

Caution: For Laboratory Use. A research chemical for research purposes only.

## Human Interleukin 4 (IL4) Kit

**Product No.: AL266 C/F**

**Lot specific kit information can be found at [www.perkinelmer.com/COA](http://www.perkinelmer.com/COA)**

### Material Provided

**Format:** AL266C: 500 assay points AL266F: 5 000 assay points  
The number of assay points is based on an assay volume of 50 µL in 96- or 384-well assay plates using the kit components at the recommended concentrations.

### Product Information

**Kit content:** The kit contains 5 components: AlphaLISA Acceptor beads coated with an Anti-Analyte Antibody, Streptavidin-coated Donor beads, Biotinylated Anti-Analyte Antibody, lyophilized analyte and 10X AlphaLISA HiBlock Buffer.  
Assay microplates (96-, 384- or 1536-well plates) must be purchased separately (see page 3 for more details).

**Storage:** Store kit in the dark at +4°C. Store reconstituted analyte at -20°C.

**Stability:** This product is stable for at least 12 months from the manufacturing date when stored in its original packaging and the recommended storage conditions. Note: Once reconstituted, the human IL4 analyte is stable for at least 75 days at -20°C (see page 2: Reagents and Materials).

**Application:** This kit is designed for the quantitative determination of human IL4 in serum, buffered solution or cell culture medium using a homogeneous AlphaLISA assay (no wash steps).

**Sensitivity:** Lower Detection Limit (LDL): 4.0 pg/mL (see page 9: Assay Performance Characteristics).

**Dynamic range:** 4.0 – 100 000 pg/mL (see page 9: Assay Performance Characteristics).

**FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.**

### Quality Control

Lot to lot consistency is confirmed in an AlphaLISA assay. Maximum and minimum signals, EC<sub>50</sub> and LDL were measured on an EnVision® HTS instrument using the High sensitivity protocol described in this technical data sheet. We certify that these results meet our quality release criteria. Maximum counts may vary between bead lots and depending on assay conditions with no impact on LDL measurement.

## Precautions

- Only the AlphaScreen® Donor beads are light-sensitive. All the other assay reagents can be used under normal light conditions. All Alpha assays using the Donor beads should be performed under subdued laboratory lighting (< 100 lux). Green filters (LEE 090 filters (preferred) or Roscolux filters #389 from Rosco) can be applied to light fixtures.
- All blood components and biological materials should be handled as potentially hazardous. Some analytes are from human source.
- Some analytes are present in saliva. Take precautionary measures to avoid contamination of the reagent solutions.
- The Biotinylated Anti-Analyte Antibody contains sodium azide. Contact with skin or inhalation should be avoided.

## Reagents and Materials

The reagents provided in the AlphaLISA kit are listed in the table below:

Kit components	AL266C (500 assay points)	AL266F (5 000 assay points)
AlphaLISA Anti-IL4 Acceptor beads stored in PBS, 0.05% Proclin-300, pH 7.2	50 µL @ 5 mg/mL (1 brown tube, <u>white</u> cap)	500 µL @ 5 mg/mL (1 brown tube, <u>white</u> cap)
Streptavidin (SA)-coated Donor beads stored in 25 mM HEPES, 100 mM NaCl, 0.05% Proclin-300, pH 7.4	200 µL @ 5 mg/mL (1 brown tube, <u>black</u> cap)	2 X 1 mL @ 5 mg/mL (2 brown tubes, <u>black</u> caps)
Biotinylated Antibody Anti-IL4 stored in PBS, 0.1% Tween-20, 0.05% NaN <sub>3</sub> , pH 7.4	50 µL @ 500 nM (1 tube, <u>black</u> cap)	500 µL @ 500 nM (1 tube, <u>black</u> cap)
AlphaLISA human IL4 (0.3 µg), lyophilized analyte *	1 tube, <u>clear</u> cap	1 tube, <u>clear</u> cap
AlphaLISA HiBlock Buffer (10X) **	10 mL, 1 small bottle	100 mL, 1 large bottle

\* Reconstitute human IL4 in 100 µL Milli-Q® grade H<sub>2</sub>O. The reconstituted analyte should be used within 60 minutes, if possible, or aliquoted into screw-capped polypropylene vials and stored at -20°C for further experiments. Avoid multiple freeze-thaw cycles. It has been demonstrated that reconstituted human IL4 is stable for at least 75 days at -20°C when stored in its original vial. One vial contains an amount of human IL4 sufficient for performing 10 standard curves. Additional vials can be ordered separately (cat # AL266S).

\*\* Contains 250 mM HEPES, pH 7.4, 1% Casein, 10 mg/mL Dextran-500, 5% Triton X-100, 5% gelatin, 5% BSA and 0.5% Proclin-300. Extra buffer can be ordered separately (cat # AL004C: 10 mL, cat # AL004F: 100 mL).  
Note: 10X buffer is slightly brown. However, this does not affect the assay results.

Once diluted, 1X AlphaLISA HiBlock Buffer contains 25 mM HEPES, pH 7.4, 0.1% Casein, 1 mg/mL Dextran-500, 0.5% Triton X-100, 0.5% gelatin, 0.5% BSA and 0.05% Proclin-300.

Sodium azide should **not** be added to the stock reagents. High concentrations of sodium azide (> 0.001 % final in the assay) might decrease the AlphaLISA signal. Note that sodium azide from the Biotinylated Antibody stock solution will not interfere with the AlphaLISA signal (0.0001% final in the assay).

**Specific additional required reagents and materials:**

The following materials are recommended:

Item	Suggested source	Catalog #
TopSeal™-A Adhesive Sealing Film	PerkinElmer Inc.	6050195
EnVision®-Alpha Reader	PerkinElmer Inc.	-

Protocols have been optimized for 50 µL assays in white OptiPlate™-384 microplates. Other assay volumes can be used with similar protocols and identical final AlphaLISA reagent concentrations:

Format	# of data points	Total assay volume	Sample volume	AlphaLISA beads / Biotin Antibody MIX volume*	SA-Donor beads volume*	Plate recommendation
AL266C	250	100 µL	10 µL	40 µL	50 µL	White OptiPlate-96 (cat # 6005290)
	500	50 µL	5 µL	20 µL	25 µL	White ½ AreaPlate-96 (cat # 6005560) White OptiPlate-384 (cat # 6007290) Light gray AlphaPlate™-384 (cat # 6005350)
	1 250	20 µL	2 µL	8 µL	10 µL	Light gray AlphaPlate-384 (cat # 6005350) ProxiPlate™-384 Plus (cat # 6008280) White OptiPlate-384 (cat # 6007290)
	2 500	10 µL	1 µL	4 µL	5 µL	Light gray AlphaPlate-1536 (cat # 6004350)
AL266F	5 000	50 µL	5 µL	20 µL	25 µL	White ½ AreaPlate-96 (cat # 6005560) White OptiPlate-384 (cat # 6007290) Light gray AlphaPlate-384 (cat # 6005350)
	12 500	20 µL	2 µL	8 µL	10 µL	Light gray AlphaPlate-384 (cat # 6005350) ProxiPlate-384 Plus (cat # 6008280) White OptiPlate-384 (cat # 6007290)
	25 000	10 µL	1 µL	4 µL	5 µL	Light gray AlphaPlate-1536 (cat # 6004350)

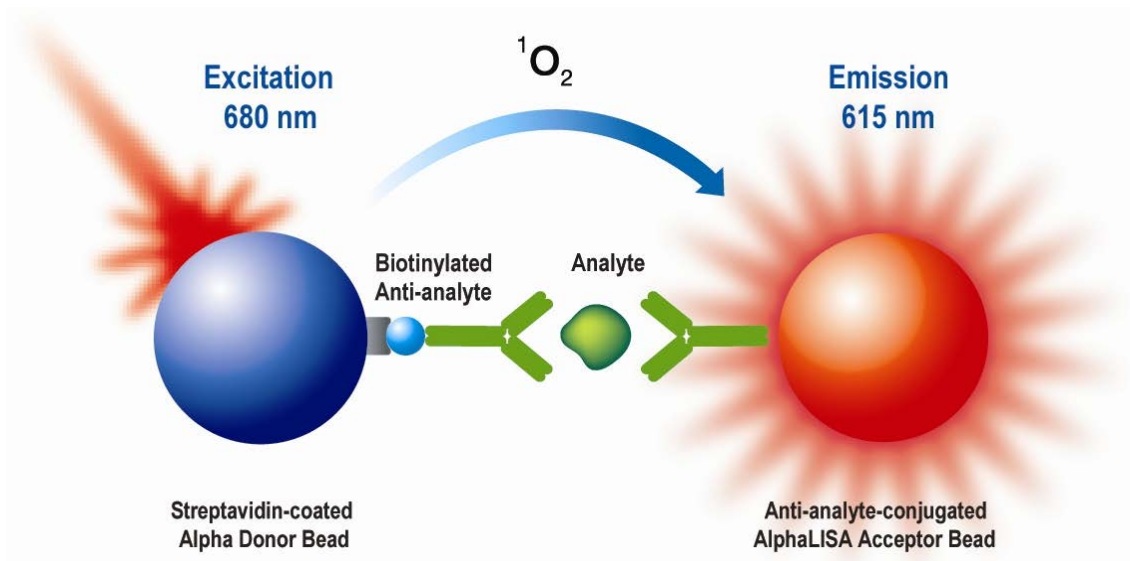
\* Volumes based on the Quick protocol.

## Analyte of Interest

Human Interleukin 4 (IL4), also known as B Cell Stimulatory Factor 1, is an anti-inflammatory glycoprotein of 129 amino acids. It is produced by a variety of cells including Th2, mast cells, and basophils. Via binding to type 1 IL4 receptor, IL4 acts on hematopoietic cells and promotes class switching to IgE. A high level of IL4 has been associated with an increased production of IgE and allergy. This cytokine suppresses IFN- $\gamma$  and IL-8 production. It inhibits the production of inflammatory cytokines (IL1, IL6, and TNF $\alpha$ ). In vivo, injection of IL4 has been shown to protect against experimental arthritis and immune complex-induced lung inflammation in rats. It could potentially be used in the treatment of chronic inflammatory diseases. IL4 may also play a role in the pathogenesis of chronic lymphocytic leukemia.

## Description of the AlphaLISA Assay

AlphaLISA technology allows the detection of molecules of interest in buffer, cell culture media, serum and plasma in a highly sensitive, quantitative, reproducible and user-friendly mode. In an AlphaLISA assay, a Biotinylated Anti-Analyte Antibody binds to the Streptavidin-coated Donor beads while another Anti-Analyte Antibody is conjugated to AlphaLISA Acceptor beads. In the presence of the analyte, the beads come into close proximity. The excitation of the Donor beads provokes the release of singlet oxygen molecules that triggers a cascade of energy transfer in the Acceptor beads, resulting in a sharp peak of light emission at 615 nm (see figure below).



## Recommendations

### General recommendations:

- The volume indicated on each tube is guaranteed for single pipetting. Multiple pipetting of the reagents may reduce the theoretical amount left in the tube. To minimize loss when pipetting beads, it is preferable not to prewet the tip.
- Centrifuge all tubes (including lyophilized analyte) before use to improve recovery of content (2 000 g, 10-15 sec). Resuspend all reagents by vortexing before use.
- Use Milli-Q<sup>®</sup> grade H<sub>2</sub>O (18 MΩ·cm) to dilute 10X AlphaLISA HiBlock Buffer and to reconstitute the lyophilized analyte.
- When diluting the standard or samples, change tips between each standard or sample dilution. When loading reagents in the assay microplate, change tips between each standard or sample addition and after each set of reagents.
- When reagents are added in the microplate, make sure the liquids are at the bottom of the well.
- Small volumes may be prone to evaporation. It is recommended to cover microplates with TopSeal-A Adhesive Sealing Films to reduce evaporation during incubation. Microplates can be read with the TopSeal-A Film.
- The AlphaLISA signal is detected with an EnVision Multilabel Reader equipped with the ALPHA option using the AlphaScreen standard settings (e.g. Total Measurement Time: 550 ms, Laser 680 nm Excitation Time: 180 ms, Mirror: D640as, Emission Filter: M570w, Center Wavelength 570 nm, Bandwidth 100 nm, Transmittance 75%).
- AlphaLISA signal will vary with temperature and incubation time. For consistent results, identical incubation times and temperature should be used for each plate.
- The standard curves shown in this technical data sheet are provided for information only. A standard curve must be generated for each experiment. The standard curve should be performed in a similar matrix as the samples (e.g. FBS for serum samples).

### Specific recommendations:

- AlphaLISA assays can be performed in cell culture medium with or without phenol red, with the following recommendations: if possible, avoid biotin-containing medium (e.g. RPMI medium) as lower counts and lower sensitivity are expected. Add at least 1% FBS or 0.1% BSA to cell culture medium.
- When analyzing serum samples, perform the standard curve in FBS and dilute the samples at least 2-fold with FBS before testing. Serum should not exceed 10% of final assay volume (i.e. 5 µL serum sample in 50 µL final assay volume).

## Protocols

The two protocols described below are recommended when generating one standard curve in a 50 µL final assay volume (48 wells, triplicate determinations). The protocols also include testing samples in 452 wells. If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly. These calculations do not include excess reagent to account for losses during transfer of solutions or dead volumes.

The standard dilution protocol is provided for information only. As needed, the number of replicates or the range of concentrations covered can be modified.

Use of four background points in triplicate (12 wells) is recommended when LDL is calculated. One background point in triplicate (3 wells) can be used when LDL is not calculated.

**Protocol 1:** Quick protocol (2 incubation steps) – Dilution of standards in 1X AlphaLISA HiBlock Buffer or cell culture medium

**Protocol 2:** High sensitivity protocol (3 incubation steps) – Dilution of standards in 1X AlphaLISA HiBlock Buffer, cell culture medium or FBS

IMPORTANT: PLEASE READ THE RECOMMENDATIONS ABOVE BEFORE USE

## Common Steps for Preparing Reagents (Protocols 1 & 2)

*If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly.*

- 1) Preparation of 1X AlphaLISA HiBlock Buffer:  
Add 2.5 mL of 10X AlphaLISA HiBlock Buffer to 22.5 mL H<sub>2</sub>O.
- 2) Preparation of human IL4 analyte standard dilutions:  
Reconstitute lyophilized human IL4 (0.3 µg) in 100 µL H<sub>2</sub>O.  
Prepare standard dilutions as follows (change tip between each standard dilution):

Tube	Vol. of human IL4 (µL)	Vol. of diluent (µL) *	[human IL4] in standard curve	
			(g/mL in 5 µL)	(pg/mL in 5 µL)
A	10 µL of reconstituted human IL4	90	3E-07	300 000
B	60 µL of tube A	120	1E-07	100 000
C	60 µL of tube B	140	3E-08	30 000
D	60 µL of tube C	120	1E-08	10 000
E	60 µL of tube D	140	3E-09	3 000
F	60 µL of tube E	120	1E-09	1 000
G	60 µL of tube F	140	3E-10	300
H	60 µL of tube G	120	1E-10	100
I	60 µL of tube H	140	3E-11	30
J	60 µL of tube I	120	1E-11	10
K	60 µL of tube J	140	3E-12	3
L	60 µL of tube K	120	1E-12	1
M ** (background)	0	100	0	0
N ** (background)	0	100	0	0
O ** (background)	0	100	0	0
P ** (background)	0	100	0	0

\* Dilute standards in diluent (e.g. 1X AlphaLISA HiBlock Buffer, cell culture medium or FBS).  
At low concentrations of analyte, a significant amount of analyte can bind to the vial. Therefore, load the analyte standard dilutions in the assay microplate within 60 minutes of preparation.

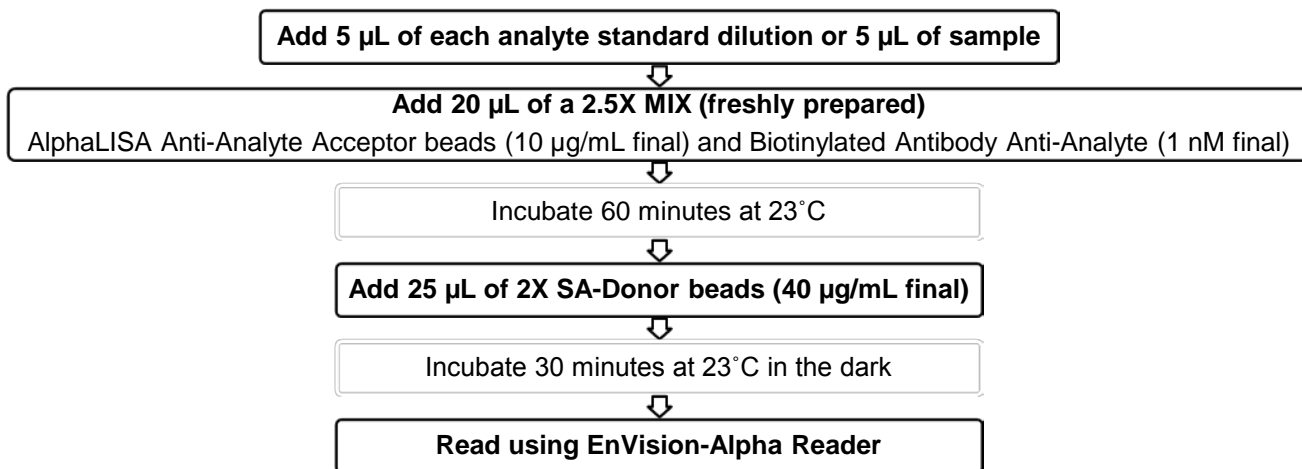
\*\* Four background points in triplicate (12 wells) are used when LDL is calculated. If LDL does not need to be calculated, one background point in triplicate can be used (3 wells).

## Protocol 1: Quick Protocol (2 Incubation Steps)

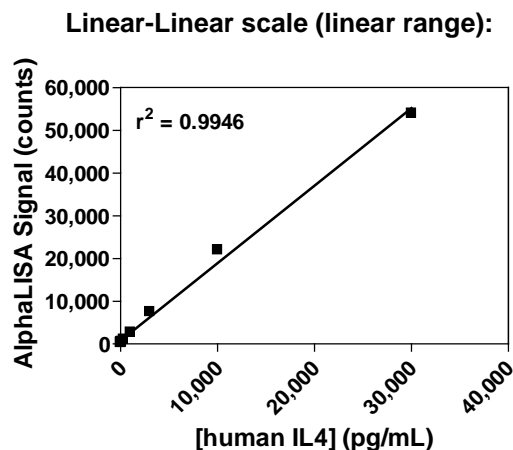
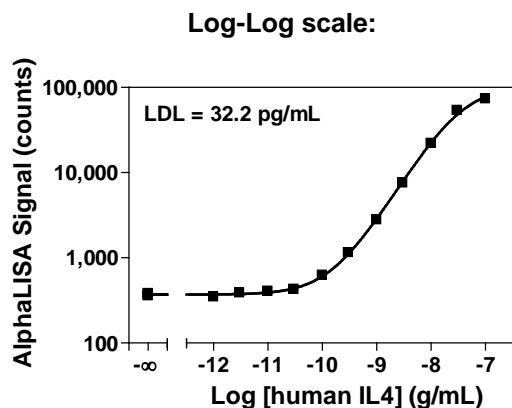
The protocol described below is for one standard curve (48 wells) and samples (452 wells). Dilution of standards can be done in 1X AlphaLISA HiBlock Buffer or cell culture medium.

If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly.

- 3) Preparation of 2.5X AlphaLISA Anti-IL4 Acceptor beads + Biotinylated Antibody Anti-IL4 MIX (25 µg/mL / 2.5 nM): Add 50 µL of 5 mg/mL AlphaLISA Anti-IL4 Acceptor beads and 50 µL of 500 nM Biotinylated Antibody Anti-IL4 to 9 900 µL of 1X AlphaLISA HiBlock Buffer. Prepare just before use.
- 4) Preparation of 2X Streptavidin (SA) Donor beads (80 µg/mL): Keep the beads under subdued laboratory lighting. Add 200 µL of 5 mg/mL SA-Donor beads to 12 300 µL of 1X AlphaLISA HiBlock Buffer.
- 5) Samples: If applicable, dilute samples to be tested in diluent (e.g. 1X AlphaLISA HiBlock Buffer or cell culture medium).
- 6) In a 96- or 384-well microplate:



### Protocol 1 - Typical results in 1X AlphaLISA HiBlock Buffer



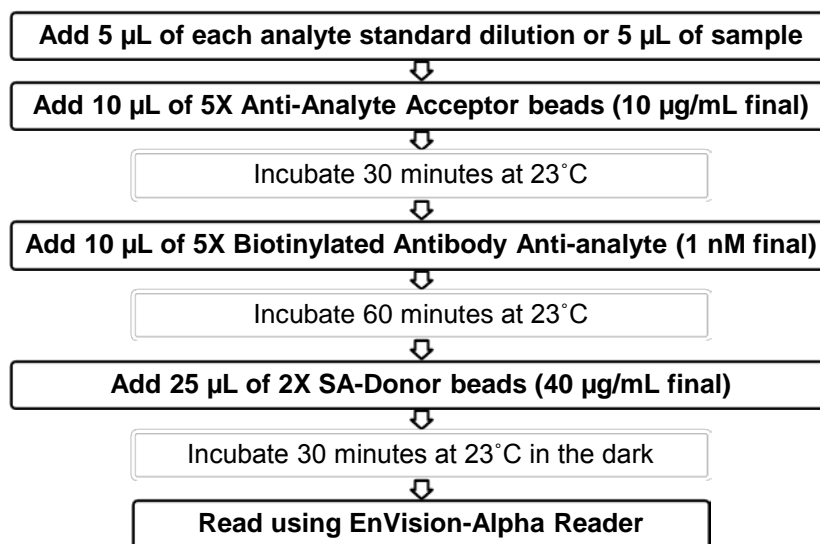
The data was generated using a white Optiplate-384 microplate and an EnVision-Alpha Reader 2102.

## Protocol 2: High Sensitivity Protocol (3 Incubation Steps)

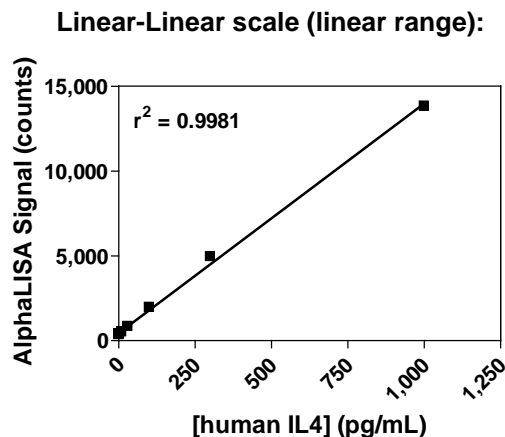
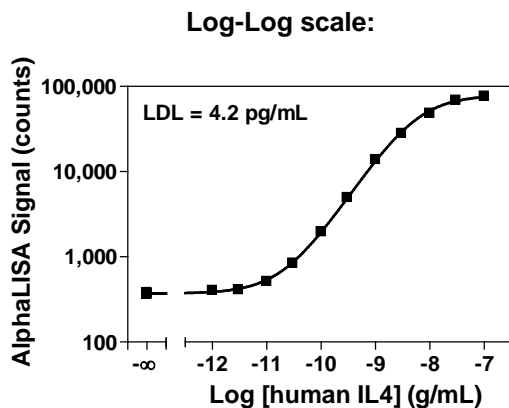
The protocol described below is for one standard curve (48 wells) and samples (452 wells). Dilution of standards can be done in 1X AlphaLISA HiBlock Buffer, cell culture medium or FBS.

If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly.

- 3) Preparation of 5X AlphaLISA Anti-IL4 Acceptor beads (50 µg/mL):  
Add 50 µL of 5 mg/mL AlphaLISA Anti-IL4 Acceptor beads to 4 950 µL of 1X AlphaLISA HiBlock Buffer.
- 4) Preparation of 5X Biotinylated Antibody Anti-IL4 (5 nM):  
Add 50 µL of 500 nM Biotinylated Antibody Anti-IL4 to 4 950 µL of 1X AlphaLISA HiBlock Buffer.
- 5) Preparation of 2X Streptavidin (SA) Donor beads (80 µg/mL): Keep the beads under subdued laboratory lighting.  
Add 200 µL of 5 mg/mL SA-Donor beads to 12 300 µL of 1X AlphaLISA HiBlock Buffer.
- 6) Samples: If applicable, dilute samples to be tested in diluent (e.g. 1X AlphaLISA HiBlock Buffer, cell culture medium or FBS).
- 7) In a 96- or 384-well microplate:



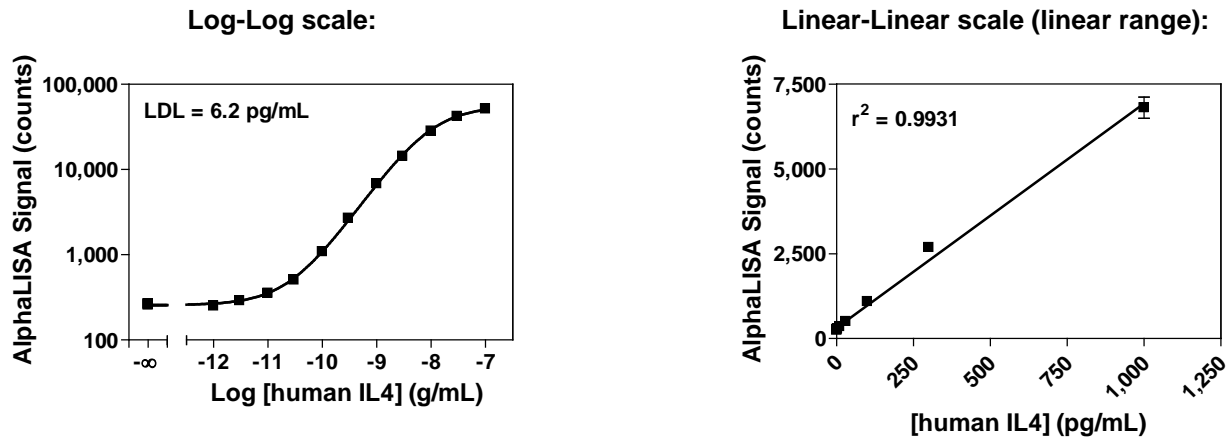
### Protocol 2 - Typical results in 1X AlphaLISA HiBlock Buffer



The data was generated using a white Optiplate-384 microplate and an EnVision-Alpha Reader 2102.



## Protocol 2 - Typical results in FBS



The data was generated using a white Optiplate-384 microplate and an EnVision-Alpha Reader 2102.

## Protocols 1 & 2 - Interpreting the Data

- Calculate the average count value for the background wells.
- Generate a standard curve by plotting the AlphaLISA counts versus the concentration of analyte. A log scale can be used for either or both axes. No additional data transformation is required.
- Analyze data according to a nonlinear regression using the 4-parameter logistic equation (sigmoidal dose-response curve with variable slope) and a  $1/Y^2$  data weighting (the values at maximal concentrations of analyte after the hook point should be removed for correct analysis).
- The LDL is calculated by interpolating the average background counts (12 wells without analyte) + 3 x standard deviation value (average background counts + (3xSD)) on the standard curve.
- Read from the standard curve the concentration of analyte contained in the samples.
- If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

## Assay Performance Characteristics

AlphaLISA assay performance described below was determined using the High sensitivity protocol.

### Sensitivity:

The LDL was calculated as described above. This value corresponds to the lowest concentration of analyte that can be detected in a volume of 5  $\mu$ L using the recommended assay conditions.

- Average LDL is 4.0 pg/mL \* (using 5  $\mu$ L of analyte in AlphaLISA HiBlock Buffer) (mean of 18 independent experiments).
- Average LDL is 6.2 pg/mL (using 5  $\mu$ L of analyte in FBS) (mean of 6 independent experiments).

\* Note that LDL can be decreased (i.e. sensitivity increased) by increasing the volume of analyte in the assay (e.g. use 10  $\mu$ L of analyte in a final assay volume of 50  $\mu$ L).

**Dynamic range:** 4.0 – 100 000 pg/mL (in AlphaLISA HiBlock Buffer)

## Assay precision:

The following assay precision data were calculated from a total of 18 assays. Two operators performed three independent assays using three different kit lots. Each assay consisted of one standard curve and three control samples of high (A), medium (B) and low (C) concentration, assayed in triplicate. The assays were performed in 384-well format using AlphaLISA HiBlock Buffer.

- Intra-assay precision:

The intra-assay precision was determined using a total of 18 independent determinations in triplicate for each control sample.

Sample	Mean (pg/mL)	SD (pg/mL)	% CV (n = 18)
A	3 353	195	5.8
B	352	12.9	3.6
C	33	2.0	6.1

- Inter-assay precision:

The inter-assay precision was determined using a total of 6 independent determinations with 9 measurements for each control sample.

Sample	Mean (pg/mL)	SD (pg/mL)	% CV (n = 6)
A	3 364	315	9.4
B	353	39.6	11.2
C	33	3.9	11.7

## Human serum experiments:

In the following experiments, FBS was used as diluent in both the standard curve and dilution of samples. Additionally, all human serum samples tested were pre-diluted 2-fold with the diluent before being processed.

- Dilutional linearity:

The dilutional linearity was determined by serial dilutions of a pool of human sera spiked with 10 ng/mL of human IL4. The recovery was calculated using the 2-fold diluted sample as the 100% value. The average recovery from two independent measurements is reported.

Dilution Factor	% Recovery
1	100
2	91
4	95
8	110
16	105

- Recovery:

Three known concentrations of analyte were spiked in a pool of human sera. All samples, including non-spiked serum, were measured in the assay. Values calculated for spiked samples reflect subtraction of the endogenous (no-spike) value. The % in serum versus expected (control spike value) was calculated for each concentration. The average recovery from two independent measurements is reported.

Spike (ng/mL)	% Recovery
10	84
0.3	82
0.03	75

- Serum sample values:

Twenty frozen human serum samples were analyzed using the above stated conditions. All the samples had undetectable levels (< LDL) of IL4.

**Calibration:**

Human Interleukin-4 (NIBSC/WHO First International Standard (code 88/656)) was tested using this kit: 1 unit of Standard corresponds to 103 pg of AlphaLISA IL4.

**Specificity:**

Cross-reactivity of the AlphaLISA IL4 Kit was tested using the following proteins at 0.3 µg/mL in AlphaLISA HiBlock Buffer.

Protein	% Cross-reactivity
Mouse IL4	0
Rat IL4	0

The possible interference from human IL4 soluble Receptor  $\alpha$  (IL4 sR $\alpha$ ) was investigated. The human IL4 was kept at a constant concentration (EC<sub>50</sub> value of the standard curve). The binding protein was titrated into the assay. No interference was observed up to 0.02 µg/mL.

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