

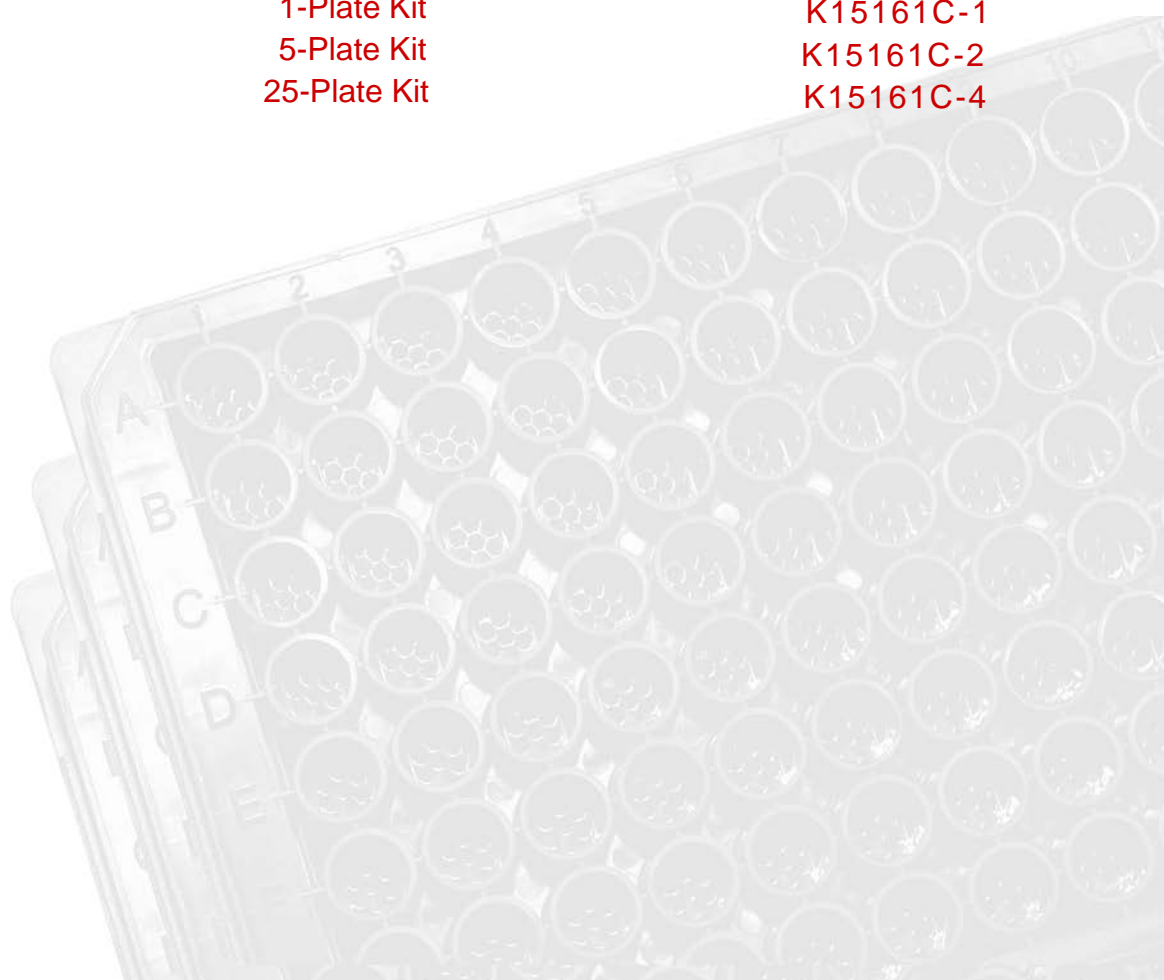
MESO SCALE DISCOVERY[®]

MULTI-SPOT Assay System

Cardiac Injury Panel 3 (rat) Assay Kit

1-Plate Kit
5-Plate Kit
25-Plate Kit

K15161C-1
K15161C-2
K15161C-4



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MSD Toxicology Assays

Cardiac Injury Panel 3 (rat) Assay Kit cTnl, cTnT, FABP3, Myl3

This package insert must be read in its entirety before using this product.

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

MESO SCALE DISCOVERY

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Table of Contents

table of contents

I. MSD Advantage	4
II. Introduction	5
III. Principle of the Assay	6
IV. Reagents Supplied	7
V. Required Material and Equipment – not supplied	7
VI. Safety	8
VII. Reagent Preparation	8
VIII. Assay Protocol	10
IX. Analysis of Results	10
X. Assay Qualification and Verification	11
XI. Typical Standard Curve	12
XII. Sensitivity	13
XIII. Precision	13
XIV. Spike Recovery	14
XV. Linearity	15
XVI. Specificity	16
XVII. Samples	18
XVIII. Assay Components	18
XIX. References	18
Summary Protocol	19
Plate Diagrams	21

Ordering Information

ordering information

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MSD Advantage

M S D a d v a n t a g e

MESO SCALE DISCOVERY'S MULTI-ARRAY® Technology is a multiplex immunoassay system that enables the measurement of biomarkers utilizing the next generation of electrochemiluminescent detection. In an MSD® assay, specific capture antibodies for the analytes are coated in arrays in each well of a 96-well carbon electrode plate surface. The detection system uses patented SULFO-TAG™ labels that emit light upon electrochemical stimulation initiated at the electrode surfaces of the MULTI-ARRAY and MULTI-SPOT® plates. The electrical stimulation is decoupled from the output signal, which is light, and this generates assays with minimal background. MSD labels are stable, non-radioactive, and can be conveniently conjugated to biological molecules. Additionally, only labels near the electrode surface are detected, enabling non-washed assays.

One of the advantages of MSD assays is the minimal sample volume required as compared to traditional ELISA, which is also limited by its ability to measure only a single analyte. With an MSD assay, ten different biomarkers can be analyzed simultaneously using as little as 10-25 µL of sample. These assays have high sensitivity, up to five logs of linear dynamic range, and excellent performance in complex biological matrices. Combined, these advantages enable the measurement of native levels of biomarkers in normal and diseased samples without multiple dilutions. Further, the simple and rapid protocols of MSD assays provide a powerful tool to generate reproducible and reliable results. The MSD product line offers a diverse menu of assay kits for profiling biomarkers, cell signaling pathways, and other applications, as well as a variety of plates and reagents for assay development.

Introduction

introduction

Troponin is a heterotrimer that regulates muscle contraction in skeletal and cardiac muscle (but not in smooth muscle). Troponin acts with intracellular calcium to control the interaction of actin and myosin filaments in striated muscle fibers. Though they perform similar functions, cardiac and skeletal troponins differ in sequence and can be differentiated in immunoassays.

The three subunits of troponin are:

- **Troponin T** is the subunit that interacts with tropomyosin to form the troponin-tropomyosin complex.
- **Troponin I** is an inhibitory subunit that prevents muscle contraction in the absence of calcium. It is responsible for the binding of the troponin-tropomyosin complex to actin. Troponin I exists in three isoforms: slow-twitch (striated) skeletal muscle, fast-twitch (striated) skeletal muscle, and cardiac muscle.
- **Troponin C** binds calcium, producing a conformational change in troponin I and activating the troponin-tropomyosin complex.

When muscle tissue is damaged, the troponin-tropomyosin complex breaks down and troponin I and troponin T are released into the blood. Cardiac troponin T (cTnT) and cardiac troponin I (cTnI) can be readily distinguished from their skeletal muscle analogs allowing confirmation of cardiac muscle tissue damage over skeletal muscle tissue damage. Troponins are excellent biomarkers for myocardial injury in cardiotoxicity because of the demonstrated tissue-specificity of cardiac and skeletal troponins.

Myosin light chain 3 (Myl3) is an essential light chain of the myosin molecule found in cardiac and slow-twitch skeletal muscle. Myosin is a hexamer ATPase motor protein that is a major constituent of thick muscle filament. The myosin molecule consists of a head domain that “walks” along the actin chain to contract the muscle and a tail domain that is responsible for binding the myosin to its cargo. Two heavy chain subunits intertwine to form the head and tail domains and four light chain subunits—two regulatory light chains with phosphorylation sites (encoded by the MYL2 genes), and two essential light chains (encoded by the MYL3 genes). These light chains bind the heavy chains together in the neck region between the head and tail domains. After damage to muscle tissue, myosin breaks down and Myl3 becomes elevated in the blood. Myl3 can be used in conjunction with other toxicity biomarkers to confirm cardiac and slow twitch skeletal muscle injury.

Fatty acid binding protein 3 (FABP3) is a monomeric protein that modulates the uptake of fatty acids in cells. Heart-type fatty acid binding protein is released into circulation after myocardial ischemia and necrosis. FABP3 is mostly present in heart and skeletal muscle but can also be found in brain, liver, and small intestine.



Principle of the Assay

principle of the assay

MSD toxicology assays provide a rapid and convenient method for measuring the levels of protein targets within a single small-volume sample. These assays have been qualified according to the principles outlined in “Fit-for-Purpose Method Development and Validation for Successful Biomarker Measurement” by Lee, J.W. et al.¹ The assays are available in both singleplex and multiplex formats. In a singleplex assay, an antibody for a specific protein target is coated on one electrode (or “spot”) per well. In a multiplex assay, an array of capture antibodies against different targets is patterned on distinct spots in the same well. Our Cardiac Injury Panel 3 (rat) Assay is a sandwich immunoassay (Figure 1). MSD provides a plate that has been pre-coated with capture antibodies for cTnI, cTnT, FABP3, and MyI3 on spatially distinct spots. The user adds the sample and a solution containing the conjugated detection antibodies—anti-cTnI, anti-cTnT, anti-FABP3, and anti-MyI3 conjugated with an electrochemiluminescent compound, MSD SULFO-TAG™ label—over the course of one or more incubation periods. Analytes in the sample bind to capture antibodies immobilized on the working electrode surface; recruitment of the conjugated detection antibodies by bound analytes completes the sandwich. The user adds an MSD read buffer that provides the appropriate chemical environment for electrochemiluminescence and loads the plate into an MSD SECTOR® instrument for analysis. Inside the SECTOR instrument, a voltage applied to the plate electrodes causes the labels bound to the electrode surface to emit light. The instrument measures intensity of emitted light to provide a quantitative measure of cTnI, cTnT, FABP3 and MyI3 present in the sample.

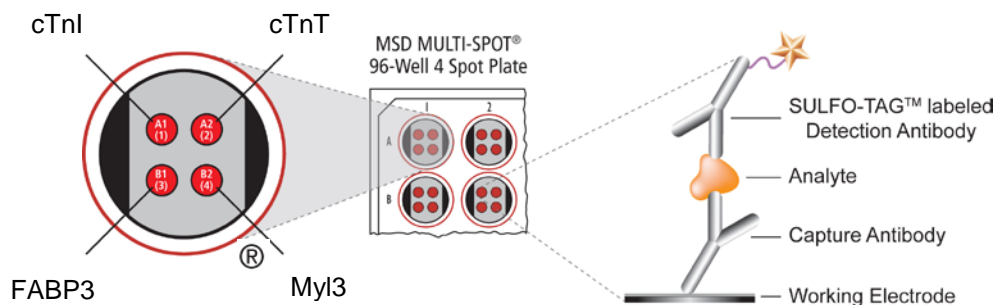


Figure 1. Spot diagram showing placement of analyte capture antibody. The numbering convention for the different spots is maintained in the software visualization tools, on the plate packaging, and in the data files. A unique bar code label on each plate allows complete traceability back to MSD manufacturing records.

IV Reagents Supplied

reagents supplied

Product Description	Storage	Quantity per Kit		
		K15161C-1	K15161C-2	K15161C-4
MULTI-SPOT [®] 96-well Cardiac Injury Panel 3 (rat) Plate N45161A-1	2–8°C	1 plate	5 plates	25 plates
SULFO-TAG [™] Anti-rat cTnI Antibody (50X) ¹	2–8°C	1 vial (75 µL)	1 vial (375 µL)	5 vials (375 µL ea)
SULFO-TAG Anti-rat cTnT Antibody (50X) ¹	2–8°C	1 vial (75 µL)	1 vial (375 µL)	5 vials (375 µL ea)
SULFO-TAG Anti-rat FABP3 Antibody (50X) ¹	2–8°C	1 vial (75 µL)	1 vial (375 µL)	5 vials (375 µL ea)
SULFO-TAG Anti-rat Myl3 Antibody (50X) ¹	2–8°C	1 vial (75 µL)	1 vial (375 µL)	5 vials (375 µL ea)
Cardiac Injury Panel 3 (rat) Calibrator Blend (20X)	≤ -70°C	1 vial (15 µL)	5 vials (15 µL ea)	25 vials (15 µL ea)
Diluent 7 R54BB-4 (5 mL) R54BB-3 (50 mL)	≤ -10°C	2 bottles (5 mL ea)	1 bottle (50 mL)	5 bottles (50 mL ea)
Diluent 30 R50AB-4 (25 mL)	≤ -10°C	1 bottle (25 mL)	1 bottle (25 mL)	5 bottles (25 mL ea)
25 mM DTT	≤ -10°C	1 vial (1 mL)	1 vial (1 mL)	5 vials (1 mL ea)
0.5 M EDTA pH 8.0	RT	1 bottle (4 mL)	1 bottle (4 mL)	5 bottles (4 mL ea)
Read Buffer T (4X) R92TC-3 (50 mL)	RT	1 bottle (50 mL)	1 bottle (50 mL)	5 bottles (50 mL ea)

V Required Materials and Equipment - not supplied

required materials and equipment — not supplied

- Deionized water for diluting concentrated buffers
- 50 mL tubes for reagent preparation
- 15 mL tubes for reagent preparation
- Microcentrifuge tubes for preparing serial dilutions
- Phosphate buffered saline plus 0.05% Tween-20 (PBS-T) for plate washing
- Appropriate liquid handling equipment for desired throughput, capable of dispensing 10 to 150 µL into a 96-well microtiter plate
- Plate washing equipment: automated plate washer or multichannel pipette
- Adhesive plate seals
- Microtiter plate shaker

¹ Some SULFO-TAG labeled detection antibodies may be light-sensitive, so they should be stored in the dark.

VI Safety

s a f e t y

Safe laboratory practices and personal protective equipment such as gloves, safety glasses, and lab coats should be used at all times during the handling of all kit components. All hazardous samples should be handled and disposed of properly, in accordance with local, state, and federal guidelines.

VII Reagent Preparation

r e a g e n t p r e p a r a t i o n

Bring all reagents to room temperature. This is especially important for the Diluent 7, as some components are not soluble below room temperature. Thaw the stock Calibrator Blend on ice.

Important: Upon first thaw, separate Diluent 7 and Diluent 30 into aliquots appropriate to the size of your assay needs. These diluents can go through up to three freeze-thaw cycles without significantly affecting the performance of the assay.

Prepare Diluent 7 + Additives

For the Cardiac Injury Panel 3 Assay, samples and calibrators are diluted in Diluent 7 that contains EDTA and DTT. These two additives must be added into the diluent by the user before each assay is carried out. EDTA and DTT additive stocks are provided at the concentrations in the table below. For one plate, combine:

- 540 μ L of EDTA stock solution
- 90 μ L of DTT stock solution
- 8370 μ L of Diluent 7

Additive	Stock conc.	Final Conc.
EDTA	500 mM (16.7X)	30 mM (1X)
DTT	25 mM (100X)	0.25 mM (1X)

Prepare Calibrator and Control Solutions

Calibrators for the Cardiac Injury Panel 3 (rat) are supplied at 20-fold higher concentration than the recommended highest Calibrator. For each assay, an 8-point standard curve is recommended with 4-fold serial dilution steps and a zero Calibrator. The Calibrators are supplied as a blend. The stock Calibrator Blend should be thawed and kept on ice, but should be added into diluent at room temperature to make the standard curve solutions. For the actual concentrations of each Calibrator, refer to the certificate of analysis (C of A) supplied with the kit. A copy of the kit specific C of A can also be found at www.mesoscale.com

To prepare this 8-point standard curve for up to 5 replicates:

- 1) Prepare the highest Calibrator by adding 10 μ L of the Calibrator stock vial to 190 μ L of Diluent 7 + Additives.
- 2) Prepare the next Calibrator by transferring 50 μ L of the diluted Calibrator to 150 μ L of Diluent 7 + Additives. Repeat 4-fold serial dilutions 5 additional times to generate 7 Calibrators.
- 3) The recommended 8th Standard is Diluent 7 + Additives (i.e. zero Calibrator).

After preparation of the Calibrators at the concentrations above, incubate the Calibrator solutions without shaking for 30 minutes at room temperature prior to addition to the plate.

Dilution of Samples

Serum and plasma samples should be run at 4-fold dilution. Diluent 7 + Additives should be used to dilute the samples. To perform sample dilution, add 25 μ L sample to 75 μ L of Diluent 7 + Additives. For muscle tissue lysates or homogenates, a 500-fold dilution may be required. In this case, additional Diluent 7 is available for purchase (catalog numbers are provided on page 7).

Diluted samples should be incubated without shaking at room temperature for 30 minutes prior to addition to the plate.

Prepare Detection Antibody Solution

Each Detection Antibody is provided as a 50X stock solution. The final concentration of the working Detection Antibody Solution should be at 1X.

In a 15 mL tube combine (per plate):

- 60 μ L of 50X SULFO-TAG Anti-rat cTnI Antibody
- 60 μ L of 50X SULFO-TAG Anti-rat cTnT Antibody
- 60 μ L of 50X SULFO-TAG Anti-rat FABP3 Antibody
- 60 μ L of 50X SULFO-TAG Anti-rat Myl3 Antibody
- 2760 μ L of Diluent 30

Prepare Read Buffer

The Read Buffer should be diluted 4-fold in deionized water to make a final concentration of 1X Read Buffer T. Add 5 mL of 4X Read Buffer T to 15 mL of deionized water for each plate.

Prepare MSD Plate

This plate has been pre-coated with antibodies for the analytes shown in Figure 1. The plate can be used as delivered; no additional preparation (e.g., pre-wetting) is required. The plate has also been exposed to a proprietary stabilizing treatment to ensure the integrity and stability of the immobilized antibodies.

VIII Assay Protocol

assay protocol

(Dilution of samples/Calibrators should be completed prior to Step 1)

- 1. Addition of Diluent 7 + Additives:** Dispense 25 μ L of Diluent 7 + Additives into each well. Seal the plate with an adhesive plate seal and incubate for 30 minutes with vigorous shaking (300–1000 rpm) at room temperature.
- 2. Addition of the Sample or Calibrator:** Dispense 25 μ L of sample or Calibrator (which has been pre-incubated for 30 min following dilution with Diluent 7 + Additives) into separate wells of the MSD plate. Seal the plate with an adhesive plate seal and incubate for 2 hours with vigorous shaking (300–1000 rpm) at room temperature.
- 3. Wash and Addition of the Detection Antibody Solution:** Wash the plate 3 times with PBS-T. Dispense 25 μ L of the 1X Detection Antibody Solution into each well of the MSD plate. Seal the plate and incubate for 2 hours with vigorous shaking (300–1000 rpm) at room temperature.
- 4. Wash and Read:** Wash the plate 3 times with PBS-T. Add 150 μ L of 1X Read Buffer T to each well of the MSD plate. Analyze the plate on the SECTOR Imager. Plates should be read immediately after the addition of Read Buffer.

Notes

Shaking a 96-well MSD MULTI-SPOT plate typically accelerates capture at the working electrode.

Bubbles in the fluid will interfere with reliable reading of MULTI-SPOT plate. Use reverse pipetting techniques to insure bubbles are not created when dispensing the Read Buffer.

VIX Analysis of Results

analysis of results

The Calibrators should be run in duplicate to generate a standard curve. The standard curve is modeled using least squares fitting algorithms so that signals from samples with known levels of the analyte of interest can be used to calculate the concentration of analyte in the sample. The assays have a wide dynamic range (3–4 logs) which allows accurate quantification in many samples without the need for dilution. The MSD DISCOVERY WORKBENCH[®] analysis software utilizes a 4-parameter logistic model (or sigmoidal dose-response) and includes a $1/Y^2$ weighting function. The weighting function is important because it provides a better fit of data over a wide dynamic range, particularly at the low end of the standard curve. For the best fit of the data, the zero Calibrator should be excluded from the fit model for all 4 assays on this panel.

X

Assay Qualification and Verification

assay qualification and verification

The performance of this Kit meets levels of consistency and robustness as determined by methods based on the principles outlined in “Fit -for-Purpose Method Development and Validation for Successful Biomarker Measurement” by Lee, J.W. et al.¹

Bioanalytical and functional characterizations of calibrators, antibodies and assay components are completed to allow for bridging of reagents between lots. This includes plate coating uniformity and reagent and component specificity testing for individual kit lots.

Control samples for specific matrices are designed and tested to meet the accuracy, precision and sensitivity criteria for a Kit that has completed the qualification process. Spike recovery and dilution linearity of endogenous samples, pooled and individual matrices are tested across the assay range.

➤ **Sensitivity, Range and Curve Fitting**

- Sample range and assay sensitivity are established from 4-PL fitted calibration curves with $1/Y^2$ weighting. Percent recovery of calibrators and controls between the upper limit of quantification (ULOQ) and lower limit of quantification (LLOQ) must have a calculated concentration %CV of less than 20% and an accuracy within 20% of the expected concentration.
- The limits of quantification defined in the product insert are verified for each lot as part of the lot verification and quality control release.

➤ **Accuracy and Precision**

High, mid, and low controls made in matrix (need to be defined on a kit by kit basis) are run to measure accuracy and precision.

- Qualification – Testing on multiple days (>6 days) and multiple runs per day for a total of 15-20 runs of complete kits. Precision is measured for the standard curve for intra- and inter-day %CV of less than 20%. %CV and accuracy of the controls are measured on all runs and must meet the kit specification as defined in the Certificate of Analysis (C of A). The typical calculated concentration %CV specification is less than 20% and accuracy within 20% of expected concentration and a total error of less than 30%.
- Verification – A multi-day (2-3 days), multiple runs per day for a total of 6-12 plates is performed as part of the release testing for each lot. The specifications for release are provided in the C of A.

➤ **Robustness and Stability**

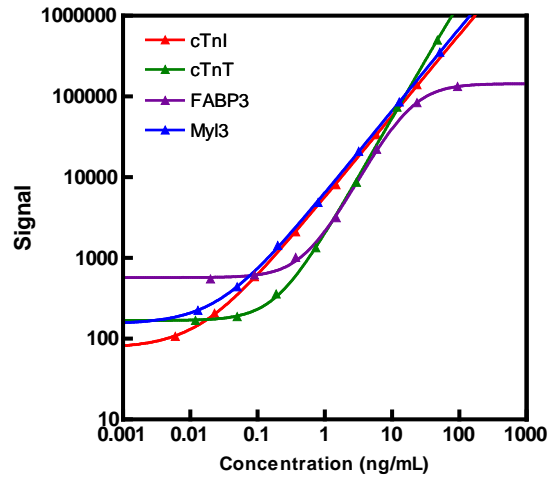
Freeze-thaw testing and accelerated stability studies performed during assay development (calibrators, antibodies, controls) are augmented with real-time stability studies on complete kits out to 18 months from the date of manufacture.

All acceptance criteria and verification conformance are defined in the C of A for all kit lots. Presented below are representative data from the assay qualification for this assay that meets the criteria described above. The actual kit-specific standard curve and measured limits of quantification can be found in the C of A enclosed with the kit.

XI Typical Standard Curve

typical standard curve

The following standard curve is an example of the dynamic range of the assay. The actual signals may vary and a standard curve should be run for each set of samples and on each plate for the best quantification of unknown samples.



cTnI		
Conc. (ng/mL)	Average Signal	%CV
0.0	85	19.5
0.006	107	7.2
0.023	207	3.5
0.09	585	4.6
0.37	2110	3.3
1.47	8056	3.3
5.88	33509	4.4
23.5	139742	2.1

cTnT		
Conc. (ng/mL)	Average Signal	%CV
0.0	141	23.5
0.012	168	15.5
0.05	188	12.9
0.19	359	5.0
0.74	1336	4.3
2.96	8680	4.1
11.9	73642	6.2
47.4	498975	4.3

FABP3		
Conc. (ng/mL)	Average Signal	%CV
0.0	510	5.3
0.02	549	3.8
0.09	618	3.4
0.37	1019	4.4
1.48	3145	7.1
5.9	22184	3.2
23.6	83674	2.7
94.5	132515	2.3

Myl3		
Conc. (ng/mL)	Average Signal	%CV
0.0	141	9.1
0.013	225	7.8
0.05	440	5.6
0.20	1424	2.5
0.80	4883	5.0
3.21	20869	5.3
12.8	85651	4.2
51.3	354034	3.3

XII Sensitivity

sensitivity

The lower limit of detection (LLOD) is the calculated concentration of the signal that is 2.5 standard deviations over the zero Calibrator.

A multi-plate, multi-day study was performed to measure the reproducibility of the assay. The lower limit of quantification (LLOQ) and upper limit of quantification (ULOQ) were established from the multiple plate run.

The LLOQ is determined as the lowest concentration where the %CV of the calculated concentration is less than 20% and the percent recovery of the standard is between 80% and 120%. For FABP3, the specification on percent recovery was widened to 75 – 125%.

The ULOQ is determined as the highest concentration where the %CV of the calculated concentration is less than 20% and the percent recovery of the standard is between 80% and 120%. For FABP3, the specification on percent recovery was widened to 75 – 125%.

	cTnl (ng/mL)	cTnT (ng/mL)	FABP3 (ng/mL)	MyI3 (ng/mL)
LLOD	0.011	0.117	0.026	0.006
LLOQ	0.098	0.49	0.39	0.054
ULOQ	20	35	25	44

XIII Precision

precision

Control samples of high, mid, and low levels of each analyte were measured on each plate.

The controls were run in quadruplicate on each of 9 plates run across 3 days.

Average Intra-plate % CV is the average percent CV of the control replicates within an individual plate.

Inter-plate %CV is the variability of controls across 9 plates over 3 days.

	Control	Plates	Average Conc. (ng/mL)	Average Intra-plate %CV	Inter-plate %CV
cTnl	High	9	10.1	2.9	5.1
	Mid	9	1.52	2.6	4.0
	Low	9	0.29	2.1	4.3
cTnT	High	9	42.8	2.4	4.1
	Mid	9	7.75	1.4	3.2
	Low	9	1.20	2.2	4.5
FABP3	High	9	13.5	4.2	5.9
	Mid	9	7.58	2.3	4.0
	Low	9	2.49	1.6	2.5
MyI3	High	9	25.0	3.6	5.1
	Mid	9	2.75	3.1	5.5
	Low	9	0.25	3.7	4.7

XIV Spike Recovery

spike recovery

Normal serum, heparin plasma, and EDTA plasma were spiked with the Calibrators at multiple values throughout the range of the assay. Spikes were made into neat samples. Values in italics for FABP3 were slightly above the ULOQ of 25 ng/mL.

% Recovery = measured / expected x 100

Sample	cTnI				cTnT			
	Spike Conc. (ng/mL)	Measured Conc. (ng/mL)	Measured Conc. %CV	% Recovery	Spike Conc. (ng/mL)	Measured Conc. (ng/mL)	Measured Conc. %CV	% Recovery
Serum	2.5	3.26	5.17	100	12.5	11.56	1.66	88
	0.625	1.48	3.29	106	3.125	3.39	5.45	89
	0.156	0.97	1.06	105	0.781	1.29	1.27	89
	0	0.77	2.40		0	0.67	4.69	
EDTA Plasma	2.5	3.33	1.96	96	12.5	10.89	1.39	83
	0.625	1.79	8.38	111	3.125	3.33	1.29	90
	0.156	1.11	0.69	97	0.781	1.35	3.30	99
	0	0.99	7.55		0	0.58	6.66	
Heparin Plasma	2.5	3.70	5.65	103	12.5	15.25	1.75	113
	0.625	1.78	8.02	104	3.125	4.64	3.84	112
	0.156	1.16	3.13	93	0.781	1.90	1.95	106
	0	1.08	4.30		0	1.01	8.22	

Sample	FABP3				MyI3			
	Spike Conc. (ng/mL)	Measured Conc. (ng/mL)	Measured Conc. %CV	% Recovery	Spike Conc. (ng/mL)	Measured Conc. (ng/mL)	Measured Conc. %CV	% Recovery
Serum	10	26.97	13.64	108	5.5	6.45	4.79	110
	2.5	16.74	7.44	96	1.375	1.84	3.16	106
	0.625	16.25	3.61	105	0.344	0.77	2.26	108
	0	14.92	3.29		0	0.37	4.78	
EDTA Plasma	10	27.70	7.07	100	5.5	7.19	3.23	120
	2.5	21.81	2.81	108	1.375	2.11	4.49	114
	0.625	19.01	3.07	104	0.344	0.85	2.37	104
	0	17.68	2.99		0	0.47	6.25	
Heparin Plasma	10	28.86	8.52	103	5.5	6.60	1.68	112
	2.5	20.08	4.68	97	1.375	1.87	6.51	105
	0.625	21.67	7.24	115	0.344	0.72	4.65	96
	0	18.15	4.09		0	0.40	4.30	

XV Linearity

linearity

To assess linearity, serum, EDTA plasma and heparin plasma samples were tested neat and at 2-fold, 4-fold, and 8-fold dilution. The concentrations shown below have been corrected for dilution (concentration = measured x dilution factor). Measurements that were outside of the quantitative range are shown in italics. Percent recovery is calculated as the measured concentration divided by the concentration measured from the previous dilution (expected).

% Recovery = (measured x dilution factor) / expected x 100

Sample	Fold Dilution	cTnl			cTnT		
		Conc. (ng/mL)	Conc. %CV	% Recovery	Conc. (ng/mL)	Conc. %CV	% Recovery
Serum from Normal Rat 1	1	1.29	9.6		0.86	17.8	
	2	1.25	3.3	96.4	<i>0.86</i>	4.8	< LLOQ
	4	1.07	1.7	86.1	<i>0.72</i>	8.3	< LLOQ
	8	0.89	20.9	82.9	<i>0.22</i>	173.2	< LLOQ
Serum from Normal Rat 2	1	0.72	3.1		0.6	1.0	
	2	0.69	3.8	96.0	<i>0.54</i>	9.0	< LLOQ
	4	0.65	3.7	94.5	<i>0.43</i>	100.4	< LLOQ
	8	<i>0.62</i>	5.9	< LLOQ	<i>0.64</i>	173.2	< LLOQ
Serum from Isoproterenol treated Rat 1	1	14.58	3.1		7.32	2.1	
	2	11.97	1.1	82.1	7.25	2.8	99.1
	4	10.1	5.8	84.4	6.04	3.4	83.2
	8	8.74	4.5	86.5	4.62	3.0	76.6
Serum from Isoproterenol treated Rat 2	1	20.43	1.0		11.28	1.8	
	2	15.97	2.9	78.2	10.64	1.9	94.3
	4	13.28	4.5	83.2	9.28	2.0	87.2
	8	10.72	1.1	80.7	7.05	7.5	76.0
EDTA Plasma, Normal	1	3.71	8.1		2.85	3.2	
	2	3.35	10.9	90.1	2.97	7.1	104.3
	4	3.03	1.8	90.6	2.62	4.2	88.3
	8	2.83	4.8	93.4	2.38	1.1	< LLOQ
Heparin Plasma, Normal	1	3.55	5.1		2.6	2.9	
	2	3.44	5.9	96.8	2.4	2.6	92.4
	4	3.1	5.8	90.1	2.24	14.4	93.2
	8	2.92	3.0	94.1	1.99	7.5	< LLOQ

Sample	Fold Dilution	FABP3			MyI3		
		Conc. (ng/mL)	Conc. %CV	% Recovery	Conc. (ng/mL)	Conc. %CV	% Recovery
Serum from Normal Rat 1	1	22.33	13.6		0.41	16.8	
	2	21.54	11.1	96.5	0.41	4.0	100.2
	4	18.87	7.0	87.6	0.34	1.6	82
	8	13.54	18.2	71.7	0.27	26.9	< LLOQ
Serum from Normal Rat 2	1	19.16	4.1		0.54	4.6	
	2	16.87	6.3	88.1	0.45	5.4	84.1
	4	14.88	1.3	88.2	0.37	2.5	81.5
	8	13.08	4.4	87.9	0.38	16.2	< LLOQ
Serum from Isoproterenol treated Rat 1	1	141.36	27.1		6.73	7.0	
	2	82.73	6.9	> ULOQ	6.12	2.9	91.0
	4	87.49	4.0	NA	5.29	2.3	86.4
	8	93.31	1.6	106.7	4.33	1.7	81.9
Serum from Isoproterenol treated Rat 2	1	68.88	30.4		8.98	9.7	
	2	75.31	4.1	> ULOQ	7.46	3.8	83.1
	4	95.74	3.0	NA	6.84	1.6	91.7
	8	90.49	0.8	94.5	5.56	2.8	81.3
EDTA Plasma, Normal	1	79.76	18.6		1.53	7.9	
	2	66.89	21.0	> ULOQ	1.26	8.9	82.3
	4	55.33	0.9	NA	1.05	2.4	83.1
	8	44.78	1.7	80.9	0.95	4.0	90.8
Heparin Plasma, Normal	1	49.53	12.4		1.22	2.9	
	2	52.13	10.9	> ULOQ	1.21	3.7	98.8
	4	49.93	4.8	NA	1.1	5.2	90.8
	8	42.36	4.8	84.8	0.98	5.2	89.6

XVI Specificity

specificity

Specificity of the assays for individual Calibrators:

In order to assess specificity of the assays, the Cardiac Injury Panel 3 (rat) Kit was run with each calibrator at a high level, and blended detection antibodies. The table below shows the % cross-reactivity for each assay:

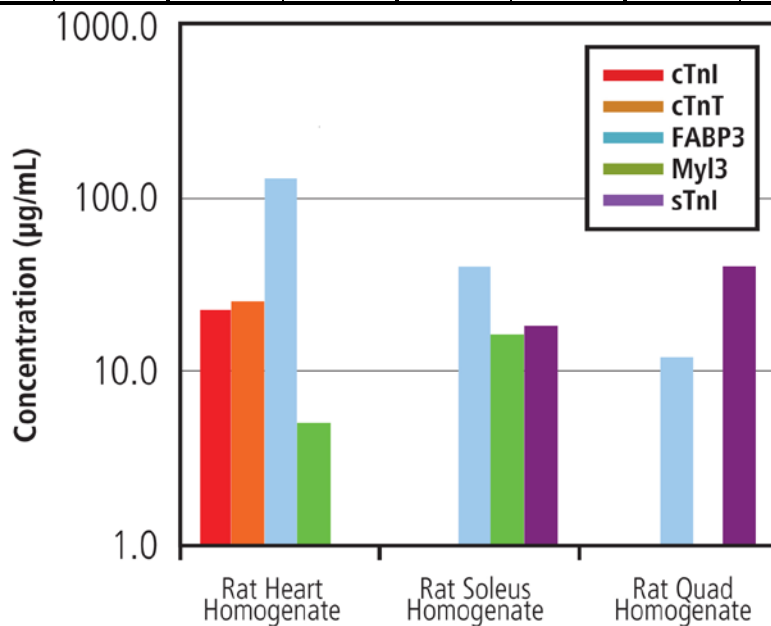
Spot	Single Calibrator and Blended Detection Antibody % Cross-Reactivity			
	cTnl	cTnT	FABP3	MyI3
cTnl	100	0.34	< 0.1	< 0.1
cTnT	3.0	100	0.19	< 0.1
FABP3	< 0.1	< 0.1	100	< 0.1
MyI3	< 0.1	< 0.1	< 0.1	100

Specificity of the assays for muscle homogenates:

Tissue homogenates from heart, fast twitch, and slow twitch muscle were tested at 100-fold, 1000-fold, and 10000-fold sample dilution on a 5-plex assay panel. The assays for cardiac troponins were positive for cardiac homogenates and negative for other muscle homogenates, demonstrating specificity for cardiac tissue. The assay for skeletal Troponin I was specific for fast and slow twitch skeletal muscle.

The assay measured FABP3 in cardiac muscle and skeletal muscle. The slow twitch muscle was positive for Myl3, while approximately 200-fold less Myl3 was measured in fast twitch.

Sample Group	cTnl		cTnT		FABP3		Myl3		Skeletal Tnl	
	Sample Dilution	Conc. (µg/mL)	Sample Dilution	Conc. (µg/mL)	Sample Dilution	Conc. (µg/mL)	Sample Dilution	Conc. (µg/mL)	Sample Dilution	Conc. (µg/mL)
Rat Heart Homogenate	1000	22.6	1000	25.1	10000	125.2	1000	5.0	100	< LLOD
Rat Soleus Homogenate (slow twitch)	100	< LLOD	100	< LLOD	10000	38.8	1000	16.4	1000	18.1
Rat Quad Homogenate (fast twitch)	100	< LLOD	100	< LLOD	1000	12.2	100	0.08	1000	40.9



XVII Samples

s a m p l e s

Serum, EDTA plasma, and heparin plasma samples collected from normal Sprague-Dawley rats were tested at 2-fold dilution on the Cardiac Injury Panel 3 (rat). Shown below are the median and range of concentrations for each sample set. Concentrations have been corrected for sample dilution.

Sample	Statistic	cTnl	cTnT	FABP3	MyI3
Serum	Median (ng/ml)	1.19	0.73	19.6	0.60
	Range (ng/ml)	0.26 - 2.49	<0.98 - 2.19	5.14 - 27.0	0.17 - 0.99
	N	10	10	10	10
EDTA Plasma	Median (ng/ml)	1.85	1.21	35.0	1.06
	Range (ng/ml)	1.85 - 6.48	<0.98 - 5.43	27.6 - >50.0	0.63 - 2.68
	N	6	6	6	6
Heparin Plasma	Median (ng/ml)	1.89	1.38	26.6	0.83
	Range (ng/ml)	0.56 - 3.87	<0.98 - 3.37	10.9 - 42.5	0.34 - 1.94
	N	10	10	10	10

XVIII Assay Components

a s s a y c o m p o n e n t s

Calibrators

Rat cTnl, rat cTnT and rat FABP3 were purified from rat heart tissue. Full-length recombinant rat MyI3 with an N-terminal 10xHis tag was expressed in *E. coli*. These analytes were pooled to make the Cardiac Injury Panel 3 (rat) Calibrator Blend.

Antibodies

Analyte	Source Species	
	MSD Capture Antibody	MSD Detection Antibody
cTnl	Mouse Monoclonal	Mouse Monoclonal
cTnT	Mouse Monoclonal	Mouse Monoclonal
FABP3	Chicken Polyclonal	Mouse Monoclonal
MyI3	Mouse Monoclonal	Mouse Monoclonal

XIX References

r e f e r e n c e s

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2. Babuin L, Jaffe A S. Troponin: the biomarker of choice for the detection of cardiac injury. *CMAJ* 2005 173(10):1191-1202, 2005.

Summary Protocol

MSD 96-well MULTI-SPOT Cardiac Injury Panel 3 (rat) Assay Kit

MSD provides this summary protocol for your convenience.
Please read the entire detailed protocol prior to performing
the Cardiac Injury Panel 3 (rat) Assay.

Step 1 : Sample and Reagent Preparation

Bring all reagents to room temperature and thaw the Calibrator on ice.

Diluent 7 + Additives should be prepared by diluting the provided DTT (100X) and EDTA (16.7X) stock solutions to 1X concentration in Diluent 7.

Serum and plasma samples should be diluted 1:4 in Diluent 7 + Additives.

Prepare an 8-point standard curve using supplied Calibrators:

- The Calibrator Blend should be diluted in Diluent 7 + Additives.
- Dilute the stock Calibrator Blend 20-fold in Diluent 7 + Additives and then perform a series of 4-fold dilution steps and a no Calibrator blank.

Incubate the diluted Calibrators and diluted samples for 30 minutes without shaking at room temperature prior to addition to the plate.

Prepare Detection Antibody Solution by diluting the 50X Detection Antibodies to a 1X final concentration of each antibody. The Detection Antibodies should be diluted in a final volume of 3.0 mL Diluent 30 per plate.

Prepare 20 mL of 1X Read Buffer T by diluting MSD Read Buffer T with deionized water.

Step 2 : Add Diluent 7 + Additives

Dispense 25 μ L/well Diluent 7 + Additives.

Incubate at room temperature with vigorous shaking (300–1000 rpm) for 30 min.

Step 3 : Add Sample or Calibrator

Dispense 25 μ L/well Calibrator or Sample.

Incubate at room temperature with vigorous shaking (300–1000 rpm) for 2 hours.

Step 4 : Wash and Add Detection Antibody Solution

Wash plate 3 times with PBS-T.

Dispense 25 μ L/well 1X Detection Antibody Solution.

Incubate at room temperature with vigorous shaking (300–1000 rpm) for 2 hours.

Step 5 : Wash and Read Plate

Wash plate 3 times with PBS-T.

Dispense 150 μ L/well 1X Read Buffer T.

Analyze plate on SECTOR instrument.

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