

**BIO91**  
**96 Well Plate**



**ARGUTUS MEDICAL**

# **Alpha GST EIA**

**Enzyme Immunoassay**

**Instructions for Use**

**FOR RESEARCH USE ONLY**

**Not for use in Diagnostic Procedures**

## **TABLE OF CONTENTS**

INTENDED USE	3
BACKGROUND	3
ASSAY PRINCIPLE	3
COMPONENTS	4
PRECAUTIONS	5
STABILITY AND STORAGE	6
ADDITIONAL MATERIALS REQUIRED	6
PREPARATION OF REAGENTS	7
SAMPLE COLLECTION	7
SAMPLE HANDLING AND STORAGE	8
SAMPLE PREPARATION	8
ASSAY PROCEDURE	8
CALCULATION OF RESULTS	9
QC CRITERIA	9
PERFORMANCE CHARACTERISTICS	10
EXAMPLE OF CALIBRATION CURVE	12
WARRANTY	12
APPENDIX 1	12
SUMMARY OF ASSAY PROCEDURE	13
INTERPRETATION OF SYMBOLS	13
REFERENCES	14
OTHER ARGUTUS MEDICAL ASSAYS	16

## **INTENDED USE**

The Argutus Medical Alpha GST EIA provides a method for the quantitative determination of alpha glutathione S-transferase ( $\alpha$ GST) in human urine, serum and plasma. To assay  $\alpha$ GST in other media or assay other GST subclasses, please contact Argutus Medical for further information.

## **BACKGROUND**

### **URINE STUDIES**

In kidney, alpha glutathione S-transferase ( $\alpha$ GST) is found in the proximal tubule region whereas Pi glutathione S-transferase ( $\pi$ GST) is confined mainly to the distal tubules<sup>1</sup>. Low levels of  $\alpha$ GST are released into the urine in normal individuals, as confirmed by immunoassay and Western blot analysis<sup>2</sup>. Any event which precipitates proximal tubular damage may cause increased release of  $\alpha$ GST into urine and elevations of urinary  $\alpha$ GST levels have been shown to be indicative of proximal tubule damage in nephrotoxicity<sup>3-5</sup>, environmental toxicity<sup>6</sup>, surgery<sup>7</sup>, acute renal failure<sup>8</sup> and transplantation<sup>9-12</sup>. The release of  $\pi$ GST has been shown to be associated with distal tubular damage<sup>6</sup>, thus simultaneous measurement of  $\alpha$ GST and  $\pi$ GST may allow discrimination between proximal and tubular damage<sup>5, 9-11</sup>.

### **SERUM STUDIES**

In liver, alpha glutathione S-transferase is located in the hepatocytes whereas pi GST ( $\pi$ GST) is confined to the intrahepatic bile duct cells<sup>1, 13-14</sup>. This heterogeneous GST subclass distribution suggests that the isoenzymes have unique *in vivo* functions in different hepatic regions and that the detection of GST subclass levels in biological fluids would be of significant use in monitoring the integrity of specific hepatic regions. Currently, liver injury is studied by the measurement of liver enzymes such as alanine aminotransferase (ALT) and aspartate aminotransferase (AST). A disadvantage of these markers is that they are not distributed uniformly throughout the liver, the periportal concentration being greater than the centrilobular<sup>15</sup>. In contrast,  $\alpha$ GST has been found to be equally distributed in both the centrilobular and periportal regions<sup>13-14</sup>. Since the centrilobular hepatocytes are very susceptible to damage in a variety of conditions including Allograft Rejection<sup>16-18</sup>, Viral Hepatitis<sup>19</sup>, and Hepatotoxicity<sup>20</sup>,  $\alpha$ GST is a more sensitive indicator of hepatic status.

Argutus Medical Alpha GST EIA is a specific, precise immunoassay for  $\alpha$ GST<sup>21,22</sup> and, being a quantitative test, is unaffected by modulators of enzyme activity (e.g. bile salts and bilirubin)<sup>21</sup>. Thus, it is now possible to use  $\alpha$ GST quantitation to study the hepatocellular status of individuals at risk of hepatic damage.

## **ASSAY PRINCIPLE**

Argutus Medical Alpha GST EIA is a quantitative enzyme immunoassay. The test procedure is based on the sequential addition of sample, antibody-enzyme conjugate and substrate to microassay wells coated with anti- $\alpha$ GST IgG. The resultant colour intensity is proportional to the amount of  $\alpha$ GST present in the sample. The assay range is 2.5 – 80  $\mu$ g/L.

## **COMPONENTS**

- |                                                                                                                                                                                        |                                                                                                                                                                                              |         |      |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-----|
| 1. Antibody Coated Microassay Plate<br>96 well (12x8 breakapart well strips coated with IgG directed against $\alpha$ GST)<br>READY TO USE                                             | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">PLA</td></tr></table>                                                                                | PLA     |      |     |
| PLA                                                                                                                                                                                    |                                                                                                                                                                                              |         |      |     |
| 2. Calibrator, 0.2mL (2mg/L)<br>Purified $\alpha$ GST in stabilising diluent containing ProClin 950 and Bronidox L as preservatives.<br>25X CONCENTRATE                                | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">CAL</td></tr></table>                                                                                | CAL     |      |     |
| CAL                                                                                                                                                                                    |                                                                                                                                                                                              |         |      |     |
| 3. Sample Diluent, 30mL<br>Protein containing solution with added stabilizers and ProClin 950 and Bronidox L as preservatives.<br>READY TO USE                                         | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">DIL</td><td style="padding: 2px 10px;">SPE</td><td style="padding: 2px 10px;">1X</td></tr></table>   | DIL     | SPE  | 1X  |
| DIL                                                                                                                                                                                    | SPE                                                                                                                                                                                          | 1X      |      |     |
| 4. Wash Buffer, 45mL<br>Tris-buffered saline/Tween-20 (TBST) containing ProClin 950 as preservative.<br>25X CONCENTRATE                                                                | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">BUF</td><td style="padding: 2px 10px;">WASH</td><td style="padding: 2px 10px;">25X</td></tr></table> | BUF     | WASH | 25X |
| BUF                                                                                                                                                                                    | WASH                                                                                                                                                                                         | 25X     |      |     |
| 5. Positive Control, 1.5mL<br>Purified $\alpha$ GST in stabilising diluent containing ProClin 950 and Bronidox L as preservatives.<br>READY TO USE                                     | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">CONTROL</td><td style="padding: 2px 10px;">+</td></tr></table>                                       | CONTROL | +    |     |
| CONTROL                                                                                                                                                                                | +                                                                                                                                                                                            |         |      |     |
| 6. Enzyme Conjugate, 11mL<br>Antibody solution containing anti- $\alpha$ GST IgG labelled with horseradish peroxidase and ProClin 950 and Bronidox L as preservatives.<br>READY TO USE | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">CONJ</td><td style="padding: 2px 10px;">EN</td><td style="padding: 2px 10px;">1X</td></tr></table>   | CONJ    | EN   | 1X  |
| CONJ                                                                                                                                                                                   | EN                                                                                                                                                                                           | 1X      |      |     |
| 7. Substrate, 11mL<br>Stabilised liquid TMB solution<br>READY TO USE                                                                                                                   | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">SUBS</td><td style="padding: 2px 10px;">TMB</td></tr></table>                                        | SUBS    | TMB  |     |
| SUBS                                                                                                                                                                                   | TMB                                                                                                                                                                                          |         |      |     |
| 8. Stop Solution, 11mL<br>0.5M Sulphuric Acid<br>READY TO USE                                                                                                                          | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">SOLN</td><td style="padding: 2px 10px;">STOP</td></tr></table>                                       | SOLN    | STOP |     |
| SOLN                                                                                                                                                                                   | STOP                                                                                                                                                                                         |         |      |     |
| 9. Urinary Stabilising Buffer (USB), 10mL<br>Protein containing solution with added stabilizers and ProClin 950 and Bronidox L as preservatives.<br>READY TO USE                       | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">BUF</td><td style="padding: 2px 10px;">USB</td></tr></table>                                         | BUF     | USB  |     |
| BUF                                                                                                                                                                                    | USB                                                                                                                                                                                          |         |      |     |
| 10. Instructions for use                                                                                                                                                               | <table border="1" style="border-collapse: collapse;"><tr><td style="padding: 2px 10px;">INS</td></tr></table>                                                                                | INS     |      |     |
| INS                                                                                                                                                                                    |                                                                                                                                                                                              |         |      |     |

## **PRECAUTIONS**

### **SAFETY**

- Argutus Medical Alpha GST EIA is for research use only and not for use in diagnostic procedures.
- Argutus Medical Alpha GST EIA is intended for use by qualified laboratory staff only.
- The Stop Solution contains sulphuric acid, which is corrosive. Avoid contact with the skin and eyes. If contact occurs, rinse off immediately with water and seek medical advice.
- The substrate contains TMB, which may irritate the skin and mucous membranes. Any substrate, which comes in contact with the skin, should be rinsed off with water.
- Dispose of all clinical specimens, infected or potentially infected material in accordance with good laboratory practice. All such materials should be handled and disposed of as though potentially infectious.
- Residues of chemicals, preparations and kit components are generally considered as hazardous waste. All such materials should be disposed of in accordance with established safety procedures.
- Wear protective clothing, disposable latex gloves and eye protection while handling specimens and performing the assay. Wash hands thoroughly when finished.
- Do not pipette materials by the mouth and never eat or drink at the laboratory workbench.
- The components containing ProClin are classified per applicable European Community (EC) Directives as: Irritant (Xi). The following are the appropriate Risk (R) and Safety (S) phrases:
  - R43 May cause sensitization by skin contact.
  - S24 Avoid contact with skin.
  - S35 This material and its container must be disposed of in a safe way.
  - S37 Wear suitable gloves.
  - S46 If swallowed, seek medical advice immediately and show this container or label.

### **PROCEDURAL**

- Argutus Medical recommends that for clinical trial projects, users assay all samples using the same kit lot number for optimal study consistency.
- Do not use kit or individual reagents beyond their expiration date.
- Do not mix or substitute reagents from different kit lot numbers.
- Deviation from the protocol provided may cause erroneous results.
- Performing the assay outside the time and temperature ranges provided may produce invalid results. Assays not falling within the established time and temperature ranges must be repeated.
- Reagent delivery should be aimed at midpoint of the side of the wells, taking care not to scratch the side with the pipette tip.
- Do not allow the wells to dry at any stage during the assay procedure.
- Care must be taken not to contaminate components and always use fresh pipette tips for each sample and component.
- Do not use reagents that are cloudy or that have precipitated out of solution.
- High quality distilled or deionised water is required for the Wash Buffer. The use of poor quality or contaminated water may lead to background colour in the assay.
- Allow all reagents to come to room temperature (20-25°C) and mix well prior to use.

- Avoid leaving reagents in direct sunlight and/or above 2-8°C for extended periods.
- Always use clean, preferably disposable, glassware for all reagent preparation.
- Ensure that the upper surface of the wells free of droplets before adding the next reagent. Drops should be gently blotted dry on completion of the procedural step.
- Ensure that the bottom surface of the plate is clean and dry before reading.
- Before commencing the assay, an identification and distribution plan should be established.

### **STABILITY AND STORAGE**

1. All kit reagents should be stored at 2-8°C and are stable as supplied until the expiry date shown.
2. Microassay wells should be stored in the sealed foil pouch with desiccants at 2-8°C until required for use. Return unused wells to the storage pouch together with desiccants.
3. Alpha GST Calibrators must be used within 30 minutes of preparation.
4. Prepared Wash Buffer (TBST) is stable at room temperature for 2 weeks or 2-8°C for 1 month.

### **ADDITIONAL MATERIALS REQUIRED**

1. Micropipettes and a multichannel pipette
2. Microassay strip washing system
3. ELISA plate reader capable of measuring at 450nm with reference at 630nm if available
4. Timer
5. Liquid trough
6. Graduated cylinder
7. Test tubes
8. Deionised/distilled water
9. Plate shaker
10. Room temperature incubator

**PREPARATION OF REAGENTS****1. WASH BUFFER (TBST)**

Perform a 1/25 dilution of Wash Concentrate by adding, for example, 20mL 25X Wash Concentrate to 480mL deionised water as required. Prepare only the volume of Wash Buffer required for the assay. Each strip of 8 wells requires 25mL Wash Buffer.

**2. CALIBRATORS**

Prepare Calibrator (A) from the  $\alpha$ GST stock solution as follows:

Stock:	40 $\mu$ L
Sample Diluent:	960 $\mu$ L
Total:	1000 $\mu$ L @ 80 $\mu$ g/L (A)

Mix Calibrator (A) by vortexing for 5 - 10 seconds. Using labelled tubes prepare further calibrators as follows:

$\alpha$ GST Calibrator Concentration ( $\mu$ g/L)	Calibrator Volume ( $\mu$ L)	Sample Diluent Volume ( $\mu$ L)
80 (A)	300 (A)	0
40 (B)	300 (A)	300
20 (C)	300 (B)	300
10 (D)	300 (C)	300
5 (E)	300 (D)	300
2.5 (F)	300 (E)	300
0 (G)	0	300

**SAMPLE COLLECTION****URINE**

Argutus Medical Alpha GST EIA can be used to measure  $\alpha$ GST in any urine sample but, due to the diurnal variation in proteinuria<sup>23</sup>, it is important for optimal results that timed, quantitative, urine samples are collected and the collection period and volume recorded. This will enable  $\alpha$ GST excretion to be expressed as rate (ng/min), refer to Appendix I. Overnight or 24 hour urine samples are recommended. For the use of other collection methods and periods, contact Argutus Medical for advice.

As soon as possible after sample collection, add 100 $\mu$ L of Urine Stabilising Buffer to 400 $\mu$ L urine (4/5 dilution of sample), even if the samples are not to be stored. The presence of blood will not affect  $\alpha$ GST measurements.

**SERUM / PLASMA**

Argutus Medical Alpha GST EIA can be used to measure  $\alpha$ GST in serum, EDTA or sodium-heparin plasma samples.

Collect all blood samples in an appropriate tube and observe routine precautions for venipuncture. Mix the tube immediately after collection by inverting several times. Centrifuge within 3 hours from time of collection and transfer the sample from the original tube for storage at 2-8°C. If not tested within 24 hours, aliquot the sample and store at -20°C or -80°C. Inspect samples for turbidity. Turbid samples should be centrifuged and aspirated again to remove remaining insoluble matter.

## **SAMPLE HANDLING AND STORAGE**

### **URINE**

Do not store urine samples without the addition of Urinary Stabilising Buffer (USB). USB must be added within 12 hours of sample collection. It is recommended that's samples are assayed as a soon as possible after collection. However, after the addition of USB, samples can be stored at 20-25°C for up to 48 hours, at 2-8°C for up to 1 week or at -20°C for >1 year. Repeated freeze thawing of samples should be avoided to prevent loss of αGST (up to 20% drop in αGST concentration observed after 3 freeze-thaw cycles as measured by EIA).

### **SERUM / PLASMA**

Serum and plasma samples can be stored at 20-25°C for up to 48 hours, at 2-8°C for up to 1 week or at -20°C for >1 year. Repeated freeze thawing of samples should be avoided to prevent loss of αGST (up to 20% drop in αGST concentration observed after 3 freeze-thaw cycles as measured by EIA).

## **SAMPLE PREPARATION**

### **URINE**

Immediate prior to the assay, dilute samples 1/2 by adding 125µL stabilized urine sample to 125µL Sample Diluent.

### **SERUM / PLASMA**

Immediate prior to the assay, dilute samples dilute 1/5 by adding 50µL sample to 200µL Sample Diluent.

**NOTE:** If multiple sample additions (>10 duplicate samples) are to be undertaken then, to facilitate transfer to the assay plate, samples can be diluted in a blank microassay plate.

### **POSITIVE CONTROL**

The positive control sample does not require dilution.

## **ASSAY PROCEDURE**

**NOTE:** All reagents should be allowed to reach room temperature prior to commencement of assay.

### **1. SAMPLE/CALIBRATOR INCUBATION**

- 1.1. Prepare Wash Buffer and Calibrators as described in "Preparation of Reagents".
- 1.2. Prepare Samples as described in "Sample Preparation".
- 1.3. Place required number of microassay wells in the assay plate (14 for the calibrators plus 2 for each of the controls and samples). Add Calibrators (G-A; equivalent to 0-80µg/L), Positive Control and diluted samples in duplicate (100µL/well), to the microassay plate.
- 1.4. Cover the microassay plate and incubate at room temperature (20-25°C) for 60 ± 2 minutes with uniform shaking (350 ± 10rpm).

- 1.5. Remove cover and wash each strip 4 times with Wash Buffer (250µL - 350µL/well). When complete, firmly tap the plate against a paper towel to ensure complete removal of Wash Buffer from wells. Note: Either automated or manual washing is acceptable.

## 2. CONJUGATE INCUBATION

- 2.1. Add 100µL Conjugate/well.
- 2.2. Again cover the microassay plate and incubate at room temperature (20-25°C) for  $30 \pm 2$  minutes with uniform shaking ( $350 \pm 10$ rpm).
- 2.3. Wash each strip as in Step 1.5.

## 3. COLOUR DEVELOPMENT

- 3.1. Add 100µL Substrate/well using a multichannel pipette and incubate at room temperature in the dark for 15 minutes exactly with NO shaking.

## 4. STOP

- 4.1. Add 100µL Stop Solution/well using a multichannel pipette. Ensure complete mixing of Substrate and Stop Solution.
- 4.2. Read immediately at 450nm using 630nm as reference (if available).

## CALCULATION OF RESULTS

1. Calculate the mean absorbance for each sample.
2. Plot a Calibration curve of  $A_{450/630nm}$  versus [αGST] (µg/L) (4-parameter plot, see Figure 1).
3. Read the [αGST] (µg/L) indicated by the mean absorbances of the samples from the calibration curve.
4. Multiply the calculated [αGST] by the appropriate dilution factor in order to obtain the actual [αGST]. Results for stabilised urine samples should be multiplied by an additional factor of 1.25 to compensate for the dilution of sample with Urinary Stabilising Buffer.
5. The concentration for the Positive Control is read directly from the curve.
6. Concentrations of samples with readings outside the standard curve are invalid and must be repeated with a higher dilution factor. It is not acceptable to extrapolate data.

## QC CRITERIA

The Positive Control must always be included to assess the validity of the test results. Results are considered valid if the value of the Positive Control is within the range specified on the inside of the box lid. If the control is out of its specified range, the associated test results are invalid and must be re-tested.

## LIMITATIONS OF USE

Results must be correlated with the subject's clinical profile and other clinical laboratory results.

## **REFERENCE RANGES**

Samples were obtained from apparently healthy donors without any clinical abnormal indications.  $\alpha$ GST levels were determined using the Argutus Medical Alpha GST EIA in order to establish the  $\alpha$ GST concentration in the normal population.

The reference interval (5<sup>th</sup> to 95<sup>th</sup> percentiles) for Argutus Medical Alpha GST EIA is 0-29.0 $\mu$ g/L in urine (n=120). The reference interval (5<sup>th</sup> to 95<sup>th</sup> percentiles) for Argutus Medical Alpha GST EIA is 0-12.0 $\mu$ g/L in serum (n=120). The reference intervals reflect the donor population of this study group. It is recommended that each laboratory determine their own reference range appropriate for their population.

## **PERFORMANCE CHARACTERISTICS**

### **MEASURING RANGE**

The calibration curve range is 2.5 - 80 $\mu$ g/L, which is equivalent to 6.25 - 200 $\mu$ g/L in stabilised urine samples diluted 1/2 in Sample Diluent or 12.5 - 400 $\mu$ g/L in serum/plasma samples diluted 1/5 in Sample Diluent.

### **PRECISION**

A 10-day precision study was performed on the Argutus Medical Alpha GST EIA based on guidance from the Clinical and Laboratory Standards Institute (CLSI) Document EP15-A2. Testing was performed on site using two lots of Argutus Medical Alpha GST EIA and 4 different operators. Three pools with endogenous  $\alpha$ GST and four control samples spiked with  $\alpha$ GST were assayed in duplicate at two separate times per day for 10 days. The data is summarized in the following tables:

Sample	n	Mean ( $\mu$ g/L)	Repeatability		Between-Run		Between-Day		Within-Laboratory	
			SD	%CV	SD	%CV	SD	%CV	SD	%CV
Low Urine Pool	40	24.0	0.52	2.2	2.05	8.5	0.87	3.6	2.28	9.5
Medium Urine Pool	40	43.8	1.10	2.5	2.51	5.7	1.23	2.8	3.01	6.9
High Urine Pool	40	195.4	5.06	2.6	11.84	6.1	12.64	6.5	18.05	9.2
High Plasma Control	40	1581.6	86.05	5.4	89.91	5.7	232.14	14.7	263.39	16.7
Low Urine Control	40	15.3	0.36	2.4	1.00	6.6	0.00	0.0	1.07	7.0
Medium Urine Control	40	41.5	0.48	1.2	2.46	5.9	0.22	0.5	2.51	6.1
High Urine Control	40	75.0	1.72	2.3	4.38	5.8	0.00	0.0	4.71	6.3

### LINEARITY UPON DILUTION

Sample pools with  $\alpha$ GST concentrations ranging from 15.4 $\mu$ g/L to 15400 $\mu$ g/L were serially diluted with Argutus Medical Alpha GST EIA Sample Diluent and assayed.  $\alpha$ GST recovery was calculated at each dilution tested as follows: % recovery = (measured concentration/mean concentration) x 100. Recovery of  $\alpha$ GST was found to be 100 $\pm$ 10% (serum 92-109%, EDTA plasma 94-105%, heparin plasma 93-110% and stabilised urine 91-107%).

### SPECIFICITY

Argutus Medical Alpha GST EIA is highly specific for the detection of  $\alpha$ GST. No cross-reactivity was observed with mu GST at 500 $\mu$ g/L, or pi GST at 500 $\mu$ g/L.

### SENSITIVITY

The limit of detection (LoD) of Argutus Medical Alpha GST EIA was estimated from 60 blank sample measurements and 60 replicates of low-level sample measurements as per CLSI Document EP17-A. The limit of detection was found to be 1.9 $\mu$ g/L  $\alpha$ GST, which corresponds to 4.75 $\mu$ g/L in a stabilised urine sample diluted 1/2 or 9.5 $\mu$ g/L in a serum/plasma sample diluted 1/5.

### INTERFERENCE

Potentially interfering endogenous substances were evaluated to determine their affect on  $\alpha$ GST recovery using Argutus Medical Alpha GST EIA. The endogenous substances listed below were spiked into urine and serum pools with endogenous  $\alpha$ GST concentrations of  $\sim$ 300 $\mu$ g/L. The samples were assayed and the measured  $\alpha$ GST concentrations of the pools with each interferent were expressed as a percentage of the control sample without spiked interferent. The percentage interference was calculated by subtracting the observed recovery from the target recovery (100%). The data is summarised in the following table:

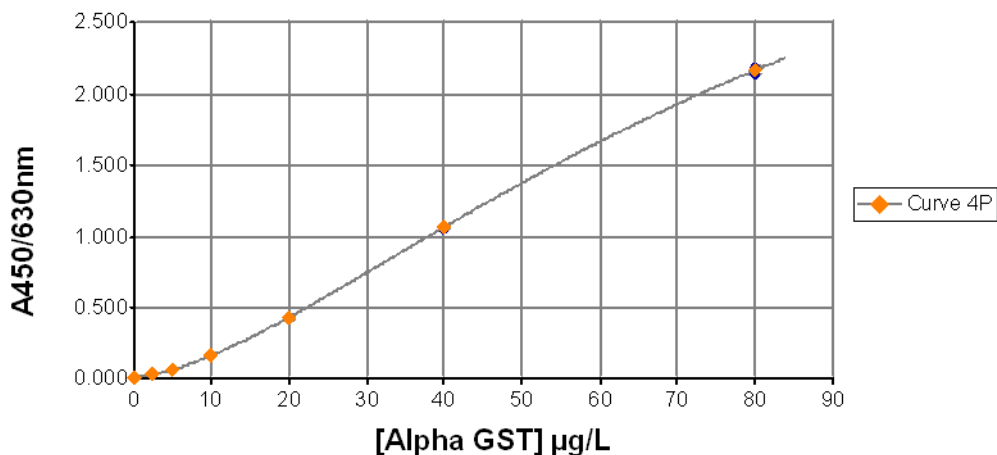
Interferent	Interferent Conc. (mg/dL)	Interference in Urine	Interference in Serum
Bilirubin (conjugated)	20	0%	0%
Bilirubin (unconjugated)	20	0%	0%
Haemoglobin	2000	<10%	0%
Albumin	6000	0%	0%
Intralipid*	1500	<5%	0%
Human IgG	4	0%	0%
Tamm-Horsfall Protein**	5	<22%	-

\*Performed with 20% intralipid.

\*\*<23% interference with spiked level of 5mg/dL Tamm-Horsfall protein (THP). However, the endogenous concentration of the urine sample pool used for testing was unknown. The average THP concentration in healthy subjects is estimated at 6.1 – 9.0 mg/dL<sup>24</sup> and thus, the final concentration is likely to be in excess of 11.1mg/dL.

No significant interference was observed in this assay with EDTA up to 3.4µmol/L or sodium heparin up to 3,000U/L. Studies also indicated that samples with rheumatoid factor do not cause interference.

### **EXAMPLE OF CALIBRATION CURVE**



**Figure 1.** Typical Calibration curve obtained using ARGUTUS MEDICAL ALPHA GST EIA. 4-parameter plot of A<sub>450/630nm</sub> versus [αGST] µg/L. Assay range is 2.5-80 µg/L αGST.

### **WARRANTY**

The performance data presented here was obtained using the procedure described. Any change or modification of the procedure, not recommended by Argutus Medical, may affect the results, in which case Argutus Medical disclaims all warranties, expressed, implied or statutory, including implied merchantability and fitness for use. In the case of such an event, Argutus Medical shall not be liable for damages, direct or consequential.

### **APPENDIX 1**

#### **EXPRESSING αGST RELEASE RATE**

Excretion of αGST is constant with time, not urine volume. This means that it may be more relevant to express αGST release in terms of rate (ng/min) rather than concentration. This can be important in situations of unusual diuresis, such as oligo or polyuria. The rate of release is obtained as follows:

#### **URINE COLLECTION**

Collect urine samples as described in “Sample Collection”. Note the time of urination (T<sub>2</sub>), time of the previous urination (T<sub>1</sub>) and the total urine volume (V).

#### **CALCULATION OF αGST EXCRETION RATE**

1. Determine urinary αGST levels (µg/L) using ARGUTUS MEDICAL ALPHA GST EIA.
2. Calculate the period over which the urine was collected (T = T<sub>2</sub> - T<sub>1</sub>) in minutes.
3. Note the urine volume in mL (V).
4. Calculate the rate of release as follows:

$$\text{ng } \alpha\text{GST}/\text{min} = \frac{[\alpha\text{GST}] \mu\text{g}/\text{L} \times V}{T}$$

## **SUMMARY OF ASSAY PROCEDURE**

### **1. SAMPLE/CALIBRATOR INCUBATION**

- 1.1. Prepare Wash Buffer and Calibrators.
- 1.2. Prepare Samples
- 1.3. Place microtitre wells in the assay plate. Add Calibrators, Positive Control and diluted samples (**100µL/well**), in duplicate, to the microtitre plate.
- 1.4. Cover the microassay plate and incubate at room temperature (20-25°C) for **60 ± 2 minutes** with uniform shaking.
- 1.5. Remove cover and wash each strip 4 times with Wash Buffer (**250µL-350µL/well**).

### **2. CONJUGATE INCUBATION**

- 2.1 Add **100µL** Conjugate/well.
- 2.2 Again cover the microassay plate and incubate at room temperature (20-25°C) for **30 ± 2 minutes** with uniform shaking.
- 2.3 Wash each strip as in Step 1.5

### **3. COLOUR DEVELOPMENT**








- 3.1. Add **100µL** Substrate/well and incubate at room temperature for 15 minutes exactly.

### **4. STOP**

- 4.1. Stop the reaction by adding **100µL** Stop Solution/well. Ensure complete mixing of Substrate and Stop Solution.
- 4.2. Read immediately at 450nm using 630nm as reference (if available).

### **5. CALCULATE RESULTS**

## **INTERPRETATION OF SYMBOLS**

Positive Control Range	
Batch code	
Catalogue Number	
Temperature limitation	
Use by end of	
Manufacturer	
Biohazardous	

## **REFERENCES**

1. **Campbell, J.A.H. et al.** (1991). Immunohistologic localization of alpha, mu and pi class glutathione S-transferase in human tissues. *Cancer (Philadelphia)* **67 (6)**, 1608-1613.
2. **Hassett, B. and Doyle, S.** (1995). Biotrin International internal research.
3. **Goldberg, M.E. et al.** (1999). Dose of compound A, not sevoflurane, determines changes in the biochemical markers of renal injury in healthy volunteers. *Anesthesia and Analgesia* **88(2)**, 437-445.
4. **Eger II, E.I. et al.** (1997). Nephrotoxicity of sevoflurane versus desflurane anesthesia in volunteers. *Anesthesia and Analgesia* **84**, 160-168.
5. **Kirby K.B. et al.** (1997). Urinary glutathione transferase as an early marker of renal impairment in psoriasis patients treated with Cyclosporin A (CsA). Paper presented at the XIVth International Congress of Nephrology 25-29 May 1997, Sydney, Australia.
6. **Sundberg, A.G.M. et al.** (1994). Glutathione transferases in the urine: sensitive methods for detection of kidney damage induced by nephrotoxic agents in humans. *Environmental Health Perspectives* **102 (Suppl 3)**, 293-296.
7. **Cressey G et al.** (2002). Renal tubular injury after infrarenal aortic aneurysm repair. *Journal Cardiothoracic and Vascular Anesthesia* **16(3)**, 290-3.
8. **Cakalaroski, K. et al.** (1999).  $\alpha$ - glutathione S transferases as markers of tubular cell dysfunction in acute renal failure patients. Abstract from the Third Congress of the Balkan Cities Association of Nephrology, Dialysis and Artificial Organs (BANTAO) Belgrade, Yugoslavia, 1998. *Nephrol. Dial. Transplant* **14**, 2978.
9. **Sundberg, A.G.M. et al.** (1994). Quantitation of glutathione transferase-pi in the urine by radioimmunoassay. *Nephron* **66(2)**, 162-169.
10. **Stegeman, C.A. et al.** (1996). Differential diagnosis of early graft dysfunction by urinary excretion of  $\alpha$ GST **7(9)**, 1986.
11. **Kievit, J.K. et al.** (1997). Release of alpha-glutathione S-transferase ( $\alpha$ GST) and pi-glutathione S-transferase ( $\pi$ GST) from ischemic damaged kidneys into the machine perfusate - relevance to viability assessment *Transplantation Proceedings* **29(8)**, 3591-3593.
12. **Daeman, J.W.H.C. et al.** (1997). Glutathione S-transferase as predictor of functional outcome in transplantation of machine-preserved non-heart beating donor kidneys. *Transplantation* **63(1)**, 89-93.
13. **Sundberg, A.G. et al.** (1993). Immunohistochemical localisation of alpha and pi class glutathione transferases in normal human tissues. *Pharmacology and Toxicology* **72(4-5)**, 321- 331.
14. **Manning, F. et al.** (1995). Argutus Medical International Internal Research.
15. **Beckett, G. J. and Hayes, J.D.** (1993) Glutathione S-transferases: biomedical applications. *Advances in Clinical Chemistry* **30**, 281-380.
16. **Trull. A.K. et al.** (1994). Serum alpha-glutathione S-transferase: a sensitive marker of hepatocellular damage associated with acute liver allograft rejection. *Transplantation* **58(12)**, 1345-51.
17. **Platz K.P. et al.** (1997). Determination of alpha- and Pi-glutathione-S-transferase will improve monitoring after liver transplantation. *Transplant Proc.* **29 (7)**, 2827-2829.
18. **Hughes, V.F. et al.** (1997) Randomized trial to evaluate the clinical benefits of serum  $\alpha$ -glutathione S-transferase concentration monitoring after liver transplantation. *Transplantation* **64(10)**, 1446-1452.

19. **Nelson D.R. et al.** (1995). alpha-glutathione S-transferase as a marker of hepatocellular damage in chronic hepatitis C virus infection. *Am. J. Clin. Pathol.* **104(2)**, 193-198.
20. **Murray, J. M. et al.** (1992). Indocyanine green clearance and hepatic function during and after prolonged anaesthesia: comparison of halothane with isoflurane *Br. J. Anaesth.* **68(2)**, 168-171.
21. **Rees, G.W. et al.** (1995). Evaluation of an enzyme-immunometric assay for serum alpha-glutathione S-transferase. *Ann. Clin. Biochem.* **32**, 575-583.
22. **Doyle, S. et al.** (1994). Detection of serum  $\alpha$  glutathione S-transferase by enzyme immunoassay. International Symposium on Liver and Drugs, Bratislava, Slovakia.
23. **Jung, K.** (1994). Urinary enzymes and low molecular weight proteins as markers of tubular dysfunction. *Kidney International Suppl.* **47**, S29-33.
24. **Lau, W-H. et al.** (2008). Qualification and application of an ELISA for the determination of Tamm Horsfall protein (THP) in human urine and its use for screening of kidney stone disease. *Journal of Biological Sciences* **4(4)**, 215-22.

## ANIMAL ORGAN DAMAGE BIOMARKERS

Catalogue No.	Product Description	Assay Format
R-RENA-E-001	Rat Urinary Kim-1 EIA	96 Well EIA
R-RENA-E-005	Rat Urinary Kim-1 EIA	480 Well EIA
R-RENA-25	Rat Urinary Kim-1 strip™ test	25 strips
R-RENA-50	Rat Urinary Kim-1 strip™ test	50 strips

## HUMAN ORGAN DAMAGE BIOMARKERS

Catalogue No.	Product Description	Assay Format
BIO85	Pi GST EIA	96 Well EIA
H-RENA-E-001	Urinary KIM-1 EIA	96 Well EIA
H-RENA-E-005	Urinary KIM-1 EIA	480 Well EIA
H-RENA-25	Urinary KIM-1 strip™ Kit	25 strips
H-RENA-50	Urinary KIM-1 strip™ Kit	50 strips
Z-001	Urinary L-FABP EIA	96 Well EIA
BIO83	Urinary Collagen IV EIA	96 Well EIA
BIO85STB	Urine Stabilising Buffer	10 mL
BIO85STBC	Custom Filled Urine Stabilising Buffer Tubes	1 mL
BIO82	Serum Collagen IV EIA	96 Well EIA
BIO90	NGAL	2 x 96 Well EIA
BIO81DNA	OxyDNA Test	50 Determinations



**ARGUTUS MEDICAL**

**Argutus Medical LTD.,  
Unit 9 Trinity Technology & Enterprise Campus,  
Pearse Street, Dublin 2, Ireland  
Tel: +353 1 670 8576  
Fax: +353 1 670 8575  
info@argutusmed.com  
http://www.argutusmed.com**

Document Code: ALPHA-91-01  
07/2011