

DeQuanto[®] Ranibizumab (Lucentis[®]) PK ELISA Kit # PK1006

USER MANUAL

Immunoassay for quantitative determination of Ranibizumab drug in human serum or plasma

(Lucentis[®] is a registered trademark of Genentech)

96- Well Microtiter plate

Research Use Only (RUO)

Please read this user's manual carefully before using the kit



DENOVO BIOLABS PVT LTD

Version 2.0

NO. A-112, Ground Floor KSSIDC, Block-3, Electronic City Phase I, Bengaluru, Karnataka 560100, INDIA
Phone: +91-80-29575711; E-mail: info@denovobiolabs.com ; Web: www.denovobiolabs.com

TABLE OF CONTENTS

INTRODUCTION.....	4
ASSAY PRINCIPLE.....	4
MATERIALS PROVIDED AND STORAGE.....	5
MATERIALS REQUIRED BY END-USER.....	5
ASSAY DURATION.....	5
PRECAUTIONS.....	6
SPECIMEN COLLECTION AND STORAGE.....	6
SERUM.....	6
PLASMA.....	6
REAGENT PREPARATION.....	7
WASH BUFFER-A.....	7
ASSAY DILUENT.....	7
ASSAY MATRIX.....	7
TMB SUBSTRATE.....	7
STANDARDS.....	7
QUALITY CONTROL.....	8
DETECTION ANTIBODY.....	8
ASSAY PROCEDURE.....	9
PRE-PROCESSING OF 96-WELL MICROTITER PLATE.....	9
ANALYTE ADDITION.....	9
DETECTION ANTIBODY.....	9
SUBSTRATE ADDITION AND MEASUREMENT.....	9
ASSAY SUMMARY.....	10
CALCULATION OF RESULTS.....	11
EXAMPLE DATA.....	11
ASSAY CHARACTERISTICS.....	12
VALIDATION SUMMARY.....	12
STANDARD CURVE MODEL.....	12

ACCURACY AND PRECISION.....	12
SELECTIVITY.....	12
SENSITIVITY.....	12
DRIFT.....	12
DILUTION LINEARITY.....	12
ABBREVIATIONS.....	13
REFERENCES.....	14
TROUBLESHOOTING.....	15
PLATE LAYOUT.....	16
NOTES.....	18
NOTES.....	19
CUSTOMIZED SERVICES.....	20

INTRODUCTION

Ranibizumab (Lucentis[®]) is a recombinant human IgG1 monoclonal antibody fragment (Fab) that blocks angiogenesis by inhibiting vascular endothelial growth factor-A (VEGF-A) isoforms. The humanized anti-VEGF monoclonal antibody, Ranibizumab, has been approved by the FDA for treatment of patients with wet age-related macular degeneration. Age-related macular degeneration (AMD) is the leading cause of irreversible blindness in people over the age of 50 in the developed world [1]. Currently, the most commonly used VEGF antagonists are ranibizumab (Lucentis, Genentech, Inc., South San Francisco, CA) and bevacizumab (Avastin; Genentech, Inc., South San Francisco, CA). Ranibizumab, which is an antibody fragment from the bevacizumab molecule with an increased binding affinity for all forms of VEGF, has been approved for the treatment of patients with neo-vascular AMD by the Food and Drug Administration and by the European Medicines Agency since 2006 and 2007, respectively.

EMA Bio-analytical Method Validation Guidelines [4] and industry-recommended practices for ligand-binding assays [5, 6, and 7] were used for validation of this kit. This Ranibizumab ELISA kit has been developed for specific quantification of Ranibizumab concentration in human serum or plasma with high sensitivity and reproducibility.

ASSAY PRINCIPLE

The DeQuanto[®] Ranibizumab (Lucentis[®]) PK ELISA kit is an ELISA based immunoassay. Standards and diluted samples (serum/ plasma) are incubated in the polystyrene microtiter plate pre coated with recombinant Human vascular endothelial growth factor-A (rhVEGF-A). The Ranibizumab present in the samples binds to the coated rhVEGF-A. Nonbound or the excess substances are removed by washing. Horseradish Peroxidase (HRP) labeled antibody is added to the wells which binds to the rhVEGF-A-Ranibizumab complex in the wells. Following a wash to remove any unbound antibody-enzyme reagent, substrate solution is added to the wells. A color product is formed in proportion to the amount of Ranibizumab present in the sample or standards. The color development is stopped by addition of a stop solution. The absorbance is measured at 450 nm in a microtiter plate reader. The concentration of Ranibizumab in a sample can be interpolated from the standard curve.

MATERIALS PROVIDED AND STORAGE

The DeQuanto[®] Ranibizumab (Lucentis[®]) PK ELISA kit is recommended to be stored as mentioned in table below.

Sl. No.	Description	Quantity	Volume	Strength/Conc.	Storage
1	Pre Coated 96-well microtiter plate	1 plate	NA	NA	-20°C
2	Ranibizumab (Lucentis [®]) Standard	1 Vial	10 µl	10 mg/ml	2-8°C
3	Detection Antibody	1 Vial	40 µl	500X	-20°C
4	Assay Diluent	1 Bottle	100 ml	NA	2-8°C
5	TMB Substrate	1 Vial	1 ml	20X	2-8°C
6	Wash Buffer-A	1 Bottle	70 ml	20X	2-8°C
7	Plate sealer	2 Nos	NA	NA	RT

MATERIALS REQUIRED BY END-USER

All the following materials are required but not available with the kit.

- Human Serum or Plasma
- 2N H₂SO₄
- Deionized or ultra pure water
- Microtiter plate reader capable of measuring absorbance at 450 nm (Reference wave length 600 nm is optional)
- Software capable of 4PL or 5PL parameter logistic curve fitting for data analysis

ASSAY DURATION

The approximate time taken for each step of the assay are shown in the table below

Sl. No.	Step	Duration
1	Reagent thawing and preparation	30 minutes
2	Analyte addition and incubation	90 minutes
3	Detection Antibody Addition and Incubation	30 minutes
4	Substrate Addition and Measurement	30 minutes
5	Calculation of Results	15 minutes

PRECAUTIONS

1. User should be trained with ELISA based assays and test procedure
2. All reagents have to be at room temperature before use, except the detection antibody (should be stored at -20°C to ensure the stability)
3. Avoid repeated freeze/thaw cycles for all reagents
4. Handle all reagents wearing gloves and other protective gears
5. Do not pipette any reagents by mouth
6. Use calibrated pipettes and devices only
7. Sodium azide inactivates HRP, do not use sodium azide-containing solutions
8. Any modification in the standard assay procedure may influence the kit performance
9. The described pipetting volume, incubation time, temperature steps should be performed according to the user manual
10. TMB/H₂O₂ Substrate and Detection Antibody are light sensitive, hence should not be exposed to light
11. Avoid physical contact with Stop solution
12. Centrifuge all vials briefly before use
13. Use disposable pipette tips for each transfer to avoid cross contamination
14. Any samples which are out of assay range should be repeated using different dilutions
15. Reagents from different batch/lot are not interchangeable
16. Do not mix reagents from different kit batches/lots
17. The waste disposal should be performed according to your laboratory regulations

SPECIMEN COLLECTION AND STORAGE

SERUM

Use serum clot tube and allow the blood sample to coagulate at room temperature (RT) for 30 minutes. Centrifuge at 5000 RPM for 10 minutes at RT. Aliquot the clear serum and store at -20°C. Avoid repeated freeze/ thaw cycles.

PLASMA

Use K₂ EDTA as anticoagulant for blood collection and allow at RT for 30 minutes. Centrifuge the sample at 5000 RPM for 10 minutes at RT. Aliquot the clear plasma and store at -20°C. Avoid repeated freeze/ thaw cycles.

NOTE: Grossly haemolyzed, lipemic or contaminated sample (serum or Plasma) may lead to inaccurate results and is not recommended to use with this procedure.

It is recommended that the end user must validate assay procedure using either serum or plasma.

REAGENT PREPARATION

WASH BUFFER-A

1. Thaw the wash buffer at RT until it is a clear solution
2. Prepare 1000 ml of 1X wash buffer-A, using 50ml of 20X Wash buffer-A and make up the volume to 1000ml with ultra pure water

ASSAY DILUENT

1. Allow it to mix on rocker for 10 minutes or by gentle manual mixing at room temperature
2. Assay diluent should appear as a clear solution after mixing
3. Use this assay diluent buffer for assay matrix and test sample dilution preparation

ASSAY MATRIX

1. Dilute human serum or plasma at MRD (1:200) in assay diluent
2. Use this assay matrix for standards and quality control preparation

CAUTION

- *Human serum or plasma used for assay matrix must be from healthy volunteers*

TMB SUBSTRATE

1. Dilute the 20X TMB substrate to 1X solution in ultra pure water (600 µl of TMB substrate to 11.4 ml of ultra pure water)
2. Mix the 1X solution thoroughly on vortex mixer or manually

STANDARDS

1. Prepare a main stock of 2000µg/ml by diluting the RanibizumabStandard (10mg/ml)in neat humanserum or plasma (5 µl ofRanibizumab standard in 20 µl of human serum or plasma).
2. Prepare a sub stock of 10 µg/ml as given in table below:

Required sub-stock Conc. (µg/ml)	VolumeofMain-stock to be taken (µl)	Volumeof Assay Diluent (µl) to be taken	Final volume (µl)	Dilution factor
10	5	995	1000	1:200

3. Prepare standards 1 to 10 and zero standard (blank) in assay matrix as given in the table below

Sub stock of Ranibizumab (ng/ml)	Volume from sub stock (µl)	Assay Matrix Volume (µl)	Final concentration (ng/ml)	Standard No
10000.00	60.00	900.00	625.00	1
625.00	300.00	300.00	312.50	2
312.50	300.00	300.00	156.25	3
156.25	300.00	300.00	78.13	4
78.13	300.00	300.00	39.06	5
39.06	300.00	300.00	19.53	6
19.53	300.00	300.00	9.77	7
9.77	300.00	300.00	4.88	8
4.88	300.00	300.00	2.44	9
2.44	300.00	300.00	1.22	10
-	-	300.00	0.00	Blank

CAUTION 

- *Vortex gently to mix during each step*
- *Use appropriate pipette range and do not change pipette in between the assay procedure*

QUALITY CONTROL

1. Prepare minimum of three QC samples in assay matrix
2. Keep the diluent buffer control in two replicates.

DETECTION ANTIBODY

1. Dilute the 500X Detection Antibody in assay diluent at 1:500 (take 24 µl of 500X detection antibody and add to 12 ml of assay diluent)
2. Gently mix the detection antibody before use

ASSAY PROCEDURE

PRE-PROCESSING OF 96-WELL MICROTITER PLATE

1. Thaw the precoated 96-well microtiter plate at room temperature for 15 minutes

CAUTION

- Use multichannel pipette
- Keep the programs for plate washer ready (if automated washer is used)

ANALYTE ADDITION

1. Prepare standards, QC samples and test samples
2. Add 100 µl of standards, QC and test or specimen samples to the wells of the microtiter plate as per the plate template
3. Seal plates with adhesive plate sealer
4. Incubate the microtiter plate at RT (~25°C) for 1 hour

CAUTION

- Refer the sample plate layout given at the end of this user manual, for standards and control
- Before addition of samples to the microtiter plate, keep the Plate template ready.

DETECTION ANTIBODY

1. Discard the contents of each well and wash four times with 1X wash buffer-A, allowing 2 minutes for soaking between each wash step
2. Blot the microtiter plate on absorbent paper to remove any residual reagent from the wells
3. Add 100 µl of Detection Antibody solution to each well of the microtiter plate
4. Seal the microtiter plate with adhesive plate sealer
5. Incubate the microtiter plate at RT (~25 °C) for 30 minutes

SUBSTRATE ADDITION AND MEASUREMENT

1. Discard the contents of each well and wash four (4) times with 1X wash buffer-A, allowing 2 minutes for soaking between each wash step
2. Blot the microtiter plate on absorbent paper to remove any residual reagent from the wells
3. Add 100 µl/well of 1X TMB substrate solution and incubate the plate in dark at RT (~25°C) for 15 minutes
4. Add 50 µl/well of Stop solution to stop the reaction
5. Read the absorbance in micro plate reader set to 450nm, set the reference wavelength to 600 nm

CAUTION

- Add stop solution in the same order of addition of TMB substrate to the plate

ASSAY SUMMARY

1. Prepare all reagents as instructed in the user manual



2. Add 100 µl of standard, quality control and test/specimen samples to each well of microtiter plate



3. Seal the microtiterplate with adhesive plate sealer and incubate at RT (~25°C)for 1 hour



4. Decant the contents of the microtiter plate and wash themicrotiter plate four (4) times with wash buffer-A, allowing 2 minutes of soaking between each wash step



5. Blot the plate on absorbent paper to remove any residual reagent from the wells



6. Add 100 µl of detection antibody to each well of the microtiterplate and incubate for 30 minutes at RT (~25°C)



7. Repeat the steps 4 and 5



8. Add 100 µl of 1X TMB solution to each well of the microtiter plate and incubate for 15 minutes in dark at RT (~25°C)



9. Add 50 µl of stop solution (2N H₂SO₄) to each well



10. Read theabsorbance at 450 nm and 600 nm as reference wave length

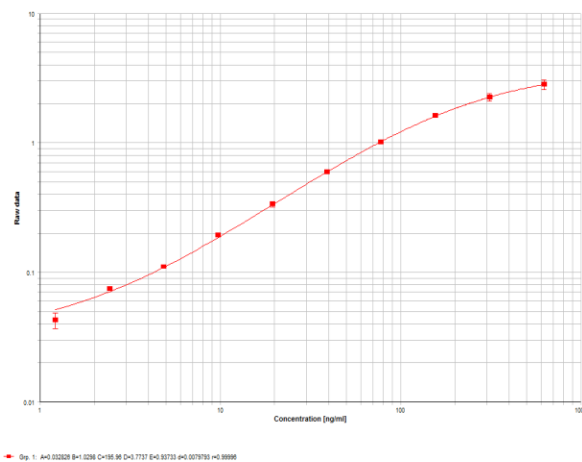
CALCULATION OF RESULTS

After the absorbance is read at 450 nm and 600 nm as reference wave length, construct a standard curve of difference data using software capable of generating a linear with log concentration on X axis and optical density on Y axis curve fitting. Alternatively a four or five parameter logistic (4PL or 5PL) curve fitting can also be used. Absorbance of the test/specimen and the QC samples are interpolated from the standard curve. Report the values of test/specimen samples within the assay range.

EXAMPLE DATA

This standard curve results are provided for demonstration purpose only.

The standard curve should be run for each assay.



Standard	Conc (ng/ml)	Mean Abs
S1	625.00	2.8230
S2	312.50	2.2463
S3	156.25	1.6246
S4	78.13	1.0116
S5	39.06	0.5916
S6	19.53	0.3351
S7	9.77	0.1930
S8	4.88	0.1102
S9	2.44	0.0747
S10	1.22	0.0427
Blank	0.00	0.0111

ASSAY CHARACTERISTICS

VALIDATION SUMMARY

Denovo Biolabs have validated this assay in human serum matrix according to EMA Bio-analytical Method Validation Guidelines [5] and industry-recommended practices for ligand-binding assays [6, 7 and 8]. However, such validation is generic in nature and it is intended to only supplement but not substitute specific validation as required by regulations or otherwise in each case.

STANDARD CURVE MODEL

The calibration standards were generated by spiking Ranibizumab in human serum at MRD 1:200. The standard curve consisted of ten non-zero standards (from 625ng/ml to 1.22 ng/ml). A linear fit model was used to fit the standard curve. The regression model was accepted as the %RE of the back-calculated value for at least 75% calibrators was within 20% of nominal concentration, except at the ULOQ and LLOQ where it was within 25%.

ACCURACY AND PRECISION

Accuracy (%RE) of all QC samples was within 20% across all batches. Inter-assay and pooled (cumulative) intra-assay precision (%CV) of each QC sample was $\leq 20\%$. The total error was within 20%.

SELECTIVITY

Ten different human plasma matrices were tested for selectivity in a single batch experiment by recovery studies at two QC points. 80% of 10 different individual plasma samples passed the acceptance criteria of %RE within 20% except at LLOQ where it was within 25%.

SENSITIVITY

In all batch runs LLOQ-QC at 4.88 ng/ml showed %RE within the 20% range confirming the sensitivity of the assay to be 4.88ng/ml.

DRIFT

The drift parameter was evaluated by placing QC samples at different positions of the 96-well microtiter plate in an intra-assay batch. All the three QCs samples passed the drift criteria and the %CV of all the QC samples were within $\leq 20\%$, except LLOQ-QC where it was within $\leq 25\%$.

DILUTION LINEARITY

From the sub-stock a 1000X, ULOQ sample was made which was further diluted into other QC samples. Each of these QC samples was tested for their %RE values. All near QC samples passed the acceptance criteria. 1000X-ULOQ did not pass the criteria due to Hooks Effect.

ABBREVIATIONS

RT	Room Temperature
Abs	Absorbance
Conc.	Concentration
HRP	Horse Radish Peroxidase
PK	Pharmaco Kinetics
TMB	3, 3', 5, 5'-Tetramethylbiphenyl-4, 4'-Diamine
TNF	Tumor Necrosis Factor
ELISA	Enzyme Linked Immunosorbent Assay
%CV	Coefficient of variations
%RE	Relative Error
MRD	Minimum Required Dilution
PL	Parameter Logistic
QC	Quality Control
CTRL	Control
ULOQ	Upper Limit of Quantification
HQC	High Quality Control
LQC	Lower Quality Control
LLOQ	Lower Limit of Quantification
°C	Degree Celsius
µg	Microgram
mg	Milligram
µl	Microliter
Eg.	Example
ml	Milliliter
W/V	Weight by Volume
IgG	Immunoglobulin
ng	Nanogram
nm	Nanometer
2N H ₂ SO ₄	2 Normal Sulphuric Acid
K ₂ EDTA	Ethylene Di-amine Tetra Acetic acid (Di-Potassium salt)
RPM	Revolutions Per Minute

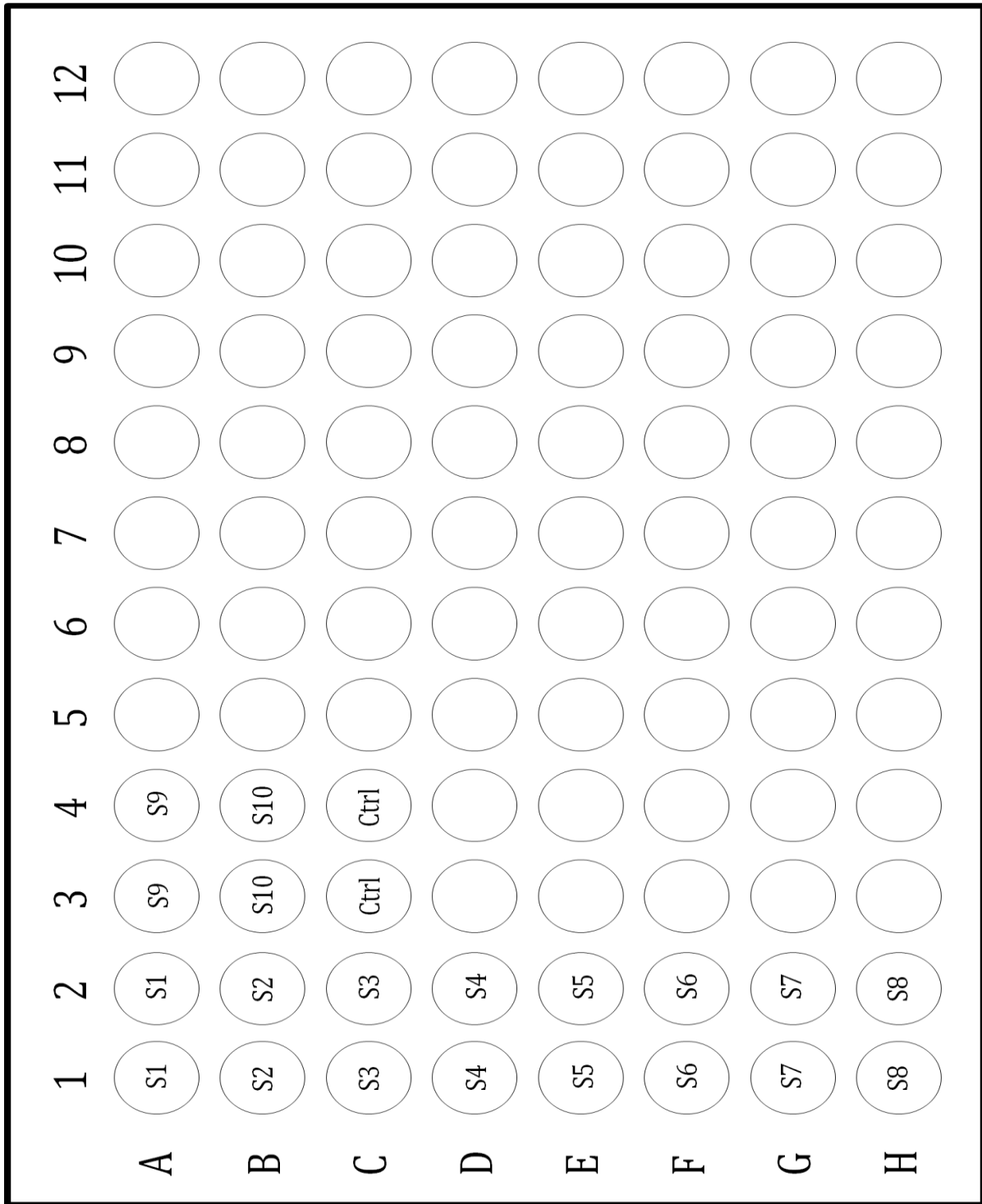
REFERENCES

1. Bressler NM (2004) Age-related macular degeneration is the leading cause of blindness. *JAMA* 291: 1900–1901.
2. Kahn HA, Leibowitz HM, Ganley JP, Kini MM, Colton T, et al. (1977) The Framingham Eye Study: I. Outline and major prevalence findings *Am J Epidemiol* 106: 17–32.
3. Ferris FL, Fine SL, Hyman L (1984) Age-related macular degeneration and blindness due to neovascular maculopathy. *Arch Ophthalmol* 102: 1640–1642.
4. Steinbrook R (2006) The price of sight - ranibizumab, bevacizumab, and the treatment of macular degeneration. *N Engl J Med* 355: 1409–1412.
5. *Guideline on bioanalytical method validation*; 21 July 2011
EMA/CHMP/EWP/192217/2009 Committee for Medicinal Products for Human Use (CHMP)
6. DeSilva *et al* (2003), *Recommendations for the Bioanalytical Method Validation of Ligand-binding Assays to Support Pharmacokinetic Assessments of Macromolecules*, *Pharmaceutical Research*, **20 (11)**: 1885-1900.
7. Findlay *et al.* (2000) *Validation of Immunoassays for bioanalysis: A pharmaceutical industry perspective*. *J. Pharm. Biomed. Anal.* **21**, 1249-73.
8. Kelley and DeSilva (2007); *Key Elements of Bioanalytical Method Validation for Macromolecules*, *AAPS Journal*, **9 (2)**, E156-E163.

TROUBLESHOOTING

Problem	Probable Causes	Solution
High or Low OD value of test samples	Test samples contain analyte concentrations greater than assay range	Repeat the assay with multiple dilutions of the test samples.
	Test Samples contain no or below detectable levels of analyte	Test sample contains the drug level below the LLOQ
High OD value of blank/ controls (-ve)	Matrix interference	Perform higher dilution than MRD (minimum required dilution). Ensure the diluent buffer blank/ controls (-ve) OD are acceptable.
High % CV (High variability in duplicate OD values)	Unequal volumes	Ensure the calibrated pipettes Ensure pipette tips are tightly secured while adding the solution to each well
	Inadequate washing	Ensure the wash system is working properly if the automated wash station is used. Also ensure the manual washes
	Non-homogenous solution	Ensure that all solution prepared are adequately mixed.
	Edge effect	Use plate sealer and maintain the temperature as recommended
	Cross-well contamination	Ensure the good pipetting practice
	Inadequate mixing of TMB substrate solution	Ensure the TMB substrate solution is mixed thoroughly before use
Low signal	Standard was incompletely reconstituted or the storage was inappropriate	Reconstitute standard according to the user's manual Ensure the kit reagents are not expired
	Reagents added to wells with incorrect concentrations	Cross check for calculation and pipetting errors
	Incorrect incubation time or temperature	Adhere to the recommended assay procedure
Standard curve with R ² value <0.95	Pipetting error	Ensure the pipetting and the analyst training

PLATE LAYOUT



	1	2	3	4	5	6	7	8	9	10	11	12
A	S1	S1	S9	S9								
B	S2	S2	S10	S10								
C	S3	S3	Ctrl	Ctrl								
D	S4	S4										
E	S5	S5										
F	S6	S6										
G	S7	S7										
H	S8	S8										

NOTES

NOTES

CUSTOMIZED SERVICES**PRECLINICAL/CLINICAL SAMPLE ANALYSIS**

ELISA based validation and clinical or pre-clinical sample analysis.

POLYCLONAL ANTIBODY DEVELOPMENT

PAb development against peptide or protein, peptide designing, high titer antibody purification, characterization.

MONOCLONAL ANTIBODY DEVELOPMENT

MAb development against peptide or protein, peptide designing, best reacting/stable hybridoma development, sub cloning, small scale/large scale hybridoma culture and antibody purification, characterization.

CLONING, PROTEIN EXPRESSION PURIFICATION

Gene synthesis, site directed mutagenesis, cloning and expression in bacterial systems and other customized molecular biology services.

ANTIBODY CONJUGATION

With HRP, FITC, Biotin, ALP and many more molecules.

CELL BASED ASSAYS

Cell based assays, neutralization assays and potency ratio estimation of drugs with reference drugs, drug efficacy assessment and customized in-vitro, in-vivo assay development.

CUSTOMIZED ELISA BASED ASSAY/METHOD DEVELOPMENT

Different formats of ELISA based assay development.

For any queries/enquiries related to our products or services, please contact us by mailing us at info@denovobiolabs.com or call us at +91-80-29575711