrangement of blanks, standards and samples in the microwell strips:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b>	Standard 1 (500.0 pg/ml)	Standard 1 (500.0 pg/ml)	Sample 1	Sample 1
<b>B</b>	Standard 2 (250.0 pg/ml)	Standard 2 (250.0 pg/ml)	Sample 2	Sample 2
<b>C</b>	Standard 3 (125.0 pg/ml)	Standard 3 (125.0 pg/ml)	Sample 3	Sample 3
<b>D</b>	Standard 4 (62.5 pg/ml)	Standard 4 (62.5 pg/ml)	Sample 4	Sample 4
<b>E</b>	Standard 5 (31.3 pg/ml)	Standard 5 (31.3 pg/ml)	Sample 5	Sample 5
<b>F</b>	Standard 6 (15.6 pg/ml)	Standard 6 (15.6 pg/ml)	Sample 6	Sample 6
<b>G</b>	Standard 7 (7.8 pg/ml)	Standard 7 (7.8 pg/ml)	Sample 7	Sample 7
<b>H</b>	Blank	Blank	Sample 8	Sample 8

- d. Add 100 µl of **Assay Buffer (1x)** in duplicate to the **blank wells**.
- e. Add 50 µl of **Assay Buffer (1x)** to the **sample wells**.
- f. Add 50 µl of each **sample** in duplicate to the **sample wells**.
- g. Prepare **HRP-Conjugate** (see Preparation of HRP-Conjugate 9.3).
- h. Add 50 µl of **HRP-Conjugate** to all wells.
- i. Cover with an adhesive film and incubate at room temperature (18 to 25 °C) for 3 hours, if available on a microplate shaker set at 100 rpm.
- j. Remove adhesive film and empty wells. **Wash** microwell strips 3 times according to point b. of the test protocol. Proceed immediately to the next step.
- k. Pipette 100 µl of **TMB Substrate Solution** to all wells.
- l. Incubate the microwell strips at room temperature (18° to 25 °C) for about 10 min. Avoid direct exposure to intense light.

**The colour development on the plate should be monitored and the substrate reaction stopped (see next point of this protocol) before positive wells are no longer properly recordable. Determination of the ideal time period for colour development has to be done individually for each assay.**

It is recommended to add the stop solution when the highest standard has developed a dark blue colour. Alternatively the colour development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.6 – 0.65.

- m. Stop the enzyme reaction by quickly pipetting 100 µl of **Stop Solution** into each well. It is important that the Stop Solution is spread quickly and uniformly throughout the microwells to completely inactivate the enzyme. Results must be read immediately after the Stop Solution is added or within one hour if the microwell strips are stored at 2 - 8 °C in the dark.
- n. Read absorbance of each microwell on a spectro-photometer using 450 nm as the primary wave length (optionally 620 nm as the reference wave length; 610 nm to 650 nm is acceptable). Blank the

plate reader according to the manufacturer's instructions by using the blank wells. Determine the absorbance of both the samples and the standards.

**Note: In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.**

## 11 Calculation of Results

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 per cent of the mean value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human GM-CSF concentration on the abscissa. Draw a best fit curve through the points of the graph (a 5-parameter curve fit is recommended).
- To determine the concentration of circulating human GM-CSF for each sample, first find the mean absorbance value on the ordinate and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the abscissa and read the corresponding human GM-CSF concentration.
- **If instructions in this protocol have been followed samples have been diluted 1:2 (50 µl sample + 50 µl Assay Buffer (1x)), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**
- **Calculation of samples with a concentration exceeding standard 1 may result in incorrect, low human GM-CSF levels (Hook Effect). Such samples require further external predilution according to expected human GM-CSF values with Assay Buffer (1x) in order to precisely quantitate the actual human GM-CSF level.**
- It is suggested that each testing facility establishes a control sample of known human GM-CSF concentration and runs this additional control with each assay. If the values obtained are not within the expected range of the control, the assay results may be invalid.
- A representative standard curve is shown in Figure 7. This curve cannot be used to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

Figure 7

Representative standard curve for human GM-CSF ELISA. Human GM-CSF was diluted in serial 2-fold steps in Assay Buffer (1x). Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.

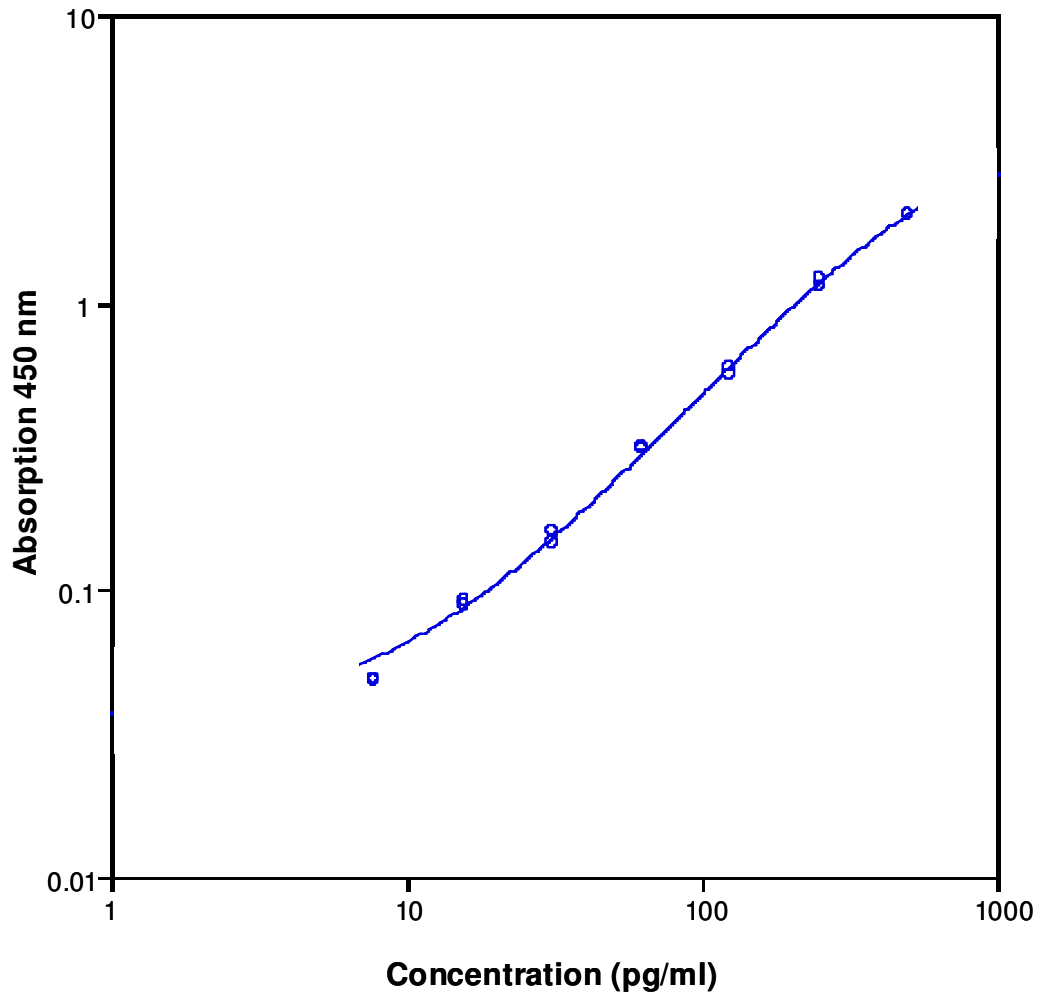


Table 2

Typical data using the human GM-CSF ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	Human GM-CSF Concentration (pg/ml)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	500.0	2.014	2.014	0.0
	500.0	2.014		
2	250.0	1.210	1.174	4.4
	250.0	1.137		
3	125.0	0.563	0.578	3.6
	125.0	0.592		
4	62.5	0.308	0.311	1.1
	62.5	0.313		
5	31.3	0.159	0.153	6.0
	31.3	0.146		
6	15.6	0.089	0.091	2.3
	15.6	0.092		
7	7.8	0.049	0.049	1.5
	7.8	0.048		
Blank	0	0.016	0.017	
	0	0.017		

The OD values of the standard curve may vary according to the conditions of assay performance (e.g. operator, pipetting technique, washing technique or temperature effects). Furthermore shelf life of the kit may affect enzymatic activity and thus colour intensity. Values measured are still valid.

## 12 Limitations

- Since exact conditions may vary from assay to assay, a standard curve must be established for every run.
- Bacterial or fungal contamination of either screen samples or reagents or cross-contamination between reagents may cause erroneous results.
- Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Empty wells completely before dispensing fresh wash solution, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.
- The use of radioimmunotherapy has significantly increased the number of patients with human anti-mouse IgG antibodies (HAMA). HAMA may interfere with assays utilizing murine monoclonal antibodies leading to both false positive and false negative results. Serum samples containing antibodies to murine immunoglobulins can still be analysed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the sample.

## **13 Performance Characteristics**

### **13.1 Sensitivity**

The limit of detection of human GM-CSF defined as the analyte concentration resulting in an absorbance significantly higher than that of the dilution medium (mean plus 2 standard deviations) was determined to be 2.9 pg/ml (mean of 6 independent assays).

### **13.2 Reproducibility**

#### **13.2.1 Intra-assay**

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human GM-CSF. 2 standard curves were run on each plate. Data below show the mean human GM-CSF concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 6.0%.

Table 3

The mean human GM-CSF concentration and the coefficient of variation for each sample

Sample	Experiment	Mean Human GM-CSF Concentration (pg/ml)	Coefficient of Variation (%)
1	1	305	2
	2	268	6
	3	276	12
2	1	493	10
	2	528	9
	3	482	7
3	1	190	5
	2	178	9
	3	171	5
4	1	374	6
	2	390	5
	3	326	8
5	1	725	2
	2	715	8
	3	723	3
6	1	526	9
	2	517	5
	3	518	3
7	1	322	5
	2	310	4
	3	307	5
8	1	266	5
	2	288	5
	3	269	4

### 13.2.2 Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human GM-CSF. 2 standard curves were run on each plate. Data below show the mean human GM-CSF concentration and the coefficient of variation calculated on 18 determinations of each sample (see Table 4). The calculated overall inter-assay coefficient of variation was 4.4%.

Table 4

The mean human GM-CSF concentration and the coefficient of variation of each sample

Sample	Mean Human GM-CSF Concentration (pg/ml)	Coefficient of Variation (%)
1	283	6.7
2	501	4.7
3	180	5.5
4	363	9.1
5	721	0.7
6	520	0.9
7	313	2.5
8	274	4.7

### 13.3 Spike Recovery

The spike recovery was evaluated by spiking 4 levels of human GM-CSF into pooled normal serum samples. Recoveries were determined in 3 independent experiments with 4 replicates each.

The unspiked serum was used as blank in these experiments.

The overall mean recovery was 85%.

### **13.4 Dilution Parallelism**

4 serum samples with different levels of human GM-CSF were analysed at serial 2 fold dilutions with 4 replicates each.

The recovery ranged from 99% to 121% with an overall recovery of 109%.

### **13.5 Sample Stability**

#### **13.5.1 Freeze-Thaw Stability**

Aliquots of serum samples (spiked or unspiked) were stored at -20 °C and thawed 5 times, and the human GM-CSF levels determined. There was no significant loss of human GM-CSF immunoreactivity detected by freezing and thawing.

#### **13.5.2 Storage Stability**

Aliquots of serum samples (spiked or unspiked) were stored at -20 °C, 2-8 °C, room temperature (RT) and at 37 °C, and the human GM-CSF level determined after 24 h. There was no significant loss of human GM-CSF immunoreactivity detected during storage under above conditions.

### **13.6 Specificity**

The assay detects both natural and recombinant human GM-CSF. The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a human GM-CSF positive serum.

There was no crossreactivity detected.

### **13.7 Expected Values**

There were no detectable human GM-CSF levels found.

Elevated human GM-CSF levels depend on the type of immunological disorder.

## 14 Bibliography

- 1) Antman KH. GM-CSF in marrow transplantation. *Eur J Cancer*. 1993;29A Suppl 3:S2-6. Review.
- 2) Bolwell BJ. The use of G-CSF and GM-CSF in bone marrow transplantation. *Cleve Clin J Med*. 1993 Jul-Aug;60(4):291-302. Review.
- 3) Burgess AW, Metcalf D. The nature and action of granulocyte-macrophage colony stimulating factors. *Blood* 1980 Dec;56(6):947-58
- 4) Croockewit S. GM-CSF in haematopoietic stem cell transplantation. *Eur J Cancer*. 1999 Aug;35 Suppl 3:S11-3. Review. No abstract available.
- 5) Drings P, Fischer JR. Biology and clinical use of GM-CSF in lung cancer. *Lung*. 1990;168 Suppl:1059-68. Review.
- 6) Freund M, Kleine HD. The role of GM-CSF in infection. *Infection*. 1992;20 Suppl 2:S84-92 Review.
- 7) Griffin JD, Cannistra SA, Sullivan R, Demetri GD, Ernst TJ, Kanakura Y. The biology of GM-CSF: regulation of production and interaction with its receptor. *Int J Cell Cloning* 1990 Jan;8 Suppl 1:35-44; discussion 44-5.
- 8) Groves RW, Schmidt-Lucke JA. Recombinant human GM-CSF in the treatment of poorly healing wounds. *Adv Skin Wound Care*. 2000 May-Jun;13(3 Pt 1):107-12. Review.
- 9) Harmenberg J, Hoglund M, Hellstrom-Lindberg E. G- and GM-CSF in oncology and oncological haematology. *Eur J Haematol Suppl*. 1994;55:1-28. Review.
- 10) Harousseau JL, Wu D. The use of GM-CSF and G-CSF in the treatment of acute leukemias. *Leuk Lymphoma*. 1995 Aug;18(5-6):405-12. Review.
- 11) Hejna M, Brodowicz T, Zielinski CC. Local use of GM-CSF for severe mucositis. *Eur J Cancer*. 1999 Aug;35 Suppl 3:S14-7. Review. No abstract available.

- 12) Hoshi S, Yoshizawa A, Arioka H, Kobayashi N, Kudo K, Niino H. Anaplastic thyroid carcinoma with lung metastasis producing CA 19-9 and GM-CSF. *Nihon Kokyuki Gakkai Zasshi*. 2000 May;38(5):391-7. Review. Japanese.
- 13) Jones TC. Use of granulocyte-macrophage colony stimulating factor (GM-CSF) in prevention and treatment of fungal infections. *Eur J Cancer*. 1999 Aug;35 Suppl 3:S8-10. Review. No abstract available.
- 14) Lim M, Simons JW. Emerging concepts in GM-CSF gene-transduced tumor vaccines for human prostate cancer. *Curr Opin Mol Ther*. 1999 Feb;1(1):64-71. Review. No abstract available.
- 15) Lowenberg B, de Greef GE, Wielenga JJ. Granulocyte-macrophage colony stimulating factor (GM-CSF) in the treatment of hermatological malignancies. *Anticancer Drugs*. 1993 May;4 Suppl 1:17-20. Review.
- 16) Ottmann OG, Hoelzer D. Do G-CSF and GM-CSF contribute to the management of acute lphoblastic leukemia? *Leukemia*. 1996 Jul;10(7):1111-6. Review. No abstract available.
- 17) Ross SD, DiGeorge A, Connelly JE, Whiting GW, McDonnell N. Safety of GM-CSF in patients with AIDS: a review of the literature. *Pharmacotherapy*. 1998 Nov-Dec;18(6):1290-7 Review.
- 18) Simons JW. Bioactivity of human GM-CSF gene therapy in metastatic renal cell carcinoma and prostate cancer. *Hinyokika Kyo*. 1997 Nov;43(11):821-2. Review. No abstract available.
- 19) Toren A, Nagler A. The implications of granulocyte-monocyte colony-stimulating factor (GM-CSF) in cytotoxicity of bone marrow transplantation. *Cytokines Cell Mol Ther*. 1998 Sep;4(3):199-206. Review.
- 20) Xing Z, Braciak T, Ohkawara Y, Sallenave JM, Foley R, Sime PJ, Jordana M, Graham FL, Gauldie J. Gene transfer for cytokine functional studies in the lung: the multifunctional role of GM-CSF in pulmonary inflammation. *J Leukoc Biol*. 1996 Apr;59(4):481-8. Review.

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## 16 Reagent Preparation Summary

### 16.1 Wash Buffer (1x)

Add **Wash Buffer Concentrate** 20x (50 ml) to 950 ml distilled water.

Number of Strips	Wash Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	25	475
1 - 12	50	950

### 16.2 Assay Buffer (1x)

Add **Assay Buffer Concentrate** 20x (5 ml) to 95 ml distilled water.

Number of Strips	Assay Buffer Concentrate (ml)	Distilled Water (ml)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

### 16.3 HRP-Conjugate

Make a 1:100 dilution of **HRP-Conjugate** in Assay Buffer (1x):

Number of Strips	HRP-Conjugate (ml)	Assay Buffer (1x) (ml)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

### 16.4 Human GM-CSF Standard

Reconstitute lyophilized **human GM-CSF standard** with distilled water. (Reconstitution volume is stated on the label of the standard vial.)

## 17 Test Protocol Summary

1. Determine the number of microwell strips required.
2. Wash microwell strips twice with Wash Buffer.
3. Standard dilution on the microwell plate: Add 100 µl Assay Buffer (1x), in duplicate, to all standard wells. Pipette 100 µl prepared standard into the first wells and create standard dilutions by transferring 100 µl from well to well. Discard 100 µl from the last wells.  
Alternatively external standard dilution in tubes (see 9.4.1): Pipette 100 µl of these standard dilutions in the microwell strips.
4. Add 100 µl Assay Buffer (1x), in duplicate, to the blank wells.
5. Add 50 µl Assay Buffer (1x) to sample wells.
6. Add 50 µl sample in duplicate, to designated sample wells.
7. Prepare HRP-Conjugate.
8. Add 50 µl HRP-Conjugate to all wells.
9. Cover microwell strips and incubate 3 hours at room temperature (18° to 25°C).
10. Empty and wash microwell strips 3 times with Wash Buffer.
11. Add 100 µl of TMB Substrate Solution to all wells.
12. Incubate the microwell strips for about 10 minutes at room temperature (18° to 25°C).
13. Add 100 µl Stop Solution to all wells.
14. Blank microwell reader and measure colour intensity at 450 nm.

**Note: If instructions in this protocol have been followed samples have been diluted 1:2 (50 µl sample + 50 µl Assay Buffer (1x)), the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**

# Symbols / Symbole / Symbôles / Símbolos / Símbolos / Σύμβολα

	Cat.-No.: / Kat.-Nr.: / No.- Cat.: / Cat.-No.: / N.º Cat.: / N.-Cat.: / Αριθμός-Κατ.:
	Lot-No.: / Chargen-Bez.: / No. Lot: / Lot-No.: / Lote N.º: / Lotto n.: / Αριθμός -Παραγωγή:
	Use by: / Verwendbar bis: / Utiliser à: / Usado por: / Usar até: / Da utilizzare entro: / Χρησιμοποιείται από:
	No. of Tests: / Kitgröße: / Nb. de Tests: / No. de Determ.: / N.º de Testes: / Quantità dei tests: / Αριθμός εξετάσεων:
	Concentrate / Konzentrat / Concentré / Concentrar / Concentrado / Concentrato / Συμπύκνωμα
	Lyophilized / Lyophilisat / Lyophilisé / Liofilizado / Liofilizado / Liofilizzato / Λυοφιλιασμένο
	In Vitro Diagnostic Medical Device. / In-vitro-Diagnostikum. / Appareil Médical pour Diagnostics In Vitro. / Dispositivo Médico para Diagnóstico In Vitro. / Equipamento Médico de Diagnóstico In Vitro. / Dispositivo Medico Diagnostico In vitro. / Ιατρική συσκευή για In-Vitro Διάγνωση.
	Evaluation kit. / Nur für Leistungsbewertungszwecke. / Kit pour évaluation. / Juego de Reactivos para Evaluació. / Kit de avaliação. / Kit di evaluazione. / Κιτ Αξιολόγησης.
	Read instructions before use. / Arbeitsanleitung lesen. / Lire la fiche technique avant emploi. / Lea las instrucciones antes de usar. / Ler as instruções antes de usar. / Leggere le istruzioni prima dell'uso. / Διαβάστε τις οδηγίες πριν την χρήση.
	Keep away from heat or direct sun light. / Vor Hitze und direkter Sonneneinstrahlung schützen. / Garder à l'abri de la chaleur et de toute exposition lumineuse. / Manténgase alejado del calor o la luz solar directa. / Manter longe do calor ou luz solar directa. / Non esporre ai raggi solari. / Να φυλάσσεται μακριά από θερμότητα και άμεση επαφή με το φως του ηλίου.
	Store at: / Lagern bei: / Stocker à: / Almacene a: / Armazenar a: / Conservare a: / Αποθήκευση στους:
	Manufacturer: / Hersteller: / Fabricant: / Productor: / Fabricante: / Fabricante: / Παραγωγός:
	Caution! / Vorsicht! / Attention! / ¡Precaución! / Cuidado! / Attenzione! / Προσοχή!
<p>Symbols of the kit components see MATERIALS SUPPLIED.          Die Symbole der Komponenten sind im Kapitel KOMPONENTEN DES KITS beschrieben.          Voir MATERIEL FOURNI pour les symbôles des composants du kit.          Símbolos de los componentes del juego de reactivos, vea MATERIALES SUMINISTRADOS.          Para símbolos dos componentes do kit ver MATERIAIS FORNECIDOS.          Per i simboli dei componenti del kit si veda COMPONENTI DEL KIT.          Για τα σύμβολα των συστατικών του κιτ συμβουλευτείτε το ΠΑΡΕΧΟΜΕΝΑ ΥΛΙΚΑ.</p>	

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