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# Human Pancreatic Polypeptide ,PP ELISA kit

Catalog No.E1265h

(96 tests)

Operating instruction

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**FOR RESEARCH USE ONLY; NOT FOR THERAPEUTIC OR DIAGNOSTIC APPLICATIONS!**

**PLEASE READ THROUGH ENTIRE PROCEDURE BEFORE BEGINNING!**

## Intended use

This immunoassay kit allows for the specific measurement of human Pancreatic polypeptide, PP concentrations in serum and plasma.

## Introduction

Pancreatic polypeptide (PP) is a 36-amino-acid secretory peptide that is predominantly produced by the pancreas. The exact physiologic role of PP in healthy individuals has not been fully defined. It has been shown, however, that this peptide affects the secretion of pancreatic enzymes, water, and electrolytes. Its effect is biphasic in that PP initially enhances secretion and then inhibits secretion. PP increases gastric emptying and gut motility. It also relaxes the pyloric and ileocecolic sphincters, the colon, and gallbladder. PP levels increase after ingestion of food and remain elevated from 4-8 hours. Prolonged fasting, diabetes, and exercise can also increase PP levels. Serum PP levels can be elevated in as many as 50% of patients with carcinoid syndrome. Increased levels can also be found in patients with duodenal ulcers and in patients with type I diabetes. PP levels are often low in patients with pancreatic insufficiency or pancreatitis.

PP secretion can be increased by endocrine-active tumors of the pancreas. Tumors that secrete only PP are rare with only 22 cases reported in the literature. Seven of the reported cases developed a watery diarrhea hypokalemia achlorhydria (WDHA) syndrome, also referred to as Verner-Morrison syndrome, that is similar to that seen in VIPomas. Another five reported cases had steatorrhea. The last ten had silent or nonfunctioning tumors without hormone-related symptoms.

## Test principle

This assay employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for PP has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any PP present is bound by the immobilized antibody. An enzyme-linked monoclonal antibody specific for PP is added to the wells. Following a wash to remove any unbound antibody-enzyme reagent, a substrate solution is added to the wells and color develops in proportion to the amount of PP bound in the initial step. The color development is stopped and the intensity of the color is measured.

## Materials and components

**Reagent**

**Quantity**

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Assay plate	1
Standard	2
Sample Diluent	1 x 20ml
Assay Diluent A	1 x 10ml
Assay Diluent B	1 x 10ml
Detection Reagent A	1 x 120ul
Detection Reagent B	1 x 120ul
Wash Buffer (25 x concentrate)	1 x 30ml
Substrate	1 x 10ml
Stop Solution	1 x 10ml

### Sample collection and storage

**Serum** - Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 15 minutes at approximately 1000 x g. Remove serum and assay immediately or aliquot and store samples at -20° C.

**Plasma** - Collect plasma using EDTA or heparin as an anticoagulant. Centrifuge samples for 15 minutes at 1000 x g at 2 - 8° C within 30 minutes of collection. Store samples at ≤ -20° C. Avoid repeated freeze-thaw cycles.

### Limitations of the procedure

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1. The kit should not be used beyond the expiration date on the kit label.
2. Do not mix or substitute reagents with those from other lots or sources.
3. If samples generate values higher than the highest standard, further dilute the samples with the Assay Diluent and repeat the assay. Any variation in standard diluent, operator, pipetting technique, washing technique, incubation time or temperature, and kit age can cause variation in binding.
4. This assay is designed to eliminate interference by soluble receptors, ligands, binding proteins, and other factors present in biological samples. Until all factors have been tested in the Quantikine Immunoassay, the possibility of interference cannot be excluded.

### Reagent preparation

**Bring all reagents to room temperature before use.**

**Wash Buffer** - If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Dilute 20 mL of Wash Buffer Concentrate into deionized or distilled water to prepare 500 mL of Wash Buffer.

**Standard** - Reconstitute the **Standard** with 1.0 mL of **Sample Diluent**. This reconstitution produces a stock solution of 3,000 pg/mL. Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making serial dilutions. The undiluted standard serves as the high standard (3,000 pg/mL). The **Sample Diluent** serves as the zero standard (0 pg/mL).

**Detection Reagent A and B** - Dilute to the working concentration specified on the vial label using **Assay Diluent A and B** (1:100), respectively.

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## Assay procedure

Allow all reagents to reach room temperature. Arrange and label required number of strips.

1. Prepare all reagents, working standards and samples as directed in the previous sections.
2. Add 100 uL of **Standard**, Control, or sample\* per well. Cover with the adhesive strip. Incubate for 2 hours at 37° C.
3. Remove the liquid of each well, don't wash.
4. Add 100 uL of **Detection Reagent A** to each well. Incubate for 1 hour at 37°C. **Detection Reagent A** may appear cloudy. Warm to room temperature and mix gently until solution appears uniform.
5. Aspirate each well and wash, repeating the process three times for a total of three washes. Wash by filling each well with Wash Buffer (350 uL) using a squirt bottle, multi-channel pipette, manifold dispenser or autowasher. Complete removal of liquid at each step is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating or decanting. Invert the plate and blot it against clean paper towels.
6. Add 100 uL of **Detection Reagent B** to each well. Cover with a new adhesive strip. Incubate for 1 hours at 37° C.
7. Repeat the aspiration/wash as in step 5.
8. Add 90 uL of **Substrate Solution** to each well. Incubate for 30 minutes at room temperature. Protect from light.
9. Add 50 uL of **Stop Solution** to each well. If color change does not appear uniform, gently tap the plate to ensure thorough mixing.
10. Determine the optical density of each well within 30 minutes, using a microplate reader set to 450 nm.

## Specificity

This assay recognizes recombinant and natural human Pancreatic polypeptide. No significant cross-reactivity or interference was observed.

## Sensitivity

The minimum detectable dose of human Pancreatic polypeptide is typically less than 21 pg/mL. The sensitivity of this assay, or Lower Limit of Detection (LLD) was defined as the lowest concentration that could be differentiated from zero.

## Detection Range

47-3000 pg/ml. The assay range was estimated by calculating the coefficient of variation (CV) of each standard constructing five independent standard curves. The standard curve concentrations used for the ELISA's were 3,000 pg/mL, 1,500 pg/mL, 750 pg/mL, 375 pg/mL, 187 pg/mL, 94 pg/mL, 47 pg/mL.

## Important Note:

1. The wash procedure is critical. Insufficient washing will result in poor precision and falsely elevated absorbance readings.

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2. It is recommended that no more than 32 wells be used for each assay run if manual pipetting is used since pipetting of all standards, specimens and controls should be completed within 5 minutes. A full plate of 96 wells may be used if automated pipetting is available.
  3. Duplication of all standards and specimens, although not required, is recommended.
  4. When mixing or reconstituting protein solutions, always avoid foaming.
  5. To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.
  6. To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.

### **Calculation of results**

Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density. Create a standard curve by reducing the data using computer software capable of generating a four parameter logistic (4-PL) curve-fit. As an alternative, construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph. The data may be linearized by plotting the log of the Pancreatic polypeptide concentrations versus the log of the O.D. and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data. If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

### **Storage of test kits and instrumentation**

1. Unopened test kits should be stored at 2-8°C upon receipt and the microtiter plate should be kept in a sealed bag with desiccants to minimize exposure to damp air. The test kit may be used throughout the expiration date of the kit (six months from the date of manufacture). Refer to the package label for the expiration date.
2. Opened test kits will remain stable until the expiring date shown, provided it is stored as prescribed above.
3. A microtiter plate reader with a bandwidth of 10nm or less and an optical density range of 0-3 OD or greater at 450nm wavelength is acceptable for use in absorbance measurement.

### **Precaution**

The Stop Solution suggested for use with this kit is an acid solution. Wear eye, hand, face, and clothing protection when using this material.