

# **OmniKine™**

## **Human ACE Colorimetric Sandwich ELISA Kit**

**Catalog #: OK-0296**

**Detection and Quantification of Human ACE  
Concentrations in Supernatants, Sera and Plasma.**

**Research Purposes Only. Not Intended for Diagnostic or  
Clinical Procedures.**

**Store entire kit at 4°C until use.  
Kit expiration is 3 months from date of shipment**

**Manual Version: 1.8.622**

<b>CONTENTS</b>	<b>PAGE</b>
Introduction.....	3
Assay Principles.....	4
Assay Format.....	5
Materials Included/Additional Materials Required.....	6
Sample Preparation and Storage.....	7
Reagent Preparation.....	9
Assay Procedure.....	10
Data Analysis/ Typical Data.....	11
Sensitivity, Cross Reactivity, Specificity.....	12
Summarized Protocol.....	13
Health and Safety Precautions/ Assay Restrictions.....	14
ELISA Plate Template.....	15
Technical Support.....	16

## INTRODUCTION

Human ACE or Angiotensin-Converting Enzyme converts angiotensin I to angiotensin II by release of the terminal His-Leu; this results in an increase of the vasoconstrictor activity of angiotensin. Moreover, it is able to inactivate bradykinin, a potent vasodilator, and has glycosidase activity that releases GPI-anchored proteins from the membrane by cleaving the mannose linkage in the GPI moiety. Release of a C-terminal dipeptide called oligopeptide-|-Xaa-Yaa when Xaa is not Pro, and Yaa is neither Asp nor Glu causes the conversion of angiotensin I to angiotensin II, with increase in vasoconstrictor activity, but no action on angiotensin II. The protein is able to bind 2 zinc ions per subunit while Isoform Testis-specific only binds 1 zinc ion per subunit. Moreover, ACE is able to bind 3 chloride ions per subunit as it is strongly activated by chloride and specifically inhibited by lisinopril, captopril and enalaprilat. ACE is ubiquitously expressed, with highest levels in lung, kidney, heart, GI system and prostate. Isoform Testis-specific is expressed in spermatocytes and adult testis. Human ACE can be phosphorylated by CK2 on Ser-1299; which allows membrane retention. Genetic variations in ACE may be a cause of susceptibility to ischemic stroke (ISCHSTR), also known as cerebrovascular accident or cerebral infarction. A stroke is an acute neurologic event leading to death of neural tissue of the brain and resulting in loss of motor, sensory and/or cognitive function. Ischemic strokes, resulting from vascular occlusion, are considered to be a highly complex disease consisting of a group of heterogeneous disorders with multiple genetic and environmental risk factors. Defects in ACE are a cause of renal tubular dysgenesis (RTD), a severe autosomal recessive disorder of renal tubular development characterized by persistent fetal anuria and perinatal death, probably due to pulmonary hypoplasia from early-onset oligohydramnios (the Potter phenotype). Genetic variations in ACE are associated with susceptibility to microvascular complications of diabetes type 3 (MVCD3). These are pathological conditions that develop in numerous tissues and organs as a consequence of diabetes mellitus. They include diabetic retinopathy, diabetic nephropathy leading to end-stage renal disease, and diabetic neuropathy. Diabetic retinopathy is a major cause of

new-onset blindness among diabetic adults and is characterized by vascular permeability and increased tissue ischemia and angiogenesis.

## ASSAY PRINCIPLES

The OmniKine™ Human ACE ELISA Kit contains the components necessary for quantitative determination of natural or recombinant concentrations within any experimental sample including cell lysates, serum and plasma. This particular immunoassay utilizes the quantitative technique of a “Sandwich” Enzyme-Linked Immunosorbent Assay (ELISA) where the target protein (antigen) is bound in a “sandwich” format by the primary capture antibodies coated to each well-bottom and the secondary detection antibodies added subsequently by the investigator.

The capture antibodies coated to the bottom of each well are specific for a particular epitope on while the user-added detection antibodies bind to epitopes on the captured target protein. Amid each step of the procedure, a series of wash steps must be performed to ensure the elimination of non-specific binding between proteins to other proteins or to the solid phase.

After incubation and “sandwiching” of the target antigen, a peroxidase enzyme is conjugated to the constant heavy chain of the secondary antibody (either covalently or via Avidin/Streptavidin-Biotin interactions), allowing for a colorimetric reaction to ensue upon substrate addition. When the substrate TMB (3, 3', 5, 5'-Tetramethylbenzidine) is added, the reaction catalyzed by peroxidase yields a blue color that is representative of the antigen concentration.

Upon sufficient color development, the reaction can be terminated through addition of Stop Solution (2 N Sulfuric Acid) where the color of the solution will turn yellow. The absorbance of each well can then be read by a spectrophotometer, allowing for generation of a standard curve and subsequent determination of protein concentration.

# ASSAY FORMAT

  
Capture Antibody



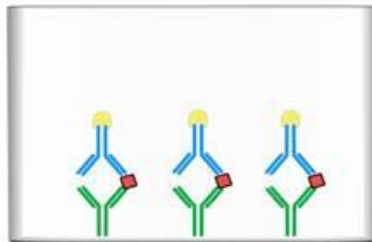
Capture antibodies specific for the target are coated to the plate. Additional binding sites on the plate are blocked.

  
Target Antigen



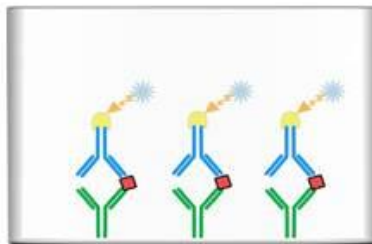
Target antigen present in standard or sample is bound by capture antibodies on the solid-phase.

  
Biotinylated Detection Antibody



Biotinylated detection antibodies specific for the target are added to bind another epitope on the target antigen.

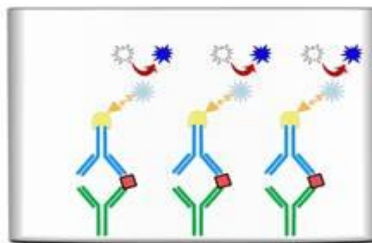
  
Streptavidin-HRP



Streptavidin-HRP attaches to detection antibody via high affinity streptavidin-biotin interaction.

  
Unreacted TMB

  
Blue TMB Diimine Product



TMB substrate is converted to the blue TMB diimine via the HRP enzyme. Upon addition of acid, the reaction terminates and the wells can be read at 450 nm.

## MATERIALS INCLUDED

Component	Quantity Per Kit	Storage/Stability after first use
Microstrips Coated w/ Capture Antibody	12 x 8-Well Microstrips	1 month at 4°C
Protein Standard	Lyophilized	
Biotinylated Detection Antibody	Lyophilized	
400x Streptavidin-HRP	30 µl	
Wash Buffer (15x)	50 ml	
Assay Diluent 1TD	50 ml	
Ready-to-Use Substrate	12 ml	
Stop Solution	12 ml	
Adhesive Plate Sealers	2 Sheets	-
Technical Manual	1 Manual	-

**Any unused strips should be rewrapped with plate sealer and placed back into pouch with zipper closed until next use\*\***

## ADDITIONAL MATERIALS REQUIRED

The following materials and/or equipment are NOT provided in this kit but are necessary to successfully conduct the experiment:

- Microplate reader able to measure absorbance at 450 nm (with correction wavelength set to 540 nm or 570 nm)
- Micropipettes ranging from 1 µl to 1 ml
- Distilled, deionized, and or purified water (recommended TOC 1-50 ppb, MΩ-cm 18.0)
- Squirt bottle, manifold dispenser, multichannel pipette reservoir or automated microplate washer
- Graph paper or computer software capable of generating or displaying logarithmic functions
- Absorbent paper or vacuum aspirator
- Test tubes or microfuge tubes capable of storing ≥1 ml
- Bench-top centrifuge (optional)
- Bench-top vortex (optional)
- Orbital shaker (optional)

# **SAMPLE PREPARATION AND STORAGE**

**Levels of Human ACE may vary between samples. Optimal dilution factors for every sample must be determined by the investigator.**

## ***Cell Supernatants***

Remove large cell components via centrifugation and perform the assay. Cell lysates and supernatants require a dilution using Assay Diluent 1TD. A serial dilution may be performed to determine a suitable dilution factor for the sample.

## ***Serum***

Allow samples to clot in a serum separator tube (SST) for 30 minutes. After sufficient clotting, centrifuge at 1000 x g for 15 minutes and remove serum from SST in preparation for the assay. A serial dilution may be performed to determine a suitable dilution factor for the sample. For serum sample dilutions refer to Serum and Plasma Sample Dilution Protocol.

## ***Plasma***

Use heparin, citrate or EDTA as an anticoagulant to gather plasma from original biological sample. After collection of the plasma, centrifuge for 15 minutes at 1000 x g. This step must be performed within 30 minutes of plasma collection. A serial dilution may be performed to determine a suitable dilution factor for the sample. For plasma sample dilutions refer to Serum and Plasma Sample Dilution Protocol.

**If samples are to be used within 24 hours, aliquot and store at 4°C. If samples are to be used over a long period of time, aliquot and store between -20°C and -80°C, depending on the duration of storage.**

**Samples containing a visible precipitate or pellet must be clarified prior to use in the assay.**

**Avoid repeated freeze/thaw cycles to prevent loss of biological activity of proteins in experimental samples.**



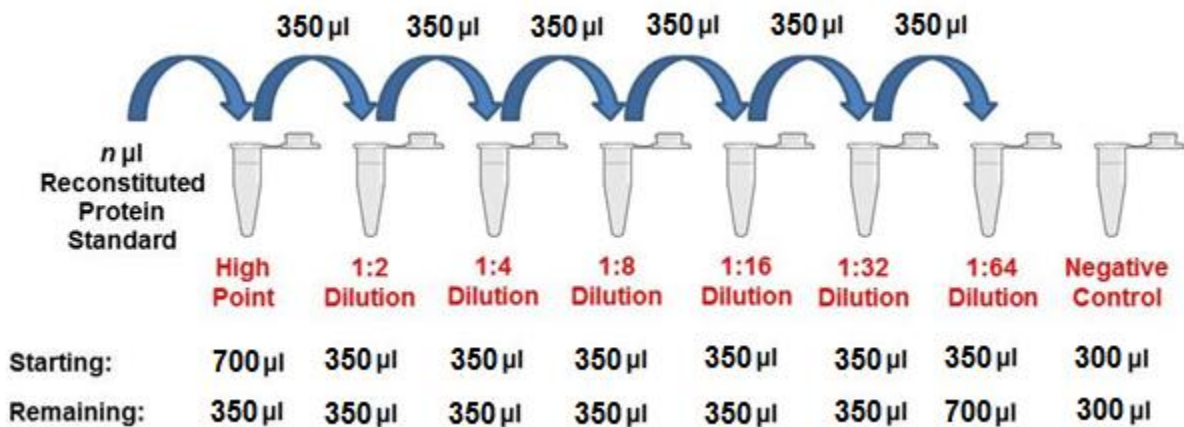
### ***Serum and Plasma Sample Dilution Protocol***

- a. Dilute the serum or plasma samples with PBS supplemented with 10-50% animal serum (Serum/Plasma Diluent).
- b. Reconstitute and dilute the Protein Standards using the Serum/Plasma Diluent, instead of Assay Diluent 1TD, so it reflects the environment of the samples being measured.
- c. Reconstitute/dilute the Biotin-Conjugated Detection Antibody in Assay Diluent 1TD and dilute the Streptavidin-HRP in Assay Diluent 1TD. Do not use the Serum/Plasma Diluent to reconstitute or dilute the Detection Antibody or Streptavidin-HRP.

# REAGENT PREPARATION

All provided solutions should be at ambient temperature prior to use. **We recommend performing the assay in duplicate.** Reagents provided are enough to assay 96 wells and it is recommended to only prepare as much needed on the day of the experiment. All incubation steps should be performed on an orbital shaker to equilibrate solutions when added to the microplate wells.

1. Dilute the 15x Wash Buffer to 1x Wash Buffer using 14 volumes of ddH<sub>2</sub>O and 1 volume of 15x Wash Buffer.
2. Reconstitute Detection Antibody with 100  $\mu$ l of ddH<sub>2</sub>O for a concentration of 100x. Mix gently and dilute to 1x prior to use.
3. Reconstitute Protein Standard with 83  $\mu$ l of ddH<sub>2</sub>O for a concentration of 220ng/ml Mix gently and dilute to the working range of the kit, 125-8000  $\mu$ g/ml.
  - a. Dilute Protein Standard with the same reagents used with Serum/Plasma samples. **OR.**
  - b. Dilute Protein Standard with Assay Diluent 1TD when experimenting with Cell Supernatant samples.



4. Mix the 400x Streptavidin-HRP (SAV-HRP) gently. Dilute to 1x using Assay Diluent 1TD.
5. Stop Solution and Ready to Use Substrate are ready to use and do not need dilution.

## ASSAY PROCEDURE

1. Prepare all reagents to working concentrations, standards to desired range, and samples to appropriate dilution factors.
2. Remove desired number of capture antibody coated strips for experiment and place remaining strips back into dry pouch with desiccant for 4°C storage.
3. Add 100 µl of Standards/ Samples to each well and incubate on orbital shaker at room temperature (RT) for 2 hrs.
4. Aspirate the solution and add 300 µl of 1x Wash Buffer to each well being used and gently shake for 2-3 mins on an orbital shaker. Repeat this process 3 times. After the last wash ensure no liquid remains by inverting the plate and tapping it against clean paper towels.
5. Add 100 µl of 1x Detection Antibody to each well and incubate for 2 hrs. on an orbital shaker at RT
6. Repeat step 4.
7. Add 100 µl of 1x SAV-HRP to each well and incubate for 30 mins on an orbital shaker at RT
8. Repeat step 4.
9. Add 100 µl of Ready to use Substrate to each well, cover plate from light, and incubate for 10-20 mins on an orbital shaker at RT. Monitor color development as the buffer used to dilute Serum and Plasma samples can effect rate of development.
10. Add 100 µl of Stop Solution to each well and read at 450 nm.

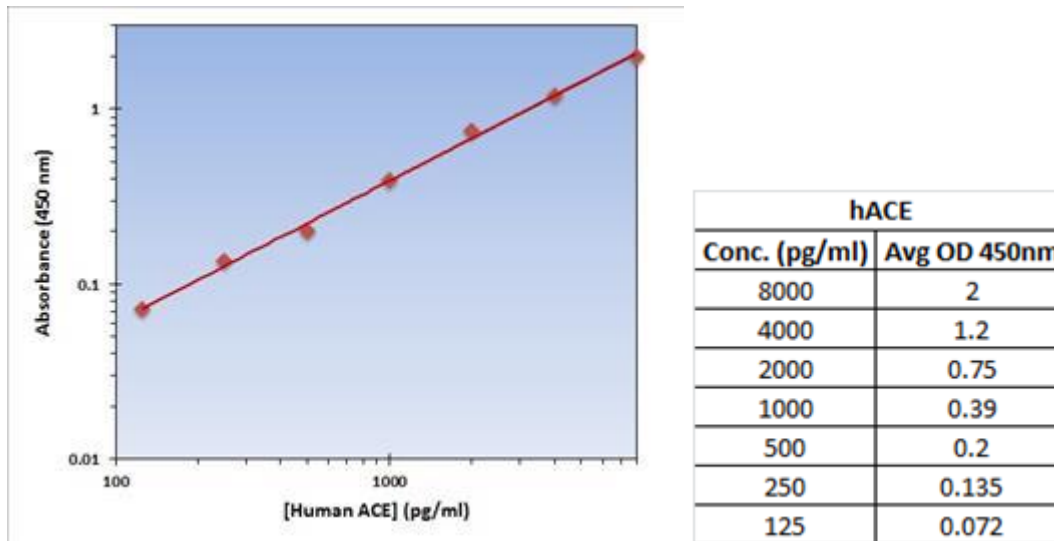
# DATA ANALYSIS

Average the duplicate or triplicate readings for each standard, control and sample and subtract the average zero standard optical density.

Generate a standard curve by using Microsoft Excel or other computer software capable of establishing a 4-Parameter Logistic (4-PL) curve fit. If using Excel or an alternative graphing tool, plot the average optical density values in absorbance units (y-axis) against the known standard concentrations in pg/ml (x-axis).

Only use the values in which a noticeable gradient can be established. Afterwards, generate a best fit curve or “trend-line” through the plotted points via regression analysis.

## TYPICAL DATA



The data and subsequent graph were obtained after performing a sandwich ELISA for Human ACE. Each known sample concentration was assayed in triplicate.

The standard curves shown are for demonstration. A new curve must be generated for each experiment.

## **SENSITIVITY**

The Human ACE ELISA Kit allows for the detection and quantification of endogenous levels of natural and/or recombinant proteins within the range of 125-8000 pg/ml.

## **CROSS REACTIVITY AND SPECIFICITY**

The OmniKine™ Human ACE ELISA is capable of recognizing both recombinant and naturally produced Human ACE proteins. The antigens listed below were tested at 50 ng/ml and did not exhibit significant cross reactivity or interference.

- Human: ACE-2

# SUMMARIZED PROTOCOL

Reconstitute Biotinylated Detection Antibody and Protein Standard and dilute the 15x Wash Buffer as specified.



Perform serial dilution of Protein Standard and prepare samples as desired. See sample preparation section for instructions to dilute serum and plasma samples.



Add 100ul of Protein Standard, sample or control to each well and incubate for 2 hours at room temperature.



Aspirate Protein Standards, samples or controls out and wash plate 4 times.



Dilute Biotinylated Detection Antibody as specified. Add 100ul to each well and incubate for 2 hours at room temperature.



Aspirate Biotinylated Detection Antibody out and wash plate 4 times.



Dilute 400x Streptavidin-HRP as specified. Add 100ul of 1x Streptavidin-HRP to each well and incubate at room temperature for 30 minutes.



Aspirate 1x Streptavidin-HRP out and wash plate 4 times.



Add 100ul of Ready-to-Use Substrate to each well and incubate at room temperature for color development.



Add 100ul of Stop Solution and read plate at 450nm.

## HEALTH AND SAFETY PRECAUTIONS

- Reagents provided in this kit may be harmful if ingested, inhaled or absorbed through the skin. Please carefully review the MSDS for each reagent before conducting the experiment.
- Stop Solution contains 2 N Sulfuric Acid ( $H_2SO_4$ ) and is an extremely corrosive agent. Please wear proper eye, hand and face protection when handling this material. When the experiment is finished, be sure to rinse the plate with copious amounts of running water to dilute the Stop Solution prior to disposing the plate.

## ASSAY RESTRICTIONS

- This ELISA kit is intended for research purposes only, NOT diagnostic or clinical procedures of any kind.
- Materials included in this kit should NOT be used past the expiration date on the kit label.
- Reagents or substrates included in this kit should NOT be mixed or substituted with reagents or substrates from any other kits.
- Variations in pipetting technique, washing technique, operator laboratory technique, kit age, incubation time or temperature may cause differences in binding affinity of the materials provided.
- The assay is designed to eliminate interference and background by other cellular macromolecules or factors present within any biological samples. However, the possibility of background noise cannot be fully excluded until all factors have been tested using the assay kit.
- Individual results may vary due to differences in technique, plasticware and water sources.

# ELISA PLATE TEMPLATE

A	B	C	D	E	F	G	H	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12



## TECHNICAL SUPPORT

For troubleshooting, information or assistance, please go online to [www.assaybiotech.com](http://www.assaybiotech.com) or contact us at:

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