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KRIBIOLISA™ Ocrelizumab (OCREVUS™) ELISA

REF : KBI1512

Ver 4.0

RUO

Enzyme Immunoassay for the Quantitative Determination of
Ocrelizumab in human serum and plasma.

RUO	For Research Use Only	REF	Catalog Number
	Store At	LOT	Batch Code
	Manufactured By		Biological Risk
	Expiry Date		Consult Operating Instructions

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KBI1512

96 tests

REF



KRISHGEN BioSystems |

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Introduction:

Cat No#KBI1512,Ver4.0

www.krishgen.com

Ocrelizumab is a CD20-directed cytolytic antibody indicated for the treatment of patients with primary progressive or relapsing forms of multiple sclerosis (MS). It is a second-generation recombinant humanized monoclonal IgG1 antibody that selectively targets B-cells that express the CD20 antigen. Compared to non-humanized CD20 antibodies such as rituximab, ocrelizumab is expected to be less immunogenic with repeated infusions, improving the benefit-to-risk profile for patients with MS. Ocrelizumab was approved by the FDA in March 2017 under the market name Ocrevus for intravenous injection. It was later approved by Health Canada in August 2017, making the drug the first available treatment for PPMS in both the US and Canada

Intended Use:

The KRIBIOLISA™ Ocrelizumab ELISA is used as an analytical tool for quantitative determination of Ocrelizumab in human serum and plasma.

Principle:

The method employs the quantitative sandwich enzyme immunoassay technique. Human CD20 protein is pre-coated onto microwells. Samples and standards are pipetted into microwells and human Ocrelizumab present in the sample are bound. Then, Anti-Human IgG HRP conjugate is pipetted and incubated. After washing microwells in order to remove any non-specific binding, the ready to use substrate solution (TMB) is added to microwells and color develops proportionally to the amount of Ocrelizumab in the sample. Color development is then stopped by addition of stop solution. Absorbance is measured at 450 nm.

Materials Provided:

Part	Description	Qty
Human CD20 protein Coated Microtiter Plate	96 well polystyrene microplate (12 strips of 8 wells) coated with Human CD20 protein.	1 x 96 wells
Ocrelizumab Standard	Recombinant Ocrelizumab in a buffered protein base with protein stabilizer.- (concentrated 30mg/ml, 200ul)	1 vial
Anti-Human IgG HRP conjugate	Anti-Human IgG HRP conjugate conjugated to Horseradish Peroxidase with protein stabilizer and preservatives 0.02% methylisothiazolone and 0.02% bromonitrodioxane.	12 ml
(1X) Sample Diluent	Buffered protein base with protein stabilizer.	2 x 50 ml
(1X) Standard Diluent	Buffered protein base with protein stabilizer and 1:1000 dilution of human serum	10 ml
(20X) Wash Buffer	20-fold concentrated solution of buffered surfactant with preservative thiomersol < 0.01%. May turn yellow over time.	25 ml
TMB Substrate	Stabilized Chromogen	12 ml
Stop Solution	0.73M Phosphoric Acid	12 ml
Instruction Manual		1 no

Materials to be provided by the End-User:

1. Microtiter Plate Reader able to measure absorbance at 450 nm.
2. Adjustable pipettes and multichannel pipettor to measure volumes ranging from 25 ul to 1000 ul
3. Deionized (DI) water
4. Wash bottle or automated microplate washer
5. Standard graph paper or software for data analysis
6. Timer
7. Absorbent Paper

Handling/Storage:

1. All reagents should be stored at 2°C to 8°C for long term stability.
2. All the reagents and wash solutions should be used within 12 months from manufacturing date.
3. Before using, bring all components to room temperature (18-25°C). Upon assay completion ensure all components of the kit are returned to appropriate storage conditions.
4. The Substrate is light-sensitive and should be protected from direct sunlight or UV sources.

Health Hazard Warnings:

1. Reagents that contain preservatives may be harmful if ingested, inhaled or absorbed through the skin.
2. For Research Use Only.



Sample Preparation and Storage:

Blood is taken by venipuncture. Serum is separated after clotting by centrifugation. Plasma can be used, too. Lipaemic, hemolytic or contaminated samples should not be run. Repeated freezing and thawing should be avoided. If samples are to be used for several assays, initially aliquot samples and keep at -20°C.

Preparation before Use:

Allow samples to reach room temperature prior to assay. Take care to agitate patient samples gently in order to ensure homogeneity.

Test Sample preparation - Serum and Plasma samples have to be diluted 1:1000 (v/v), e.g. for 1:1000 (1 ul sample + 999 ul **Sample Diluent**) prior to assay. The samples may be kept at 2 - 8°C for up to three days. Long-term storage requires the samples to be kept at -20°C.

Reagent Preparation (all reagents should be diluted immediately prior to use):

1. Label any aliquots made with the kit Lot No and Expiration date and store it at appropriate conditions mentioned.
2. Bring all reagents to Room Temperature before use.
3. To make **Wash Buffer (1X)**; dilute **25 ml of 20X Wash Buffer in 475 ml of DI water**.
4. **Standards Preparation:** Prepare **Standards** by diluting the Standard Solution as per the below table. Use the Standard Diluent as the Zero Standard (Standard No.0).

Standard Concentration	Standard Vial	Dilution Particulars
30 mg/ml	Original Standard	Original Standard
1 mg/ml	Standard No. 8	20 ul Original Standard + 580 ul Standard Diluent (1X)
500 ug/ml	Standard No.7	500 ul Standard No.8 + 500 ul Standard Diluent (1X)
250 ug/ml	Standard No.6	500 ul Standard No.7 + 500 ul Standard Diluent (1X)
125 ug/ml	Standard No.5	500 ul Standard No.6 + 500 ul Standard Diluent (1X)
62.5 ug/ml	Standard No.4	500 ul Standard No.5 + 500 ul Standard Diluent (1X)
31.25 ug/ml	Standard No.3	500 ul Standard No.4 + 500 ul Standard Diluent (1X)
15.6 ug/ml	Standard No.2	500 ul Standard No. 3 + 500 ul Standard Diluent (1X)
7.8 ug/ml	Standard No.1	500 ul Standard No. 2 + 500 ul Standard Diluent (1X)
0 ug/ml	Standard No.0	Only Standard Diluent (1X)

Procedural Notes:

1. In order to achieve good assay reproducibility and sensitivity, proper washing of the plates to remove excess un-reacted reagents is essential.
2. High Dose Hook Effect may be observed in samples with very high concentrations of Ocrelizumab. High Dose Hook Effect is due to excess of antibody for very high concentrations of Ocrelizumab present in the sample.

3. Avoid assay of Samples containing sodium azide (NaN_3), as it could destroy the HRP activity resulting in under-estimation of the amount of Ocrelizumab.
4. It is recommended that all Standards and Samples be assayed in duplicates.
5. Maintain a repetitive timing sequence from well to well for all the steps to ensure that the incubation timings are same for each well.
6. If the Substrate has a distinct blue color prior to use it may have been contaminated and use of such substrate can lead to compromise of the sensitivity of the assay.
7. The plates should be read within 30 minutes after adding the Stop Solution.
8. Make a work list in order to identify the location of Standards and Samples.

Assay Procedure:

1. It is strongly recommended that all Standards and Samples be run in duplicates or triplicates. A standard curve is required for each assay. All steps must be performed at 37°C
2. Add **100 ul** of **prepared Standards or diluted Samples** into the respective wells.
3. Cover the plate and incubate for 60 minutes at 37°C
4. Aspirate and wash plate 4 times with **Wash Buffer (1X)** and blot residual buffer by firmly tapping plate upside down on absorbent paper. Wipe of any liquid from the bottom outside of the microtiter wells as any residue can interfere in the reading step.
5. Add **100 ul** of **Anti-Human IgG:HRP Conjugate** into each well.
6. Cover the plate and incubate for 60 minutes at 37°C
7. Aspirate and wash plate 4 times with **Wash Buffer (1X)** and blot residual buffer by firmly tapping plate upside down on absorbent paper. Wipe of any liquid from the bottom outside of the microtiter wells as any residue can interfere in the reading step.
8. Add **100 ul** of **TMB Substrate** in each well.
9. Incubate the plate at 37°C for 30 minutes in dark. DO NOT SHAKE or else it may result in higher backgrounds and worse precision. Positive wells should turn bluish in color.
10. Pipette out **100 ul** of **Stop Solution**. Wells should turn from blue to yellow in color.
11. Read the absorbance at 450 nm with a microplate reader.

Calculation of Results:

Determine the Mean Absorbance for each set of duplicate or triplicate Standards and Samples. Using Standard graph paper, plot the average value (absorbance 450nm) of each standard on the Y-axis versus the corresponding concentration of the standards on the X-axis. Draw the best fit curve through the standard points. To determine the unknown Ocrelizumab concentrations, find the unknown's Mean Absorbance value on the Y-axis and draw a horizontal line to the standard curve. At the point of intersection, draw a vertical line to the X-axis and read the Ocrelizumab Concentration. If samples were diluted, multiply by the appropriate dilution factor.

Software which is able to generate a 4PL (2nd order) or cubic spline curve-fit is best recommended for automated results.

Note:

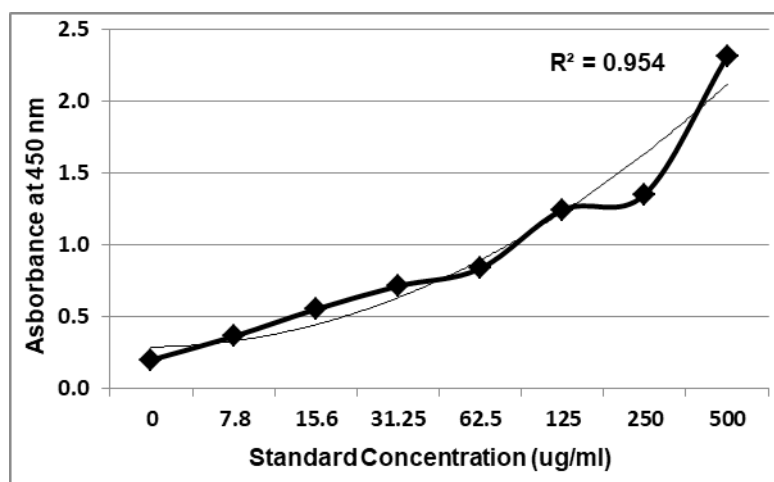
It is recommended to repeat the assay at a different dilution factor in the following cases:

- If the sample absorbance value is below the first standard.
- If the absorbance value is equivalent or higher than the 500 ug/ml standard.

Typical Data

Standard Concentration (ug/ml)	Absorbance A	Absorbance B	Mean Absorbance	Interpolated Concentration	% Interpolated Concentration against Actual Concentration
0	0.199	0.201	0.200	--	--
7.8	0.373	0.353	0.363	6.3	80.8
15.6	0.577	0.527	0.552	18.3	117.3
31.25	0.802	0.626	0.714	38.4	122.9
62.5	0.906	0.766	0.836	61.4	98.2
125	1.280	1.208	1.244	149.9	119.9
250	1.369	1.336	1.352	181.5	72.6
500	2.345	2.279	2.312	539.9	108.0

Typical Graph



Quality Control:

It is recommended that for each laboratory assay appropriate quality control samples in each run to be used to ensure that all reagents and procedures are correct.

Performance Characteristics of the Kit:

This kit has been validated as per EMA/FDA guidelines in line with ICH Code for Harmonization of Biological Assays.

Sensitivity:

Limit of Quantification: It is defined as the lowest concentration of an analyte that can be determined with an acceptable repeatability and the LOQ was found to be 6.5 ug/ml.

Limit Of Detection: It is defined as the lowest detectable concentration corresponding to a signal of Mean of '0' standard plus 2* SD.

10 replicates of '0' standards were evaluated and the LOD was 7 ug/ml.

Specificity:

The antibodies used in the kit are monoclonal antibodies, anti-idiotypic and specific for Ocrelizumab. The calibrators / standards used are calibrated against commercially sourced (OCREVUS).

Precision:

Precision is defined as the percent coefficient of variation (%CV) i.e. standard deviation divided by the mean and multiplied by 100. Assay precision was determined by both intra (n=5 assays) and inter assay (n=5 assays) reproducibility on two pools with low (7.8 ug/ml), medium (125 ug/ml) and high (500 ug/ml)

concentrations. While actual precision may vary from laboratory to laboratory and technician to technician, it is recommended that all operators achieve precision below these design goals before reporting results.

Pool	Intra Assay %CV	Inter Assay %CV
Low	<10%	<10%
Medium	<5%	<5%
High	<5%	<5%

Safety Precautions:

- This kit is **For Research Use only**. Follow the working instructions carefully.
- The expiration dates stated on the kit are to be observed. The same relates to the stability stated for reagents
- Do not use or mix reagents from different lots.
- Do not use reagents from other manufacturers.
- Avoid time shift during pipetting of reagents.
- All reagents should be kept in the original shipping container.
- Some of the reagents contain small amount of sodium azide (< 0.1 % w/w) as preservative. They must not be swallowed or allowed to come into contact with skin or mucosa.
- Source materials maybe derived from human body fluids or organs used in the preparation of this kit were tested and found negative for HBsAg and HIV as well as for HCV antibodies. However, no known test guarantees the absence of such viral agents. Therefore, handle all components and all patient samples as if potentially hazardous.
- Since the kit contains potentially hazardous materials, the following precautions should be observed
 - Do not smoke, eat or drink while handling kit material
 - Always use protective gloves
 - Never pipette material by mouth
 - Wipe up spills promptly, washing the affected surface thoroughly with a decontaminant.
- In any case GLP should be applied with all general and individual regulations to the use of this kit.

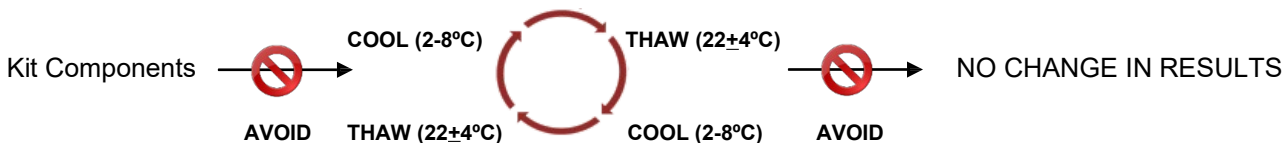


SCHMATIC ASSAY PROCEDURE

1. Remove all components, 30 minutes before adding into the assay plate.



2. Avoid repeated cool-thaw of the components as there will be a loss of activity and this can affect the results.



3. Pipette **100 ul prepared Standards / diluted Samples** into the respective wells.

4. Cover plate and incubate for at 37°C.

5. Aspirate and wash wells 4 times with **Wash Buffer (1X)**.

6. Pipette **100 ul Anti-Human IgG:HRP Conjugate** into each well.

7. Cover plate and incubate for at 37°C

8. Aspirate and wash wells 4 times with **Wash Buffer (1X)**.

9. Pipette **100 ul TMB Substrate** into each well.

10. Cover plate and incubate for at 37°C.

11. Pipette **100 ul Stop Solution** into each well.

12. Read absorbance at 450nm with a microplate reader within of stopping reaction.

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