Human urokinase (u-PA) is an enzyme synthesized by and released from numerous cell types which functions as an activator of the fibrinolytic enzyme system. Its ability to lyse fibrin clots makes it useful as an effective thrombolytic agent in research related to disease states such as pulmonary embolism and localized thrombosis. Several malignant tumors, especially those of the urogenital and gastrointestinal tracts, have been shown to produce increased quantities of urokinase. Research has furthermore shown that the u-PA-content in extracts from malignant tissues such as mammary carcinoma negatively correlates with the prognosis of the disease.

#### **APPLICATION**

The u-PA ELISA can be used to detect elevated u-PA antigen levels. The u-PA antigen ELISA can also be used for determination of u-PA antigen in tissue extracts, such as from breast cancer.

#### **TEST PRINCIPLE**

The TECHNOZYM u-PA test is a solid phase enzyme immunoassay.

#### **SPECIFICITY**

The TECHNOZYM u-PA ELISA measures single and double-chain urokinase as well as urokinase-serpin complexes. It is unaffected by and does not recognize other plasminogen activators. This test system measures u-PA quantities from 0.6-10 ng/mL. The normal u-PA value in plasma is 1.8  $\pm$  0.6 ng/mL. Inter- and intra-assay variations are less than 10 % and 5 %, respectively.

#### **TEST SAMPLES**

Use fresh EDTA or citrated plasma samples. The total time between blood collection and plasma freezing should not exceed 90 min. Thawing and refreezing of plasma aliquots is not recommended. Thawing for assay is achieved rapidly using a water bath at 37° C. After thawing plasma samples are placed in a crushed ice-water mixture until analysis. U-PA antigen can also be determined in serum; the values obtained do not differ significantly from those determined in plasma.

Haemolytic and lipemic plasma may be used. In no case may plasma samples be used if any evidence of coagulation is seen. If only citrate plasma is available for testing, EDTA must be added to a 5 mM end-concentration before testing (1.86 mg EDTA/mL plasma).

### KIT COMPONENTS

### 1. PLATE + PLATE COVER

12x8 well microtiter strips precoated with a monoclonal anti-u-PA antibody and blocked with 1 % bovine serum albumin (BSA), lyophilised.

#### 2. STANDARD

1x lyophilized u-PA, calibrated against the WHO International Standard for High Molecular Weight Urokinase

Concentrations are lot-dependent; consult batch table or label on the vial

### 3. POX-ANTIBODY

1x conjugated polyclonal anti u-PA antibody (concentrated). (TC-Code AN).

# 4. POX DILUTION BUFFER – (white cap)

2x 12ml PBS, 1% BSA Ready to use

### 5. **DILUTION BUFFER** – (white cap)

1 x 20 ml 2.5x concentrated (PBS, 1 % BSA, 20 mM EDTA, 10 KIU/ml aprotinin, 20 mM Benzamidine)

## 6. SUBSTRATE - (green cap)

1x 12 mL TMB (Tetramethylbenzidine) in substrate buffer containing  $H_2O_2$ . Ready to use.

#### 7. STOP SOLUTION - (red cap)

1x 15 mL 0.5 M Sulphuric Acid. Ready to use

## 8. WASHING BUFFER – concentrate

1x80 ml (PBS pH 7,3) containing detergent, 0,01 % merthiolate

Kit storage: Store all components at 2... 8 °C.

- 1. Micropipettes and a multichannel micropipette; pipette tips.
- 2. Glass or plastic test tubes for diluting the standard + samples.
- Laboratory bottles or beakers and graduated cylinders for diluting wash and dilution buffer.
- 4. Distilled or deionised water.
- Absorbent paper towels.
- Microtiter plate washer (alternatively, washing can be performed manually using a multichannel pipette or repeating syringe).
- A microtiter reader equipped with a 450 nm filter and, if possible, a 620 nm reference filter.
- 8. A 37 ° C incubator
- 9. Graph paper.

#### **REAGENT HANDLING & BENCH STABILITY**

All components contained in the kit may be used until the expiry date as indicated. The shelf life of the components after opening, reconstitution and/or dilution may be inferred from the table below:

Material/Reagent	State	Storage	Stability
calibrator	after reconstitution	-20 °C	6 months
ELISA test strips	after opening	2 8 °C with adhesive film in plastic bag with drying agent	expiry date
Washing buffer concentrate	after opening	28 °C	6 months
Washing buffer	Dilution 1+11.5 of concentrate	2 8 °C	3 weeks
POX Dilution buffer & Dilution buffer	after opening	2 8 °C	6 months
POX Ab	after opening	2 8 °C	6 months
	working solution	room temperature	60 minutes
Substrate & Stop solutions	after opening	2 8 °C	expiry date

#### Preparation of reagent

- Before starting the test, all the required components are to be brought to room temperature.
- Preparing the washing buffer: Dilute 1 part by volume washing buffer concentrate with 11.5 parts by volume distilled water (1+11.5). Mix well (Diluted washing buffer concentrate = washing buffer). There may be crystalline precipitations which will dissolve at 37 °C within 10 minutes.
- Preparing the Dilution buffer: Dilute 1 part by volume dilution buffer concentrate with 1.5 parts by volume distilled water (1+1.5). Mix well
- 4. Reconstituting calibrator:
  - The calibrator is reconstituted with 500 µl distilled water and mixed for 10 seconds after a reconstitution time of 15 minutes (vortex mixer). Reconstituted components are clear to slightly turbid.
- 5. POX Antibody solution : Preparing the working solution (1+50)

For 8 test wells: 20 µl POX Ab with 1000 µl POX dilution buffer.

#### STANDARD CURVE

Preparation of calibrators for standard curve see batch table.

#### **SAMPLE DILUTIONS**

Run plasma undiluted.

Abnormally high plasma (i.e. samples collected during u-PA therapy) dilute 1:2 150  $\mu$ L plasma + 150  $\mu$ L dilution buffer

or 1:4 100 µL plasma + 300 µL dilution buffer

Time table Summary of procedure		time required	Temp.
Reagent, standard sample handling		1-2 hours	
1. Sample - incubation	100 μL	overnight	4 °C
wash 3 times	250 µL		
2. POX Ab – incubation	100 μL	1 hour	37 °C
wash 3 times	250 µL		
3. Substrate – incubation	100 μL	15 minutes	RT
Stop solution	100 μL		
Read absorbances			

#### **ASSAY PROCEDURE**

#### 1. SAMPLE/ STANDARD ADDITION

Pipette 0.1 mL of the diluted samples/standard into separate wells. Blank well is filled with 0.1 mL dilution buffer. Running standard/sample in duplicate is recommended.

#### 2. SAMPLE INCUBATION

Cover the plate with a plastic foil and incubate overnight at 4 °C.

#### 3. WASH PLATE

Wash three times: by adding 0.25 mL of wash buffer to each well and tip out the contents. Wash the strips twice further with wash buffer. Tap strips on absorbent paper and make sure the wells are completely dry

## 4. POX ANTIBODY ADDITION

Add 0.1 mL of the diluted POX Antibody to each well, preferably with a multichannel pipette.

### 5. POX ANTIBODY INCUBATION

Cover and incubate the plate for 1 hour at 37 °C.

### 6. WASH PLATE

Wash three times as described in step 3

#### 7. SUBSTRATE

Pipette 0.1 mL of TMB substrate to each well. Incubate for 15 minutes at room temperature.

#### 8. STOP

Pipette 0.1 mL of stop solution to all wells.

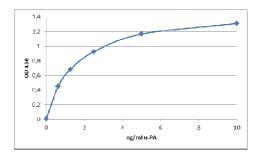
#### . READ

Measure absorbances at 450 nm (with 620 nm reference filter if available). Read absorbances within one hour after the addition of the stop solution.

### 10. GRAPH

Construct a graph of standard curve.

11. Locate the absorbance for each sample on the curve and read the corresponding value from the horizontal axis. <u>Do not forget to multiply</u> by the dilution factor (2) or (4) for the diluted samples.



#### **EVALUATION OF RESULTS**

Plasma u-PA values within the normal range (1.8  $\pm$  0.6 ng/mL) will be detectable at the lower end of the standard curve where exact values in nanograms cannot be precisely determined. It is recommended each lab determin its own range. Interest in u-PA often centers on elevated u-PA levels. When testing plasma from study participiants undergoing u-PA therapy or those with certain conditions leading to increased u-PA levels, it may be necessary to dilute the plasma in dilution buffer to obtain measurable results. Remember to multiply the u-PA value by the dilution factor

u-PA plasma levels above 10 ng/mL can be seen in individuals with certain malignancies and further clarification is recommended if this occurs when testing participiants.

#### **LITERATURE**

- J. Wojta, B.R. Binder, K. Huber, R.L. Hoover: Evaluation of fibrinolytic capacity in plasma during thrombolytic therapy with single (scu-PA) or two chain urokinase type plasminogen activator (tcu-PA) by a combined assay system for urokinase type plasminogen activator antigen and function. Thromb. Haemost. 61: 289-293, 1989
- plasminogen activator antigen and function. Thromb. Haemost. 61: 289-293, 1989 2) V. Darras, M. Thienpoint, D.C. Stump, D. Collen: Measurement of urokinase-type plasminogen activator (u-PA) with an enzyme-linked immunosorbent assay (ELISA) based on three murine monoclonal antibodies. Thromb. Haemost. 56: 411-414, 1986
- 3) J. Grondahl-Hansen, N. Agerlin, P. Munkholm-Larsen, F. Bach, L.S. Nielsen, P. Dombernovsky, K. Dano: Sensitive and specific enzyme-linked immunosorbent assay for urokinase-type plasminogen activator and its application to plasma from patients with breast cancer. J. Lab. Clin. Med. Vol. 111: 42-51, 1988
  4) J.C. Kirchheimer, K. Huber, P. Polterauer, B.R. Binder: Urokinase antigen in plasma
- J.C. Kirchheimer, K. Huber, P. Polterauer, B.R. Binder: Urokinase antigen in plasma of patients with liver cirrhosis and hepatoma. Thromb. Haemostas. 54: 617-618, 1985
- J.C. Kirchheimer, K. Huber, O. Wagner, B.R. Binder: Pattern of fibrinolytic parameters in patients with gastrointestinal carcinomas. Brit. J. Haematol. 66: 85-89, 1987

