

MSD[®] MULTI-SPOT Assay System

Human TH1/TH2 10-Plex Ultra-Sensitive Kit

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

K15010C-1
K15010C-2
K15010C-4



MSD Biomarker Assays

Human TH1/TH2 10-Plex Ultra-Sensitive Kit

IFN- γ , IL-1 β , IL-2, IL-4, IL-5, IL-8, IL-10, IL-12p70, IL-13,
TNF- α

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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Introduction

Interferon- γ (IFN- γ), also known as type two interferon, plays a role in the recruitment of leukocytes to the site of infection. IFN- γ is produced by Th1 cells and NK cells. IFN- γ activates macrophages by increasing the expression of major histocompatibility complex (MHC) molecules and antigen processing components. It has also been shown to contribute to immunoglobulin (Ig) class switching and suppress Th2 responses. IFN- γ enhances the effects of type one interferons, such as IFN- β .

Interleukin (IL)-1 β is produced by dendritic cells, monocytes, macrophages and certain epithelial cells. IL-1 β is produced in response to infection induced inflammation. It induces the production of adhesion molecules that enable the transmigration of leukocytes into inflamed tissues. IL-1 β also participates in fever induction by the hypothalamus.

IL-2 is produced primarily by activated CD4⁺ T cells. IL-2 is an important regulator of proliferation and maintenance of several T- and NK-cell subsets. The presence of IL-2 has also been demonstrated to play an important role in the long-term survival of activated helper T cells (Th) and CD8⁺ cytotoxic T cells.

IL-4 is produced by activated T lymphocytes causing in turn the stimulation and differentiation of B cells and T cell proliferation. IL-4 acts at various stages of cell differentiation and plays an important role in IgE production. It also induces differentiation of uncommitted naïve or Th0-like T cells to Th2 cells.

IL-5 is produced by T helper-2 cells and mast cells. IL-5 is the key cytokine in eosinophil production, activation and localization. IL-5 is associated with asthma and several related allergic disorders.

IL-8, also known as CXCL8, is a chemokine responsible for the attraction of neutrophils to vascular endothelium and extravasation into inflamed tissues. It is produced primarily by activated macrophages in response to toll-like receptor agonists and certain bacterial pathogens.

IL-10 inhibits the production of proinflammatory cytokines by T cells, and it is a potent suppressor of monocyte and macrophage functions. As such, it plays an important role in the regulation and termination of inflammatory responses. IL-10 also plays an important role in the growth and differentiation of B cells, NK cells, Th cells, and cytotoxic T cells. IL-10 is produced by macrophages and certain T cell subsets, including CD4⁺CD25⁺Foxp3⁺ regulatory T cells.

IL-12p70 is the active heterodimer of IL-12, consisting of the p40 and p35 subunits. IL-12 participates in the differentiation of naïve T cells into Th1 cells. It stimulates the secretion of IFN- γ and TNF- α and inhibits IL-4 induced proliferation of lymphocytes. IL-12 plays an important role in the mediation of the cytotoxic activity of NK cells and CD8⁺ cytotoxic T cells. It is produced by dendritic cells, monocytes, macrophages, and B-cells in response to intra-cellular pathogens.

IL-13 is an important mediator of allergic inflammation and disease and primarily expressed and secreted by T helper type 2 (Th2) cells. Similar to the closely related cytokine IL-4, IL-13 shows multiple effects on functions and differentiation of monocytes and macrophages. In addition to effects on immune cells IL-13 is more importantly implicated as a key player of physiologic changes induced by allergic reactions in diverse tissues.

Tumor Necrosis Factor- α (TNF- α) plays a key role in the acute phase reaction and systemic inflammation. TNF- α is primarily produced by activated macrophages, but it is also secreted by a variety of other cell types under pathogenic conditions. Upon receptor binding, it has been shown to trigger diverse cell signaling pathways including apoptosis, proliferation, differentiation, chemoattraction, hypothalamic regulation, and cytokine production. TNF- α can also contribute to tumorigenesis and viral replication.

Principle of the Assay

MSD assays provide a rapid and convenient method for measuring the levels of protein targets within a single small-volume sample. 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. The Human TH1/TH2 10-Plex Assay detects IFN- γ , IL-1 β , IL-2, IL-4, IL-5, IL-8, IL-10, IL-12p70, IL-13, and TNF- α in a sandwich immunoassay format (Figure 1). MSD provides a plate that has been pre-coated with capture antibody on spatially distinct spots – antibodies for IFN- γ , IL-1 β , IL-2, IL-4, IL-5, IL-8, IL-10, IL-12p70, IL-13, and TNF- α . The user adds the sample and a solution containing the labeled detection antibodies— anti-IFN- γ , anti-IL-1 β , anti-IL-2, anti-IL-4, anti-IL-5, anti-IL-8, anti-IL-10, anti-IL-12p70, anti-IL-13, and anti-TNF- α labeled 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 labeled 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 afford a quantitative measure of IFN- γ , IL-1 β , IL-2, IL-4, IL-5, IL-8, IL-10, IL-12p70, IL-13, and TNF- α present in the sample.

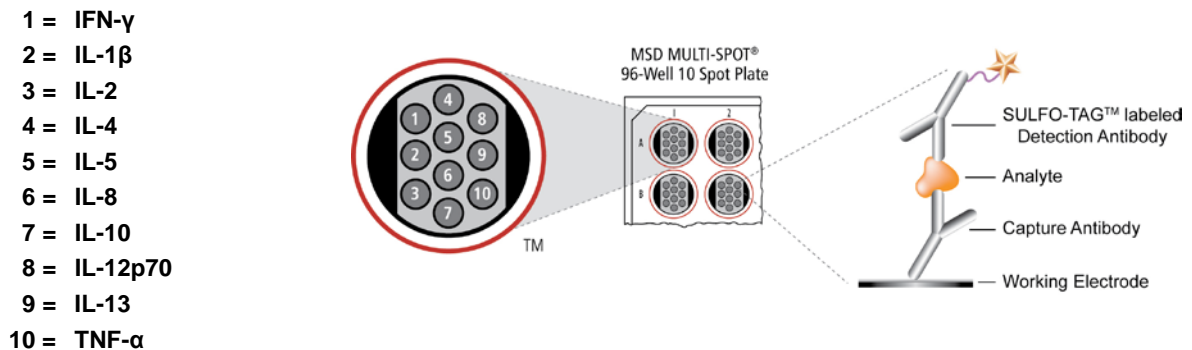


Figure 1. Spot diagram showing placement of analyte capture antibody. The numbering convention for the different spots is maintained in the software visualization tools, on the plate packaging, and in the data files. A unique bar code label on each plate allows complete traceability back to MSD manufacturing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

Reagents Supplied

Product Description	Storage	Quantity per Kit		
		K15010C-1	K15010C-2	K15010C-4
MULTI-SPOT® 96-well 10-Spot Human TH1/TH2 10-Plex Plate N05010A-1	2–8°C	1 plate	5 plates	25 plates
SULFO-TAG Detection Antibody Blend ¹ (50X)	2–8°C	1 vial (75 µL)	1 vial (375 µL)	5 vials (375 µL ea)
Human TH1/TH2 10-Plex Calibrator Blend (Ultra-Sensitive) (1 µg/mL of each)	≤-70°C	1 vial (15 µL)	5 vials (15 µL ea)	25 vials (15 µL ea)
Diluent 2 R51BB-4 (8 mL) R51BB-3 (40 mL)	≤-10°C	1 bottle (8 mL)	1 bottle (40 mL)	5 bottles (40 mL ea)
Diluent 3 R51BA-4 (5 mL) R51BA-5 (25 mL)	≤-10°C	1 bottle (5 mL)	1 bottle (25 mL)	5 bottles (25 mL ea)
Read Buffer T (4X) R92TC-3 (50 mL) R92TC-2 (200 mL)	RT	1 bottle (50 mL)	1 bottle (50 mL)	2 bottles (200 mL ea)

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

Safety

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.

¹ SULFO-TAG conjugated detection antibodies should be stored in the dark.

Reagent Preparation

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

Important: Upon first thaw, separate Diluent 2 and Diluent 3 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 Calibrator and Control Solutions

Calibrator for the Human TH1/TH2 10-Plex Assay is supplied at 400-fold higher concentration than the recommended highest calibrator. Prepare a diluted stock Calibrator by diluting the stock Calibrator 100-fold in Diluent 2. MSD recommends the preparation of an 8-point standard curve consisting of at least 2 replicates of each point. Each well requires 25 μ L of Calibrator. For the assay, MSD recommends 4-fold serial dilution steps and Diluent 2 alone for the 8th point:

Standard	Human TH1/TH2 10-Plex Calibrator Blend (Ultra-Sensitive) (pg/mL)	Dilution Factor
Stock Cal.	1000000	
Dil. Stock Cal.	10000	100
STD-01	2500	4
STD-02	625	4
STD-03	156	4
STD-04	39	4
STD-05	9.8	4
STD-06	2.4	4
STD-07	0.61	4
STD-08	0	n/a

To prepare this 8-point standard curve for up to 4 replicates:

- 1) Prepare the diluted stock Calibrator by transferring 10 μ L of the Human TH1/TH2 10-Plex Calibrator Blend (Ultra-Sensitive) to 990 μ L Diluent 2.
- 2) Prepare the highest Calibrator point (STD-01) by transferring 50 μ L of the Human TH1/TH2 diluted stock Calibrator to 150 μ L Diluent 2. Repeat 4-fold serial dilutions 6 additional times to generate 7 Calibrators.
- 3) The recommended 8th Standard is Diluent 2 (i.e. zero Calibrator).

Notes:

- a. Alternatively, Calibrators can be prepared in the sample matrix or diluent of choice to verify acceptable performance in these matrices. In general, the presence of some protein (for example, 1% BSA) in the sample matrix is helpful for preventing loss of analyte by adsorption onto the sides of tubes, pipette tips, and other surfaces. If your sample matrix is serum-free tissue culture media, then the addition of 10% FBS or 1% BSA is recommended.
- b. The standard curve can be modified as necessary to meet specific assay requirements.

Dilution of Samples

Serum and Plasma

All solid material should be removed by centrifugation. Plasma prepared in heparin tubes commonly displays additional clotting following the thawing of the sample. Remove any additional clotted material by centrifugation. Avoid multiple freeze/thaw cycles for serum and plasma samples. Normal serum or plasma samples may not require a dilution prior to being used in the MSD Human TH1/TH2 10-Plex Assay. Serum or plasma with high levels of these analytes may require a dilution.

Tissue Culture

Tissue culture supernatant samples may not require dilution prior to being used in the MSD Human TH1/TH2 10-Plex Assay. If using serum-free medium, the presence of carrier protein (e.g., 1% BSA) in the solution is helpful to prevent loss of analyte to the labware. Samples from experimental conditions with extremely high levels of cytokines may require a dilution.

Other Matrices

Information on preparing samples in other matrices, including sputum, CSF, and tissue homogenates can be obtained by contacting MSD Scientific Support at 1-301-947-2025 or ScientificSupport@mesoscale.com.

Prepare Detection Antibody Solution

The Detection Antibody Blend is provided at 50X stock solution. The final concentration of the working Detection Antibody Solution should be at 1X. For each plate used, dilute a 60 μ L aliquot of the stock Detection Antibody Blend into 2.94 mL of Diluent 3.

Prepare Read Buffer

The Read Buffer should be diluted 2-fold in deionized water to make a final concentration of 2X Read Buffer T. Add 10 mL of 4X Read Buffer T to 10 mL of deionized water for each plate.

Prepare MSD Plate

This plate has been pre-coated with antibody for the analyte 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.

Assay Protocol

- 1. Addition of Diluent 2:** Dispense 25 μL of Diluent 2 into each well. Seal the plate with an adhesive plate seal and incubate for 30 min with vigorous shaking (300–1000 rpm) at room temperature.
- 2. Addition of the Sample or Calibrator:** Dispense 25 μL of sample or Calibrator 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 μL 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 μL of 2X Read Buffer T to each well of the MSD plate. Analyze the plate on the SECTOR Imager. Plates may be read immediately after the addition of Read Buffer.

Notes

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

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

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 quantitation 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.

Typical Standard Curve

The following standard curves are 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 quantitation of unknown samples.

IFN- γ		
Conc. (pg/mL)	Average Signal	%CV
0	389	7.1
0.61	663	4.4
2.4	1110	3.4
9.8	3278	1.8
39	11252	2.1
156	40329	3.6
625	146856	2.0
2500	533387	2.6

IL-1 β		
Conc. (pg/mL)	Average Signal	%CV
0	481	6.8
0.61	1106	4.1
2.4	2861	3.5
9.8	9797	8.8
39	37551	6.2
156	144868	6.4
625	570656	2.8
2500	2325613	3.4

IL-2		
Conc. (pg/mL)	Average Signal	%CV
0	510	14
0.61	698	3.9
2.4	1242	7.1
9.8	3668	6.1
39	11776	7.6
156	46088	5.3
625	177108	6.8
2500	562547	5.0

IL-4		
Conc. (pg/mL)	Average Signal	%CV
0	585	11
0.61	952	3.6
2.4	1972	5.7
9.8	6206	1.7
39	22388	7.1
156	82577	2.0
625	288726	2.2
2500	1079729	6.8

IL-5		
Conc. (pg/mL)	Average Signal	%CV
0	620	9.5
0.61	1941	5.5
2.4	5322	1.9
9.8	17953	5.9
39	66024	2.4
156	221893	5.6
625	774391	2.2
2500	2740449	3.1

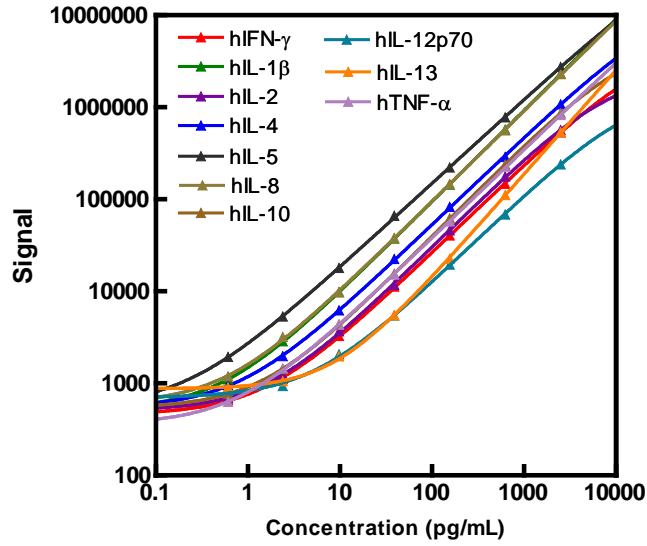
IL-8		
Conc. (pg/mL)	Average Signal	%CV
0	547	7.1
0.61	1196	7.3
2.4	3196	8.7
9.8	9760	7.0
39	38030	7.2
156	145996	6.6
625	561612	4.2
2500	2292488	11

IL-10		
Conc. (pg/mL)	Average Signal	%CV
0	574	6.7
0.61	773	5.5
2.4	1424	5.7
9.8	4355	9.7
39	15498	5.4
156	62071	6.2
625	238523	14
2500	857831	10

IL-12p70		
Conc. (pg/mL)	Average Signal	%CV
0	741	7.8
0.61	832	6.9
2.4	933	8.4
9.8	2067	4.1
39	5452	5.1
156	19510	8.2
625	68535	7.7
2500	239460	5.6

IL-13		
Conc. (pg/mL)	Average Signal	%CV
0	822	8.5
0.61	905	8.2
2.4	1057	6.3
9.8	1960	4.2
39	5500	7.3
156	22642	4.1
625	110892	5.1
2500	537663	6.3

TNF- α		
Conc. (pg/mL)	Average Signal	%CV
0	458	17
0.61	627	8.6
2.4	1452	4.9
9.8	4346	5.8
39	15196	2.2
156	57624	3.4
625	226194	3.4
2500	822872	4.2



Sensitivity

The lower limit of detection (LLOD) is the calculated concentration of the signal that is 2.5 standard deviations over the zero calibrator. The values below represent the average LLOD over multiple kit lots.

	IFN- γ	IL-1 β	IL-2	IL-4	IL-5	IL-8	IL-10	IL-12p70	IL-13	TNF- α
LLOD (pg/mL)	0.39	0.18	0.67	0.31	0.076	0.14	0.36	2.3	1.8	0.48

Spike Recovery

Serum and plasma samples were spiked with Calibrator at multiple values throughout the range of the assay. Each spike was done in ≥ 3 replicates.

% Recovery = measured / expected x 100

IFN- γ	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	1.4	21.4	
	22	22	5.0	95
	224	215	6.0	95
	2235	2221	3.4	99
EDTA Plasma	0	0.59	48.8	
	22	20	2.9	86
	224	194	2.0	86
	2235	2001	2.5	89
Heparin Plasma	0	0.56	18.7	
	22	22	3.3	96
	224	215	2.9	95
	2235	2196	3.5	98

IL-1 β	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	2.4	99.3	
	21	20	5.9	86
	218	198	3.8	90
	2270	2209	4.1	97
EDTA Plasma	0	0.43	26.8	
	21	22	2.8	100
	218	220	2.0	101
	2270	2436	2.7	107
Heparin Plasma	0	0.19	19.3	
	21	21	2.3	97
	218	207	3.1	95
	2270	2262	4.1	100

IL-2	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	3.1	17.1	
	25	23	6.9	82
	250	212	6.0	84
	1911	1904	6.6	99
EDTA Plasma	0	0.87	26.5	
	25	27	6.3	105
	250	247	9.0	98
	1911	2163	10.1	113
Heparin Plasma	0	2.0	15.4	
	25	22	7.2	84
	250	205	8.0	81
	1911	1797	5.7	94

IL-4	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	<LLOD	16.1	
	21	21	4.2	99
	222	225	2.8	101
	2289	2376	4.0	104
EDTA Plasma	0	<LLOD	41.8	
	21	22	2.9	106
	222	226	3.3	102
	2289	2311	4.0	101
Heparin Plasma	0	<LLOD	23.0	
	21	22	4.4	106
	222	242	2.7	109
	2289	2405	6.4	105

IL-5	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	0.64	7.6	
	22	23	2.3	104
	211	224	3.6	106
	2362	2795	3.4	118
EDTA Plasma	0	0.58	11.4	
	22	23	2.2	104
	211	223	0.9	105
	2362	2747	1.3	116
Heparin Plasma	0	1.1	9.1	
	22	23	5.6	102
	211	222	4.4	105
	2362	2337	32.5	99

IL-8	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	18	3.6	
	22	34	2.3	84
	219	209	4.4	88
	2146	2092	4.3	97
EDTA Plasma	0	2.6	6.6	
	22	21	26.2	85
	219	208	3.5	94
	2146	2094	3.3	97
Heparin Plasma	0	5.7	4.2	
	22	26	3.8	94
	219	218	3.6	97
	2146	2101	5.1	98

IL-10	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	2.2	9.3	
	24	24	4.2	90
	229	221	3.4	96
	1987	1518	11.5	76
EDTA Plasma	0	1.6	15.8	
	24	24	4.0	95
	229	219	2.6	95
	1987	2015	2.7	101
Heparin Plasma	0	12	9.2	
	24	29	6.1	81
	229	236	4.0	98
	1987	1921	7.7	96

IL-12p70	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	6.5	15.3	
	22	27	4.0	94
	231	244	10.1	103
	2010	2173	3.6	108
EDTA Plasma	0	2.8	33.3	
	22	28	3.4	114
	231	246	6.8	105
	2010	2244	3.4	111
Heparin Plasma	0	76	12.6	
	22	75	13.2	77
	231	296	6.0	96
	2010	2182	4.4	105

IL-13	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	4.7	17.3	
	22	30	3.0	113
	207	267	9.5	127
	2411	2934	4.8	121
EDTA Plasma	0	4.1	39.2	
	22	31	3.4	120
	207	276	4.6	131
	2411	3094	6.2	128
Heparin Plasma	0	29	7.6	
	22	44	4.3	87
	207	266	3.0	113
	2411	2794	5.7	115

TNF- α	Spike Conc. (pg/mL)	Measured Conc. (pg/mL)	Measured Conc. % CV	% Recovery
Serum	0	4.1	8.7	
	21	25	3.1	100
	220	232	4.9	103
	2179	2105	7.6	96
EDTA Plasma	0	5.3	9.1	
	21	25	3.3	94
	220	213	6.6	94
	2179	2048	4.2	94
Heparin Plasma	0	5.0	3.9	
	21	23	3.0	86
	220	190	2.9	84
	2179	1745	4.8	80

Linearity

Three pools each of human serum and heparin plasma were evaluated; a representative pool of each is shown below. The pooled samples were spiked with Calibrator and then diluted with Diluent 2. The concentrations shown below have been corrected for dilution (concentration = measured x dilution factor). Percent recovery is calculated as the measured concentration divided by the concentration of the previous dilution (expected).

$\% \text{ Recovery} = (\text{measured} \times \text{dilution factor}) / \text{expected} \times 100$

Sample	Fold Dilution	IFN- γ			IL-1 β		
		Conc. (pg/mL)	Conc. % CV	% Recovery	Conc. (pg/mL)	Conc. % CV	% Recovery
Serum	1	724	2.9		681	5.4	
	2	772	3.2	107	708	6.7	104
	4	759	4.7	98	741	6.9	105
	8	764	3.1	101	697	9.0	94
Heparin Plasma	1	755	4.0		703	8.8	
	2	816	2.8	108	769	5.3	109
	4	755	4.0	93	694	4.7	90
	8	726	4.8	96	648	4.8	93

Sample	Fold Dilution	IL-2			IL-4		
		Conc. (pg/mL)	Conc. % CV	% Recovery	Conc. (pg/mL)	Conc. % CV	% Recovery
Serum	1	745	6.0		645	5.6	
	2	633	10.7	85	730	3.2	113
	4	705	14.0	111	780	2.0	107
	8	681	16.7	97	753	5.7	97
Heparin Plasma	1	740	14.8		691	8.3	
	2	763	10.5	103	784	8.0	113
	4	705	13.1	92	782	9.1	100
	8	627	9.2	89	799	5.0	102

Sample	Fold Dilution	IL-5			IL-8		
		Conc. (pg/mL)	Conc. % CV	% Recovery	Conc. (pg/mL)	Conc. % CV	% Recovery
Serum	1	737	4.2		740	7.4	
	2	748	3.6	102	800	5.0	108
	4	745	2.5	100	776	2.8	97
	8	694	5.9	93	728	9.7	94
Heparin Plasma	1	793	3.0		699	4.7	
	2	776	6.8	98	785	2.5	112
	4	701	4.7	90	732	2.6	93
	8	671	1.2	96	710	2.4	97

Sample	Fold Dilution	IL-10			IL-12p70		
		Conc. (pg/mL)	Conc. % CV	% Recovery	Conc. (pg/mL)	Conc. % CV	% Recovery
Serum	1	718	3.1		684	7.7	
	2	785	2.6	109	805	7.6	118
	4	803	3.1	102	766	5.3	95
	8	784	6.4	98	789	8.6	103
Heparin Plasma	1	724	3.8		842	8.9	
	2	768	5.0	106	898	9.6	107
	4	739	2.7	96	807	12.2	90
	8	689	2.9	93	799	1.7	99

Sample	Fold Dilution	IL-13			TNF- α		
		Conc. (pg/mL)	Conc. % CV	% Recovery	Conc. (pg/mL)	Conc. % CV	% Recovery
Serum	1	715	14.2		681	3.7	
	2	707	8.5	99	745	0.8	109
	4	671	3.9	95	696	4.4	93
	8	679	8.2	101	732	2.9	105
Heparin Plasma	1	872	11.6		419	4.3	
	2	763	10.1	88	477	2.9	114
	4	644	9.7	84	485	0.6	102
	8	586	1.5	91	427	11.0	88

Samples

Eight normal human samples were measured for each of the following sample types: serum, EDTA plasma, and heparin plasma.

		IFN- γ	IL-1 β	IL-2	IL-4	IL-5
		(pg/mL)	(pg/mL)	(pg/mL)	(pg/mL)	(pg/mL)
Serum	Min	<LLOD	<LLOD	<LLOD	<LLOD	0.26
	Max	1.0	1.8	26	0.70	4.5
	Median	0.63	0.27	<LLOD	<LLOD	0.39
EDTA Plasma	Min	<LLOD	0.29	<LLOD	<LLOD	0.27
	Max	1.0	3.2	25	<LLOD	4.4
	Median	0.77	0.47	0.73	<LLOD	0.45
Heparin Plasma	Min	0.43	<LLOD	<LLOD	<LLOD	0.23
	Max	1.2	2.0	30	<LLOD	4.5
	Median	0.92	0.85	1.0	<LLOD	0.49

		IL-8 (pg/mL)	IL-10 (pg/mL)	IL-12p70 (pg/mL)	IL-13 (pg/mL)	TNF- α (pg/mL)
Serum	Min	1.6	<LLOD	<LLOD	<LLOD	2.0
	Max	10	20	34	48	4.8
	Median	7.1	0.93	7.2	<LLOD	3.6
EDTA Plasma	Min	4.7	<LLOD	<LLOD	<LLOD	3.8
	Max	46	29	32	48	7.3
	Median	6.3	0.55	3.6	<LLOD	5.2
Heparin Plasma	Min	1.7	<LLOD	<LLOD	<LLOD	3.8
	Max	15	29	33	44	8.5
	Median	5.2	0.53	12	<LLOD	6.9

Assay Components

The human IFN- γ , IL-1 β , IL-2, IL-4, IL-5, IL-8, IL-10, IL-12p70, IL-13 and TNF- α capture and detection antibodies used in this assay are listed below.

Analyte	Source species	
	MSD Capture Antibody	MSD Detection Antibody
hIFN- γ	Mouse monoclonal	Mouse monoclonal
hIL-1 β	Mouse monoclonal	Goat polyclonal
hIL-2	Mouse monoclonal	Mouse monoclonal
hIL-4	Mouse monoclonal	Rat monoclonal
hIL-5	Mouse monoclonal	Mouse monoclonal
hIL-8	Mouse monoclonal	Goat polyclonal
hIL-10	Rat monoclonal	Rat monoclonal
hIL-12p70	Mouse monoclonal	Mouse monoclonal
hIL-13	Rat monoclonal	Goat polyclonal
hTNF- α	Mouse monoclonal	Goat polyclonal

Summary Protocol

MSD 96-well MULTI-SPOT Human TH1/TH2 10-Plex Ultra-Sensitive Kit

MSD provides this summary protocol for your convenience.
Please read the entire detailed protocol prior to performing the
MSD Human TH1/TH2 10-Plex Assay.

Sample and Reagent Preparation

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

If necessary, samples should be diluted in Diluent 2.

Prepare calibrator solutions and standard curve.

Use the Calibrator stock to prepare an 8-point standard curve by diluting in Diluent 2.

Note: *The standard curve can be modified as necessary to meet specific assay requirements.*

Prepare Detection Antibody Solution by diluting Detection Antibody Blend to 1X in a final volume of 3.0 mL Diluent 3 per plate.

Prepare 20 mL of 2X Read Buffer T by diluting 4X Read Buffer T with deionized water.

SERUM OR PLASMA SAMPLES

Step 1: Add Diluent 2

Dispense 25 μ L/well Diluent 2.

Incubate at room temperature with vigorous shaking (300-1000 rpm) for 30 minutes.

Step 2: 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 3: 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 4: Wash and Read Plate

Wash plate 3 times with PBS-T.

Dispense 150 μ L/well 2X Read Buffer T.

Analyze plate on SECTOR Imager instrument.

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