



## AlphaLISA<sup>®</sup> ANGPT1(Human Detection Kit)

**Product number:** AL3014HV/C/F

Research Use Only. Not for use in diagnostic procedures.

### Product Information

**Application:** This kit is designed for the quantitative determination of Angiotensin 1 (ANGPT1) in serum, buffered solution or cell culture medium using a homogeneous AlphaLISA assay (no wash steps). The assay shows no cross-reactivity with Angiotensin 2, Angiotensin-like 3 and Angiotensin-like 4. Cross-reactivity with other species has not tested.

**Sensitivity:** Lower Detection Limit (LDL): 28.95 pg/mL  
Lower Limit of Quantification (LLOQ): 111.4 pg/mL  
EC<sub>50</sub>: 576 ng/mL

**Dynamic range:** 28.95 – 3,000 000 pg/mL (Figure 1).

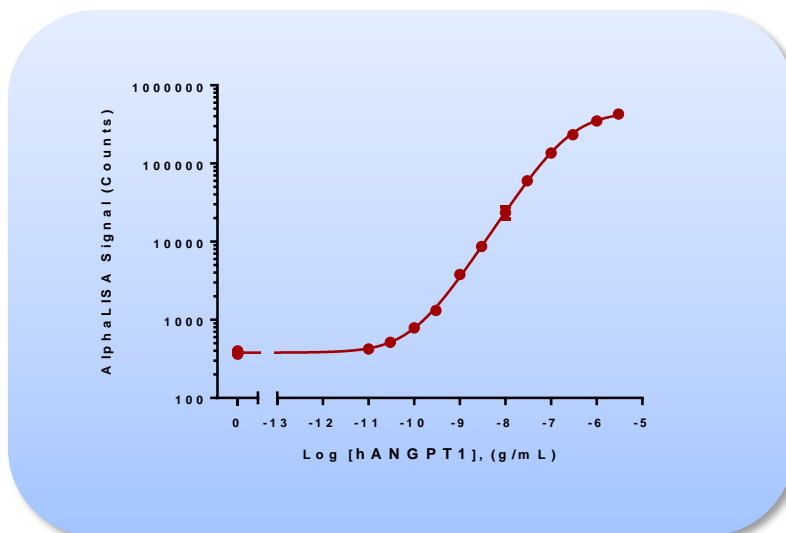


Figure 1. Typical sensitivity curve in AlphaLISA Immunoassay Buffer. The data was generated using a white Optiplate<sup>™</sup>-384 microplate and the EnVision<sup>®</sup> Multilabel Plate Reader 2103 with Alpha option.

**Storage:** Store kit in the dark at +4°C. Store reconstituted analyte at -20°C.

**Stability:** This kit is stable for at least 12 months from the manufacturing date when stored in its original packaging and the recommended storage conditions.

## Analyte of Interest

Angiopoietin belongs to a family of vascular growth factors. There are several angiopoietins: ANGPT1, ANGPT2, ANGPT4 now identified, and a number of closely related proteins: ANGPTL1, ANGPTL2, ANGPTL3, ANGPTL4, ANGPTL5, ANGPTL6, and ANGPTL7. Angiopoietin 1 (Ang-1; also ANGPT1) is a 70 kDa glycoprotein which contains 498 amino acids, including a coiled-coiled domain near the amino-terminus and a fibrinogen-like domain at the C-terminus. It plays a critical role in vessel maturation, adhesion, migration, and survival. This kit has been designed for the detection of Human Angiopoietin 1 in serum and cell culture supernatants.

## Description of the AlphaLISA Assay

AlphaLISA technology allows the detection of molecules of interest in buffer, cell culture media, serum and plasma in a highly sensitive, quantitative, reproducible and user-friendly mode. In an AlphaLISA assay, a Biotinylated Anti-Analyte Antibody binds to the Streptavidin-coated Alpha Donor beads, while another Anti-Analyte Antibody is conjugated to AlphaLISA Acceptor beads. In the presence of the analyte, the beads come into close proximity. The excitation of the Donor beads provokes the release of singlet oxygen molecules that triggers a cascade of energy transfer in the Acceptor beads, resulting in a sharp peak of light emission at 615 nm (Figure 2).

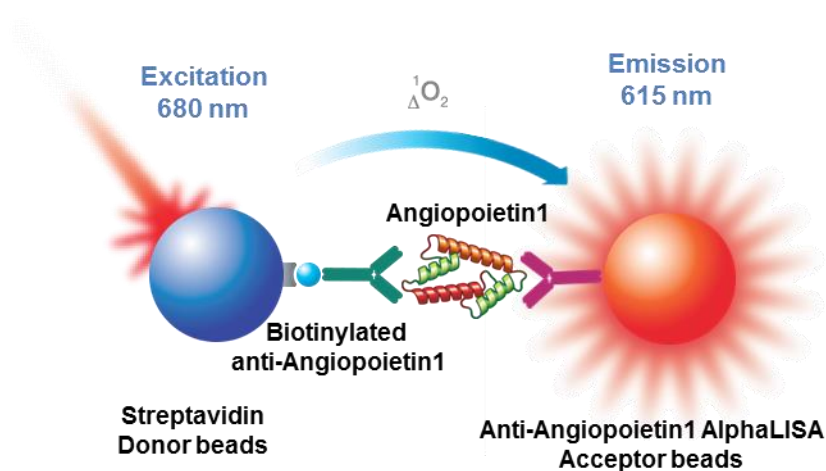


Figure 2. AlphaLISA Assay Principle.

## Precautions

- The Alpha Donor beads are light-sensitive. All the other assay reagents can be used under normal light conditions. All Alpha assays using the Donor beads should be performed under subdued laboratory lighting (< 100 lux). Green filters (LEE 090 filters (preferred) or Roscolux filters #389 from Rosco) can be applied to light fixtures.

- All blood components and biological materials should be handled as potentially hazardous. The analyte included in this kit is from a human source.
- Some analytes are present in saliva. Take precautionary measures to avoid contamination of the reagent solutions.
- The Biotinylated Anti-Analyte Antibody contains sodium azide. Contact with skin or inhalation should be avoided.

## Kit Content: Reagents and Materials

| Kit components   | AL3014HV<br>(100 assay points)                      | AL3014C<br>(500 assay points)                           | AL3014F<br>(5000 assay points)                              |
|--|---|---|---|
| AlphaLISA Anti-ANGPT1<br>Acceptor beads stored in PBS,<br>0.05% Kathon, pH 7.2                         | 20 µL @ 5 mg/mL<br>(1 brown tube, <u>white</u> cap) | 50 µL @ 5 mg/mL<br>(1 brown tube,<br><u>white</u> cap)  | 500 µL @ 5 mg/mL<br>(1 brown tube,<br><u>white</u> cap)     |
| Streptavidin (SA)-coated Donor<br>beads stored in 25 mM HEPES,<br>100 mM NaCl, 0.05% Kathon, pH<br>7.4 | 80 µL @ 5 mg/mL<br>(1 brown tube, <u>black</u> cap) | 200 µL @ 5 mg/mL<br>(1 brown tube,<br><u>black</u> cap) | 2 x 1 mL @ 5 mg/mL<br>(2 brown tubes,<br><u>black</u> caps) |
| Biotinylated Anti-ANGPT1<br>Antibody stored in PBS, 0.1%<br>Tween-20, 0.05% NaN <sub>3</sub> , pH 7.4  | 20 µL @ 500 nM<br>(1 tube, <u>black</u> cap)        | 50 µL @ 500 nM<br>(1 tube, <u>black</u> cap)            | 500 µL @ 500 nM<br>(1 tube, <u>black</u> cap)               |
| Lyophilized Human ANGPT1   | 3 µg<br>(1 tube, <u>clear</u> cap)                  | 3 µg<br>(1 tube, <u>clear</u> cap)                      | 3 µg<br>(1 tube, <u>clear</u> cap)                          |
| AlphaLISA Immunoassay Buffer<br>(10X)  | 2 mL, 1 small bottle                                | 10 mL, 1 medium bottle                                  | 100 mL, 1 large bottle                                      |

\* Reconstitute ANGPT1 in 100 µL Milli-Q® grade H<sub>2</sub>O. The reconstituted analyte should be used within 60 minutes or aliquoted into screw-capped polypropylene vials and stored at -20°C for further experiments. Avoid multiple freeze-thaw cycles. One vial contains an amount of ApoE sufficient for performing 10 standard curves. Additional vials can be ordered separately (cat # AL3014S).

\*\* Extra buffer can be ordered separately (cat # AL000C: 10 mL, cat # AL000F: 100 mL).

\*\*\* The number of assay points is based on an assay volume of 100 µL in 96-well plates or 50 µL in 96- or 384-well assay plates using the kit components at the recommended concentrations.

Sodium azide should **not** be added to the stock reagents. High concentrations of sodium azide (> 0.001 % final in the assay) might decrease the AlphaLISA signal. Note that sodium azide from the Biotinylated Antibody stock solution will not interfere with the AlphaLISA signal (0.0001% final in the assay).

### Specific additional required reagents and materials:

The following materials are recommended:

| Item                                     | Suggested source | Catalog # |
|--|------------------|-----------|
| TopSeal™-A Plus<br>Adhesive Sealing Film | Revvity Inc.     | 6050185   |
| EnVision®-Alpha Reader                   | Revvity Inc.     | -         |

## Recommendations

- The volume indicated on each tube is guaranteed for single pipetting. Multiple pipetting of the reagents may reduce the theoretical amount left in the tube. To minimize loss when pipetting beads, it is preferable not to pre-wet the tip.
- Centrifuge all tubes (including lyophilized analyte) before use to improve recovery of content (2000g, 10-15 sec).  
Re-suspend all reagents by vortexing before use.
- Use Milli-Q® grade H<sub>2</sub>O (18 MΩ·cm) to dilute 10X AlphaLISA Immunoassay Buffer and to reconstitute the lyophilized analyte.
- When diluting the standard or samples, change tips between each standard or sample dilution. When loading reagents in the assay microplate, change tips between each standard or sample addition and after each set of reagents.
- When reagents are added to the microplate, make sure the liquids are at the bottom of the well.
- Small volumes may be prone to evaporation. It is recommended to cover microplates with TopSeal-A Adhesive Sealing Films to reduce evaporation during incubation. Microplates can be read with the TopSeal-A Film.
- The AlphaLISA signal is detected with an EnVision Multilabel Reader equipped with the Alpha option using the AlphaScreen standard settings (e.g. Total Measurement Time: 550 ms, Laser 680 nm Excitation Time: 180 ms, Mirror: D640as, Emission Filter: M570w, Center Wavelength 570 nm, Bandwidth 100 nm, Transmittance 75%).
- AlphaLISA signal will vary with temperature and incubation time. For consistent results, identical incubation times and temperature should be used for each plate.
- The standard curves shown in this technical data sheet are provided for information only. A standard curve must be generated for each experiment. The standard curve should be performed in the AlphaLISA Immunoassay Buffer for serum and/or plasma samples.

## Assay Procedure

IMPORTANT: PLEASE READ THE RECOMMENDATIONS BELOW BEFORE USE

- The protocol described below is an example for generating one standard curve in a 50 µL final assay volume (48 wells, triplicate determinations). The protocols also include testing samples in 452 wells. If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly, as shown in the table below. These calculations do not include excess reagent to account for losses during transfer of solutions or dead volumes.
- The standard dilution protocol is provided for information only. As needed, the number of replicates or the range of concentrations covered can be modified.
- Use of four background points in triplicate (12 wells) is recommended when LDL/LLOQ is calculated. One background point in triplicate (3 wells) can be used when LDL/LLOQ is not calculated.

| Format          | # of data points | Final  | Volume |                          |                       |                | Plate recommendation  |
|-----------------|------------------|--------|--------|--------------------------|-----------------------|----------------|---|
|                 |                  |        | Sample | AlphaLISA Acceptor beads | Biotinylated Antibody | SA-Donor beads |   |
| <b>AL3014HV</b> | 100              | 100 µL | 10 µL  | 20 µL                    | 20 µL                 | 50 µL          | White OptiPlate-96 (cat # 6005290)<br>White ½ AreaPlate-96 (cat # 6005560)  |
| <b>AL3014C</b>  | 250              | 100 µL | 10 µL  | 20 µL                    | 20 µL                 | 50 µL          | White OptiPlate-96 (cat # 6005290)<br>White ½ AreaPlate-96 (cat # 6005560)  |
|                 | 500              | 50 µL  | 5 µL   | 10 µL                    | 10 µL                 | 25 µL          | White ½ AreaPlate-96 (cat # 6005560)<br>White OptiPlate-384 (cat # 6007290)<br>Light gray AlphaPlate™-384 (cat # 6005350) |
|                 | 1 250            | 20 µL  | 2 µL   | 4 µL                     | 4 µL                  | 10 µL          | Light gray AlphaPlate-384 (cat # 6005350)<br>ProxiPlate™-384 Plus (cat # 6008280)<br>White OptiPlate-384 (cat # 6007290)  |
|                 | 2 500            | 10 µL  | 1 µL   | 2 µL                     | 2 µL                  | 5 µL           | Light gray AlphaPlate-1536 (cat # 6004350)  |
| <b>AL3014F</b>  | 5 000            | 50 µL  | 5 µL   | 10 µL                    | 10 µL                 | 25 µL          | White ½ AreaPlate-96 (cat # 6005560)<br>White OptiPlate-384 (cat # 6007290)<br>Light gray AlphaPlate-384 (cat # 6005350)  |
|                 | 12 500           | 20 µL  | 2 µL   | 4 µL                     | 4 µL                  | 10 µL          | Light gray AlphaPlate-384 (cat # 6005350)<br>ProxiPlate-384 Plus (cat # 6008280)<br>White OptiPlate-384 (cat # 6007290)   |
|                 | 25 000           | 10 µL  | 1 µL   | 2 µL                     | 2 µL                  | 5 µL           | Light gray AlphaPlate-1536 (cat # 6004350)  |

**3 Step Protocol (3 incubation steps) – Dilution of standards in 1X AlphaLISA Immunoassay Buffer.** The protocol described below is for one standard curve (48 wells). *If a different amount of samples are tested, the volumes of all reagents have to be adjusted accordingly.*

- 1) Preparation of 1X AlphaLISA Immunoassay Buffer:  
Add 10 mL of 10X AlphaLISA Immunoassay Buffer to 90 mL H<sub>2</sub>O.
- 2) Preparation of ANGPT1 analyte standard dilutions:
  - a. Reconstitute 3 µg lyophilized ANGPT1 with 100 µL of water.
  - b. Prepare standard dilutions as follows in 1X AlphaLISA Immunoassay Buffer (change tip between each standard dilution):

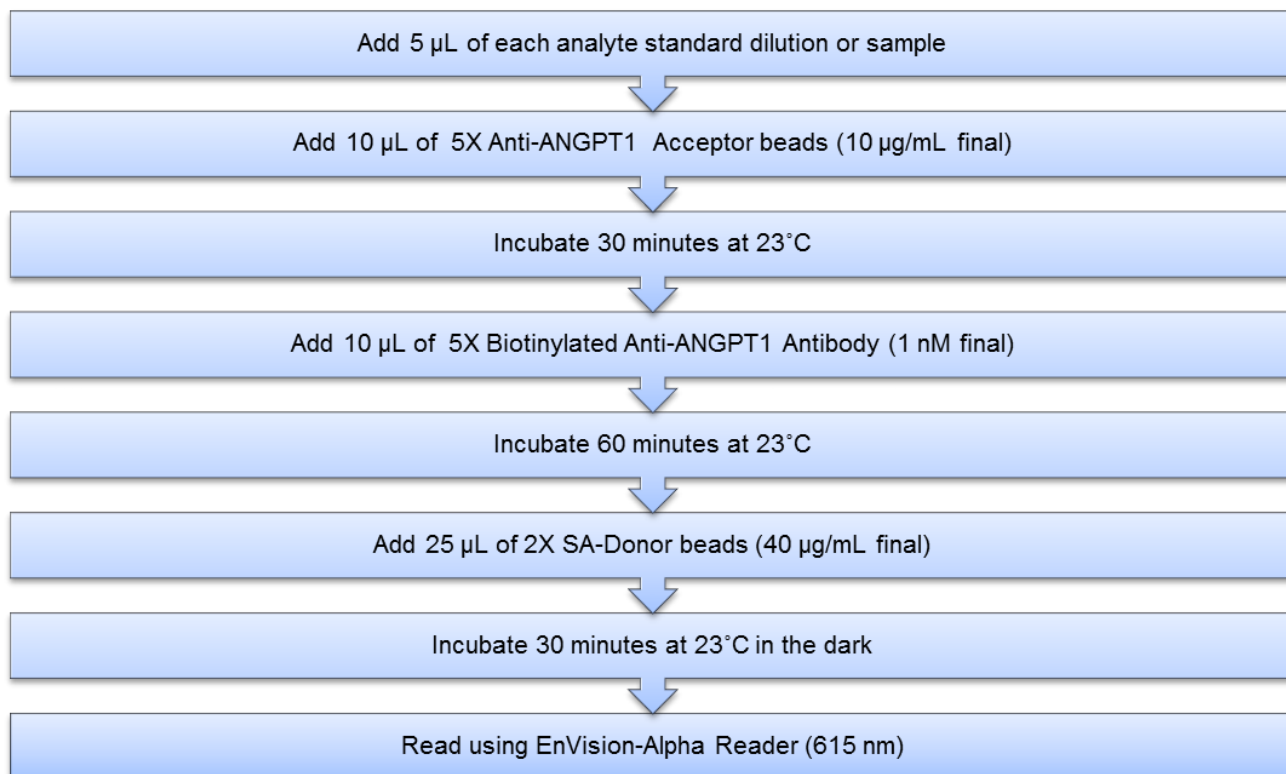
| Tube              | Vol. of ANGPT1 (µL)           | Vol. of diluent (µL)* | [ANGPT1] in standard curve |                 |
|-------------------|-------------------------------|-----------------------|----------------------------|-----------------|
|                   |                               |                       | (g/mL in 5 µL)             | (pg/mL in 5 µL) |
| A                 | 10 µL of reconstituted ANGPT1 | 90                    | 3.00E-06                   | 3,000,000       |
| B                 | 60 µL of tube A               | 120                   | 1.00E-06                   | 1,000,000       |
| C                 | 60 µL of tube B               | 140                   | 3.00E-07                   | 300,000         |
| D                 | 60 µL of tube C               | 120                   | 1.00E-07                   | 100,000         |
| E                 | 60 µL of tube D               | 140                   | 3.00E-08                   | 30,000          |
| F                 | 60 µL of tube E               | 120                   | 1.00E-08                   | 10,000          |
| G                 | 60 µL of tube F               | 140                   | 3.00E-9                    | 3,000           |
| H                 | 60 µL of tube G               | 120                   | 1.00E-9                    | 1,000           |
| I                 | 60 µL of tube H               | 140                   | 3.00E-10                   | 300             |
| J                 | 60 µL of tube I               | 120                   | 1.00E-10                   | 100             |
| K                 | 60 µL of tube J               | 140                   | 3.00E-11                   | 30              |
| L                 | 60 µL of tube K               | 120                   | 1.00E-11                   | 10              |
| M ** (background) | 0                             | 100                   | 0                          | 0               |
| N ** (background) | 0                             | 100                   | 0                          | 0               |
| O ** (background) | 0                             | 100                   | 0                          | 0               |
| P ** (background) | 0                             | 100                   | 0                          | 0               |

\* Dilute standards in diluent (e.g. 1X AlphaLISA Immunoassay Buffer).  
At low concentrations of analyte, a significant amount of analyte can bind to the vial. Therefore, load the analyte standard dilutions in the assay microplate within 60 minutes of preparation.

\*\* Four background points in triplicate (12 wells) are used when LDL is calculated. If LDL does not need to be calculated, one background point in triplicate can be used (3 wells).

- 3) Preparation of 5X Anti-ANGPT1 AlphaLISA Acceptor beads (50 µg/mL)
  - a. Prepare just before use.
  - b. Add 50 µL of 5 mg/mL AlphaLISA Anti-ANGPT1 Acceptor beads to 4950 µL 1X AlphaLISA Immunoassay buffer
- 4) Preparation of 5X Biotinylated Anti-ANGPT1 Antibody (5 nM)
  - a. Prepare just before use.
  - b. Add 50 µL of 500 nM biotinylated Anti-ANGPT1 antibody to 4950 µL of 1X AlphaLISA Immunoassay Buffer.

- 5) Preparation of 2X Streptavidin (SA) Donor beads (80 µg/mL):
  - a. Prepare just before use.
  - b. Keep the beads under subdued laboratory lighting.
  - c. Add 200 µL of 5 mg/mL SA-Donor beads to 12300 µL of 1X AlphaLISA Immunoassay Buffer.
  
- 6) In a white Optiplate (384 wells):



## Data Analysis

- Calculate the average count value for the background wells.
- Generate a standard curve by plotting the AlphaLISA counts versus the concentration of analyte. A log scale can be used for either or both axes. No additional data transformation is required.
- Analyze data according to a nonlinear regression using the 4-parameter logistic equation (sigmoidal dose-response curve with variable slope) and a  $1/Y^2$  data weighting (the values at maximal concentrations of analyte after the hook point should be removed for correct analysis).
- The LDL is calculated by interpolating the average background counts (12 wells without analyte) + 3 x standard deviation value (average background counts + (3xSD)) on the standard curve.
- The LLOQ as measured here is calculated by interpolating the average background counts (12 wells without analyte) + 10 x standard deviation value (average background counts + (10xSD)) on the standard curve. Alternatively, the true LLOQ can be determined by spiking known concentrations of analyte in the matrix and measuring the percent recovery, and then determining the minimal amount of spiked analyte that can be quantified within a given limit (usually +/- 20% or 30% of the real concentration).
- Read from the standard curve the concentration of analyte contained in the samples.
- If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

## Assay Performance Characteristics

AlphaLISA assay performance described below was determined using the 3 step protocol using AlphaLISA Immunoassay Buffer.

- Assay Sensitivity:

The LDL and LLOQ were calculated as described above. The values correspond to the lowest concentration of analyte that can be detected in a volume of 5 µL using the recommended assay conditions.

| LDL (pg/mL) | Buffer/Serum/Medium* | # of experiments |
|-------------|----------------------|------------------|
| 28.95       | IAB                  | 7                |
| 114.49      | DMEM + 10% FBS       | 6                |
| 931.05      | RPMI + 10% FBS       | 6                |

\* The standard was prepared in these diluents. Note that LDL/ LLOQ can be decreased (i.e. sensitivity increased) by preparing standards in different matrixes.

- Assay Precision:

The following assay precision data were calculated from the three independent assays using two different kit lots. In each lot, the analytes were prepared in IAB, DMEM, or RPMI. Each assay consisted of one standard curve comprising 12 data points (each in triplicate) and 12 background wells (no analytes). The assays were performed in 384-well format using IAB.

- Intra-assay precision:

The intra-assay precision was determined using 3 independent experiments for a total of 16 independent determinations in triplicate. CV% were calculated for each individual experiment then averaged. Shown is the average intra-experimental CV%.

| ANGPT1 □ | IAB | DMEM | RPMI |
|----------|-----|------|------|
| CV (%)   | 5   | 4    | 10   |

- Inter-assay precision:

The inter-assay precision was determined using the data across 3 independent experiments with 16 measurements in triplicate. CV% was calculated by comparing the same measurement in each experiment. The CV% for all 16 measurements was then averaged. Shown is the inter-experimental CV%.

| ANGPT1 | IAB | DMEM | RPMI |
|--------|-----|------|------|
| CV (%) | 13  | 7    | 13   |

- Spike Recovery:

Known concentrations of analyte were spiked into IAB, or in cell culture media supplemented with 10% FBS. All samples, including non-spiked buffer or media were measured in the assay. Note that the standard curves were prepared in IAB, DMEM, and RPMI.



| Spiked ANGPT1 (ng/mL) | % Recovery* |      |      |
|-----------------------|-------------|------|------|
|                       | IAB         | RPMI | DMEM |
| 30                    | 94          | 102  | 103  |
| 10                    | 101         | 88   | 102  |
| 3                     | 96          | 103  | 90   |
| 0.1                   | 95          | 85   | 80   |

- Specificity:

Cross-reactivity of the ANGPT1 Kit was tested using the following proteins at 30 ng/mL in IAB.

| Protein       | % Cross-reactivity |
|---------------|--------------------|
| Human ANGPT2  | 0                  |
| Human ANGPTL3 | 0                  |
| Human ANGPTL4 | 0                  |

## Human Serum Experiments

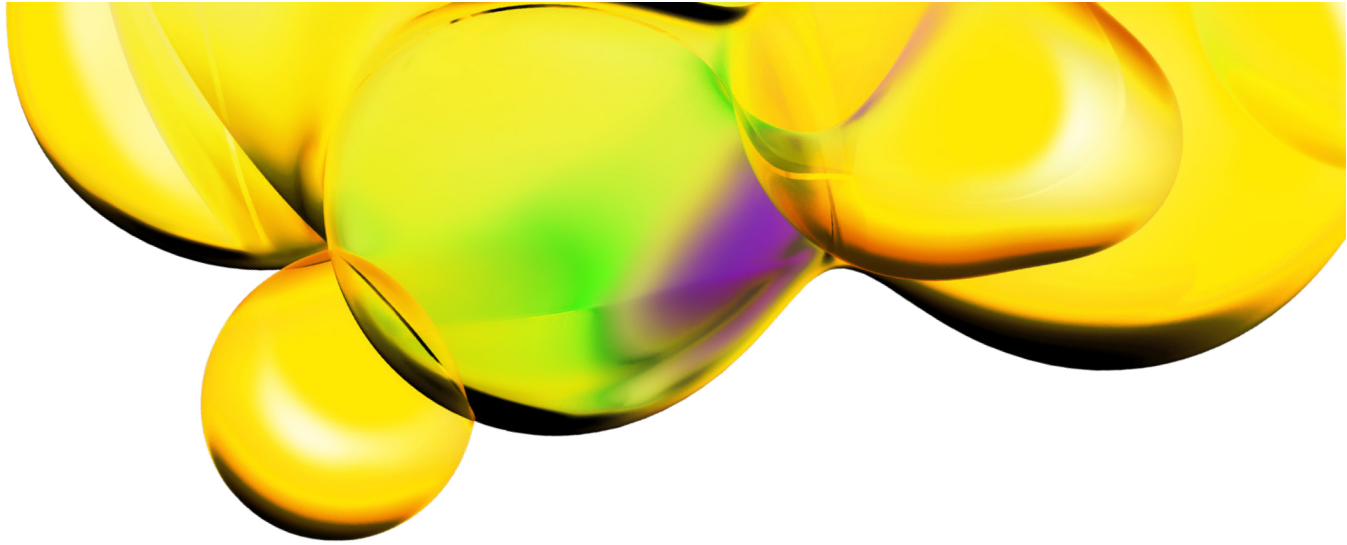
To validate the assay kit, commercially available human serum with unknown concentrations of ANGPT1 was used to examine dilution linearity. Human ANGPT1 (~117 ng/mL) is detected in the human serum. Good dilution linearity is observed when the normal serum is diluted more than 3 fold. The result is the average of the 2 independent experiments.

| Serum Dilution Factor | ANGPT1 Detected (ng/mL) |
|-----------------------|-------------------------|
| 3                     | 98                      |
| 9                     | 110                     |
| 27                    | 134                     |
| 81                    | 128                     |

## Troubleshooting Guide

You will find detailed recommendations for common situations you might encounter with your AlphaLISA Assay kit at: <http://www.revivity.com>

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