# Human IL-10 / IL-4 Dual ELISpot

Instructions for use

# Catalogue Numbers:

	Without Plates	With non-Sterile Plates	With Sterile Plates
1x96 tests	874.030.001	874.030.001P	874.030.001S
5x96 tests	874.030.005	874.030.005P	874.030.005S

# For research use only

As a material condition to Diaclone providing its Products to Purchaser, Purchaser agrees that the end user shall not, directly or indirectly, attempt to reverse engineer, disassemble, or otherwise perform any compositional, structural, functional or other analyses directed to learning the methodology, components, formulae, processes, make-up, or production of any Product or any portion thereof.

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# **Human IL-10 / IL-4 Dual ELISpot**

#### 1. Intended use

Diaclone **ELISpot** is a highly specific immunoassay for the analysis of cytokine and other soluble molecule production and secretion from T-cells at a single cell level in conditions closely comparable to the *in-vivo* environment with minimal cell manipulation. This technique is designed to determine the frequency of cytokine producing cells under a given stimulation and the comparison of such frequency against a specific treatment or pathological state. The ELISpot assay constitutes an ideal tool in the investigation of Th1 / Th2 responses, vaccine development, viral infection monitoring and treatment, cancerology, infectious disease, autoimmune diseases and transplantation.

Utilising sandwich immuno-enzyme technology, Diaclone ELISpot assays can detect both secreted cytokines and single cells that simultaneously produce multiple cytokines. Cell secreted cytokines or soluble molecules are captured by coated antibodies avoiding diffusion in supernatant, protease degradation or binding on soluble membrane receptors. After cell removal, the captured cytokines are revealed by tracer antibodies and appropriate conjugates.

This Dual Colour ELISpot kit allows you to analyze the production of two cytokines simultaneously in the same well.

This kit has been configured for research use only and is not to be used in diagnostic procedures.

#### 2. Introduction

## 2.1. Summary

**IL-10** (1-15)

Interleukin-10 is a pleiotropic cytokine playing an important role as a regulator of lymphoid and myeloid cell function. Due to the ability of IL-10 to block cytokine synthesis and several accessory cell functions of macrophages this cytokine is a potent suppressor of the effector functions of macrophages, T-cells and NK cells. In addition, IL-10 participates in regulating proliferation and differentiation of B-cells, mast cells and thymocytes (9). The primary structure of human IL-10 has been determined by cloning the cDNA encoding the cytokine (15). The corresponding protein exists at 160 amino acids with a predicted molecular mass of 18.5 kDa (8, 15). Based on its primary structure, IL-10 is a member of the four-helix bundle family of cytokines (11). In solution human IL-10 is a homodimer with an apparent molecular mass of 39 kDa (14). Although it contains an N-linked glycosylation site, it lacks detectable carbohydrates (15). Recombinant protein expressed in E. coli thus retains all known biological activities. The human IL-10 gene is located on chromosome 1 and is present as a single copy in the genome (6). The human IL-10 exhibits strong DNA and amino acid sequence homology to the murine IL-10 and an open reading frame in the Epstein-Barr virus genome, BCRF1 (1, 8, 15) which shares many of the cellular cytokine's biological activities and may therefore play a role in the host-virus interaction. The immunosuppressive properties of IL-10 (4) suggest a possible clinical use of IL-10 in suppressing rejections of grafts after organ transplantations. IL-10 can furthermore exert strong anti-inflammatory activities (4).

#### IL-10 in disease

IL-10 expression was shown to be elevated in parasite infections like in Schistosoma mansoni (7), Leishmania (5), Toxoplasma gondii (12) and Trypanosoma (13) infection.

Furthermore, high IL-10 expression was detected in mycobacterial infections as shown for Mycobacterium leprae (3), Mycobacterium tuberculosis (2) and Mycobacterium avium infections.

High expression levels of IL-10 are also found in retroviral infections inducing immunodeficiency (10).

#### IL-4 (16-22)

IL-4 is a lymphokine that co-stimulates the proliferation of activated B- and T-cells, augments the cytotoxic activity of lymphocytes and monocytes and enhances the functional activity of myeloid cells (16). Produced by mast cells, T-cells and bone marrow stromal cells, IL-4 regulates the differentiation of naive CD4+ cells into helper Th2 cells characterized by their cytokine secretion-profile that includes secretion of IL-4, IL-5, IL-6, IL-10 and IL-13 which favour a humoral immune response (17, 18). In addition, IL-4 can inhibit the proliferation of TNF, IL-1 and IL-6 by macrophages (19, 20).

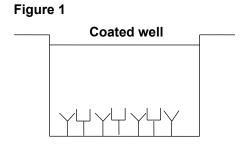
IL-4 induces B-cell class switching to IgE and IgG1 isotypes, and up regulates MHC Class II production and CD23 expression (21).

IL-4 is a 15kDa globular glycoprotein containing 129 amino acid residues. The non-glycosylated form of the protein is fully biologically active (22).

#### 2.2. Principle of the method

Capture antibodies highly specific for the analytes of interest are coated to the wells of a PVDF bottomed 96-well microtiter plate either during kit manufacture or in the laboratory. The plate is then blocked to minimise any non-antibody dependent unspecific binding and finally washed before adding the cells to be investigated. Cell suspension and stimulant are added to the coated and blocked microtiter plate and the plate incubated allowing the specific antibodies to bind any analytes produced. Biotinylated and FITC detection antibodies are then added which bind to the previously captured analyte. HRP conjugated anti-FITC antibodies and Streptavidin Alkaline Phosphatase are added binding to the detection antibodies. Any excess unbound analyte and antibodies are removed by careful washing. Colour substrate is then applied to the wells resulting in coloured spots which can be quantified using appropriate analysis software or manually using microscopes.

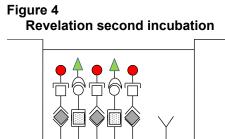
1. 96 PVDF-bottomed-well plates are first treated with 35% ethanol and then coated with anti-IL-10 and anti-IL-4 capture antibodies.



- 2. Cells are incubated in the presence of the antigen. Upon stimulation they release cytokines which bind to the capture antibodies.
- Cell stimulation
- 3. Cells are removed by washing. Anti-IL-10-FITC and anti-IL-4-biotin detection antibodies are added and bind to the captured cytokines
- Revelation first incubation

4. Any excess unbound detection antibodies is removed by washing.

Detection antibodies are in turn bound by anti-FITC-HRP for IL-10 and Streptavidin-AP for IL-4.



Capture antibody
Anti IL-10
Capture antibody
Anti IL-4

Cell
Stimulation
Secretion

IL-10
IL-4

Detection antibody
Anti IL-10

Detection antibody
Anti IL-4

HRP conjugate

Streptavidin-AP

5. Any excess of AP and HRP conjugate is removed and wells are washed.

Finally coloured spots are developed by separate incubations with first AEC and then BCIP/NBT substrate buffers. Cells producing IL-10 give red/brownish spots while those producing IL-4 give blue/purple spots. Double producing cells corresponding to violet spots (preferably identified by a computerised overlay of blue and red spots).

## 3. Reagents provided

Reagents	SET 001*	SET 005	Reconstitution
96-well PVDF bottomed plates (if ordered)	2	5	Ethanol treatment (see section 9)
Capture Antibody anti hIL-10	1 (0.1 ml)	1 (0.5 ml)	Sterile, dilute prior to use
Capture Antibody anti hIL-4	1 (0.1 ml)	1 (0.5 ml)	(see Capture antibodies, section 7.6)
FITC conjugated detection antibody anti hIL-10	1 (100 µl)	1	Reconstitute with 0.55 ml of distilled water
Biotinylated detection antibody anti hIL-4	1 (100 µl)	1	Dilute prior to use (see Detection Antibodies, section 7.7)
Anti-FITC HRP conjugate	1	1	Dilute prior to use as indicated on the vial
Streptavidin-Alkaline Phosphatase Conjugate	1	1	(see diluted AP and HRP conjugates, section 7.8)
Bovine Serum Albumin (BSA) – 2 g	1	1	Dissolve to prepare dilution buffer (see 1%BSA PBS solution, section 7.4)
AEC Buffer A 10X	. 1	1	Dilute prior to use
- (Concentrate Buffer)	(1 ml)	(5 ml)	(see AEC substrate,
AEC Buffer B 50X - (Concentrate Substrate)	1 (200 µl)	1 (1 ml)	section 7.9)
Ready to use BCIP/NBT	1	2	Ready to use
- Substrate buffer	(11 ml)	(25 ml)	Tready to use

<sup>\*</sup> Please note for discovery set 001 : detection antibody is provided in liquid form. Volume of reagents are sufficient for a total of 96 tests but 2 plates are provided to allow to run 2\*48 tests.

# 4. Materials/Reagents required but not provided

- Miscellaneous laboratory plastic and/or glass, if possible sterile
- Ethanol
- Cell culture reagents (e.g. RPMI-1640, L-glutamine, FCS)
- Cell stimulation reagents (e.g. PMA and Ionomycin)
- CO<sub>2</sub> incubator
- Phosphate Buffered Saline (PBS)
- 96 well PVDF bottomed plates if not ordered (we recommended Millipore plates catalogue # MSIPN4510, MSIPS4510 and M8IPS4510)

# 5. Storage Instructions

Store kit reagents between 2 and 8°C except uncoated plates which should be stored at RT. Immediately after use remaining reagents should be returned to cold storage (2 to 8°C). Expiry of the kit and reagents is stated on box front labels. The expiry of the kit components can only be guaranteed if the components are stored properly, and if in the case of repeated use of one component, the reagent is not contaminated by the first handling.

## 6. Safety & Precautions for use

- For research use only not to be used as a diagnostic test
- Handling of reagents, blood specimens, PBMC, human cell lines should be in accordance with local safety procedures, e.g. CDC/NIH Health manual: "Biosafety in Microbiological and Biomedical Laboratories" 1984
- Do not eat, drink, smoke or apply cosmetics where kit reagents are used
- · Do not pipette by mouth
- When not in use, kit components should be stored refrigerated or frozen as indicated on vials or bottles labels
- All reagents should be warmed to room temperature before use
- Cover or cap all reagents when not in use
- Do not mix or interchange reagents between different lots
- Do not use reagents beyond the expiration date of the kit
- Use a clean disposable plastic pipette tip for each reagent, standard, or specimen addition in order to avoid cross contamination
- Use a clean plastic container to prepare the washing solution
- Thoroughly mix the reagents and samples before use by agitation or swirling
- All residual washing liquid must be drained from the wells by efficient aspiration or by decantation followed by tapping the plate forcefully on absorbent paper. Never insert absorbent paper directly into the wells
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells
- AEC and BCIP/NBT substrates are potentially carcinogenic and should be disposed of appropriately, caution should be taken when handling these reagents, always wear gloves
- Follow incubation times described in the assay procedure

## 7. Reagent Preparation

#### 7.1. 1X Phosphate Buffered Saline (PBS) (Coating & Wash Buffer)

For 1 litre of 10X PBS, weigh-out: 80g NaCl

2g KH<sub>2</sub>PO<sub>4</sub>

14.4g Na<sub>2</sub>HPO<sub>4</sub>; 2H<sub>2</sub>O.

Add distilled water to 1 litre.

#### Dilute the solution to 1X before use.

Check the pH of the 1X solution and adjust to required pH: 7.4 +/- 0.1.

#### 7.2. 35% Ethanol (PVDF Membrane Activation Buffer)

For one plate, dilute 3.5 ml of ethanol with 6.5 ml of distilled water.

#### 7.3. Cell culture medium + 10% Serum (Blocking Buffer)

For one plate, add 1 ml of Serum (e.g. FCS) to 9 ml of culture medium. Use same cell culture medium as used to derive the cell suspension.

#### 7.4. 1% BSA PBS Solution (Dilution Buffer)

For one plate, dissolve 0.2 g of BSA in 20 ml of PBS 1X.

#### 7.5. Capture Antibodies

These reagents are supplied sterile, once opened keep the vials sterile or aliquot and store at -20°C. For optimal performance prepare the Capture Antibodies dilution immediately before use.

For one plate, add 100 µl of each capture antibody in a same tube in 10 ml of PBS 1X. Mix well.

#### 7.6. Detection Antibodies

Reconstitute each lyophilised antibody with 0.55 ml of distilled water. Gently mix the solutions and wait until all the lyophilised material is back into solution.

Please note for 1x96 demo kits, detection antibodies are provided in liquid form.

If not used within a short period of time, reconstituted Detection Antibodies should be aliquoted and stored at -20°C. In these conditions the reagent are stable for at least one year. For optimal performance prepare the reconstituted antibodies dilution immediately prior to use.

For one plate, add 100 µl of each antibody in a same tube in 10 ml of Dilution Buffer. Mix well.

To avoid nonspecific background, it is recommended to filter the working solution using a disposable syringe and a 0.2µm filter disc.

#### 7.7. Diluted AP and HRP conjugates

For optimal performance prepare the dilution immediately prior to use.

It is recommended to centrifuge the vials for a few seconds to collect all the volume at the bottom.

For one plate, add in a same tube Streptavidin-AP conjugate and anti-FITC antibody HRP conjugate at the volume indicated on each vial in 10 ml of Dilution Buffer. Mix well.

To avoid nonspecific background, it is recommended to filter the working solution using a disposable syringe and a 0.2µm filter disc.

DO NOT KEEP THE DILUTIONS FOR FURTHER EXPERIMENTS.

#### 7.8. AEC Substrate

For optimal performance prepare the dilution immediately prior to use.

For one plate, dilute 1 ml of AEC buffer A 10X with 9 ml of distilled water. Then add 200  $\mu$ l of AEC buffer B 50X.

#### 7.9. BCIP/NBT

The reagent is ready-to-use

It should be clear to pale yellow. If precipitates occur, filter the solution using a disposable syringe and a 0.2µm filter disc.

## 8. Sample and Control Preparation

#### 8.1. Cell Stimulation

Cells can either be stimulated directly in the antibody coated wells (Direct) or, first stimulated in 24 well plates or flask, harvested, and then plated into the coated wells (Indirect).

The method used is dependent on 1) the type of cell assayed 2) the expected cell frequency. When a low number of cytokine producing cells are expected it is also advised to test them with the direct method, however, when this number is particularly high it is better to use the indirect ELISpot method.

All the method steps following stimulation of the cells are the same whatever the method (direct/indirect) chosen.

## 8.2. Positive Assay Control, IL-10 / IL-4 production

We recommend using the following polyclonal activation as a positive control in your assay.

Dilute CD4+ T cells in culture medium (e.g. RPMI 1640 supplemented with 2mM L-glutamine and 10% heat inactivated fetal calf serum) containing 1 ng/ml PMA and 500 ng/ml lonomycin (Sigma, Saint Louis, MO). Distribute 2.5x10<sup>4</sup> to 5x10<sup>4</sup> cells per 100 µl in required wells of an antibody coated 96-well PVDF plate and incubate for 15-20 hours in an incubator.

For other stimulators incubation times may vary, depending on the frequency of cytokine producing cells, and should be optimised in each situation.

#### 8.3. Negative Assay Control

Dilute CD4+ T cells in culture medium to give an appropriate cell number (same number of unstimulated cells as stimulated sample cells) per 100 µl with no stimulation.

#### 8.4. Sample

Dilute CD4+ T cells in culture medium and stimulator of interest (i.e. Sample, Vaccine, Peptide pool or infected cells) to give an appropriate cell number per 100 µl.

Optimal assay performances are observed between 1x105 and 2.5x105 cells per 100 µl.

Stimulators and incubation times can be varied depending on the frequency of cytokine producing cells and therefore should be optimised by the testing laboratory.

#### 9. Method

Prepare all reagents as shown in section 7 and 8.

	Assay Step	gents as shown in section 7 and 8.  Details
1.	Addition	Add 25 µl of 35% ethanol to every well
2.	Incubation	Incubate plate at room temperature (RT) for 30 seconds
3.	Wash	Empty the wells by flicking the plate over a sink & gently tapping on absorbent paper.  Thoroughly wash the plate 3x with 200 µl of PBS 1X per well
4.	Addition	Add 100 µl of the diluted mixture of <b>capture antibodies</b> to every well
5.	Incubation	Cover the plate and incubate at 4°C overnight
6.	Wash	Empty the wells as previous and wash the plate once with 200 µl of PBS 1X per well
7.	Addition	Add 100 μl of <b>blocking buffer</b> to every well
8.	Incubation	Cover the plate and incubate at RT for 2 hours
9.	Wash	Empty the wells as previous and thoroughly wash 3x with 200 μl of PBS 1X per well
10.	Addition	Add 100 µl of <b>sample</b> , <b>positive and negative controls</b> cell suspension to appropriate wells providing the required concentration of cells and stimulant (cells may have been previously stimulated see section 8.)
11.	Incubation	Cover the plate and incubate at 37°C in a CO <sub>2</sub> incubator for an appropriate length of time (15-20 hours).  Note: do not agitate or move the plate during this incubation
12.	Addition	Empty the wells and remove excess solution then add 200 µl of PBS 1X to every well
13.	Incubation	Incubate the plate at 4°C for 10 min
14.	Wash	Empty the wells as previous and wash the plate 3x with 200 µl of PBS 1X
15.	Addition	Add 100 µl of the diluted mixture of <b>detection antibodies</b> to every well
16.	Incubation	Cover the plate and incubate at RT for 1 hour 30 min
17.	Wash	Empty the wells as previous and wash the plate 3x with 200 µl of PBS 1X
18.	Addition	Add 100 μl per wells of diluted <b>HRP and AP conjugates</b>
19.	Incubation	Cover the plate and incubate at RT for 1 hour
20.	Wash	Empty the wells and wash the plate 3x with 200 μl of PBS 1X
21.	Wash	Peel off the plate bottom and wash both sides of the membrane 3x under running distilled water, once washing complete remove any excess solution by repeated tapping on absorbent paper.
22.	Addition	Add 100 μl of <b>prepared AEC substrate</b> to every well
23.	Development	Incubate the plate for <b>5-20 min</b> protected from light, monitoring spot formation visually throughout the incubation period to assess sufficient colour development
24.	Wash	Empty the wells and rinse both sides of the membrane 3x under running distilled water. Completely remove any excess solution by gentle repeated tapping on absorbent paper
25.	Addition	Add 100 μl of <b>ready to use BCIP/NBT</b> buffer to every well
26.	Development	Incubate the plate for <b>5-15 min</b> protected from light, monitoring spot formation visually throughout the incubation period to assess sufficient colour development
27.	Wash	Empty the wells and rinse both sides of the membrane 3x under running distilled water. Completely remove any excess solution by gentle repeated tapping on absorbent paper
Rea	d Spots: allow	w the wells to dry and then read results. The frequency of the resulting coloured spots

**Read Spots**: allow the wells to dry and then read results. The frequency of the resulting coloured spots corresponding to the cytokine producing cells can be determined using an appropriate ELISpot reader and analysis software or manually using a microscope.

Note: spots may become sharper after overnight incubation at 4°C

Plate should be stored at RT away from direct light, but please note colour may fade over prolonged periods so read results within 24 hours.

#### 10. Performance Characteristics

#### 10.1. Specificity

The assay recognizes natural human IL-10 and human IL-4.

To define specificity of the IL-10 antibody pair, several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested: IL-1 $\beta$ , IL-2, IL-4, IL-6, IL-8, IL-12, IL-13, IL-17A, IFN $\gamma$  and TNF $\alpha$ . This testing was performed using the equivalent human IL-10 antibody pair in an ELISA assay.

To define specificity of the IL-4 antibody pair, several proteins were tested for cross reactivity. There was no cross reactivity observed for any protein tested: IL-1 $\alpha$ , IL-1 $\beta$ , IL-2, IL-6, IL-8, IL-10, IL-12, IL-13, IFN $\gamma$  and TNF $\alpha$ . This testing was performed using the equivalent human IL-4 antibody pair in an ELISA assay.

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