






LH (Luteinizing Hormone) GENLISA™ ELISA

REF : KBD450

Ver 1.0

IVD

Enzyme Immunoassay for the Quantitative Determination of LH (Luteinizing Hormone) in serum and plasma.

| | | | |
|---|-----------------------------|---|--------------------------------|
| IVD | For In-vitro Diagnostic Use | REF | Catalog Number |
|  | Store At | LOT | Batch Code |
|  | Manufactured By |  | Biological Risk |
|  | Expiry Date |  | Consult Operating Instructions |

For In-vitro Diagnostic Use only. Purchase does not include or carry the right to resell or transfer this product either as a stand-alone product or as a component of another product. Any use of this product other than the permitted use without the express written authorization of KRISHGEN Pudgala LLP is strictly prohibited.

REF KBD450

 96 tests

Krishgen Pudgala LLP Unit Nos#318/319, Shah & Nahar, Off Dr E Moses Road, Worli, Mumbai 400018. India.
Tel: +91-22-49198700 | email: sales@krishgenpudgala.com

Introduction:

Luteinizing hormone (LH) in synergy with follicle stimulating hormone (FSH) stimulates follicular growth and ovulation. It plays a key role in gonadal function. It controls the length and sequence of the female menstrual cycle, including ovulation, preparation of the uterus for implantation of a fertilized egg, and ovarian production of both estrogen and progesterone. Disorders often associated with high endogenous LH secretion are Polycystic Ovary Syndrome (PCOS), menstrual cycle disorders, infertility and high rates of spontaneous abortion.

Intended Use:

The LH (Luteinizing Hormone) GENLISA™ ELISA is intended for the quantitative determination of LH (Luteinizing Hormone) in serum and plasma.

Principle:

The LH (Luteinizing Hormone) GENLISA™ ELISA method employs sandwich enzyme linked immunosorbent assay (ELISA) technique. Anti-LH antibodies are pre-coated onto microwells. Samples and Standards are pipetted into microwells and LH (Luteinizing Hormone) present in the samples is bound by the antibodies. Monoclonal antibody conjugated to HRP is pipetted and incubated to form a complex. After washing microwells in order to remove any non-specific binding, the ready to use substrate solution is added to microwells and color develops proportionally to the amount of LH (Luteinizing Hormone) present in sample. Color development is then stopped by addition of stop solution. Absorbance is measured at 450 nm.

Materials Provided:

1. Microtiter Coated Plate (8x12 wells) - 1 no
2. LH Standards (0.5 ml/vial) - 0, 2.5, 10, 20, 50, 100 mIU/ml
3. Enzyme Conjugate - 7 ml
4. (20X) Wash Buffer - 25 ml
5. TMB Substrate - 12 ml
6. Stop Solution - 12 ml
7. Instruction Manual

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. Graph paper or software for data analysis
6. Timer
7. Absorbent Paper

Handling/Storage:

1. Store main kit components at recommended storage temperature indicated on the component label.
2. Before using, bring all components to room temperature (18-25°C). Upon assay completion return all components to appropriate storage conditions.
3. 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. Refer to the MSDS online for details.
2. To reduce the likelihood of blood-borne transmission of infectious agents, handle all serum and/or plasma in accordance with NCCLS regulations.



Specimen Collection and Handling:

Serum- Coagulate at room temperature for 10-20 minutes; centrifuge for 20-min at 2000-3000 rpm. Remove the supernatant. If precipitation appears, recentrifuge.

Plasma- Use EDTA or citrate plasma as an anticoagulant, mix for 10-20 minutes; centrifuge for 15-min at 2000-3000 rpm. Remove the supernatant carefully. If precipitation appears, recentrifuge.

Reagent Preparation:

1. Allow all components to reach RT (Room Temperature) prior to use in the assay.
2. Wash Buffer (1X) Dilution: To make Wash Buffer (1X), add 25 ml of Wash Buffer (20X) to 475 ml of DI water. This is the working solution.

Test Procedure:

1. All reagents should be allowed to reach room temperature before use.
2. Add **50 ul Samples and 50 ul of Standards** to the respective wells.
3. Dispense **50 ul Enzyme Conjugate** to all wells.
4. Shake gently for 30 seconds to mix well. Incubate at 37°C for 60 minutes.
5. Aspirate and wash plate 5 times with **(1X) Wash Buffer** 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. All the washes should be performed similarly.
6. Add **100 ul of TMB Substrate** to all wells.
7. Incubate at 37°C for 10 minutes.
8. Add **100 ul of Stop Solution**. Read result with an ELISA reader at 450 nm within 10 minutes of stopping the reaction.

Interpretation of Results:

Determine the Mean Absorbance for each set of duplicate or triplicate Standards and Samples. Using graph paper, plot the average value (absorbance 450 nm) 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 LH 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 LH Concentration. If samples were diluted, multiply by the appropriate dilution factor.

Software which is able to generate a cubic spline curve-fit, 4-PL or a polynomial curve (2nd order) 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 100 mIU/ml standard

Positive Results:

If the determination value is higher or lower than normal range, it means there is an abnormal result. The final result should be diagnosed in correlation with the clinical symptoms and other diagnostic methods.

Criteria of Validation:

The results are considered to be valid, if
Correlation coefficient of the Standard Curve ≥ 0.90

$OD = \text{Optical Density / Absorbance at } 450\text{nm}$

Reference Values:

| Normal Concentration | |
|----------------------|-------------------|
| Adult Male: | 1.0 - 10.5 mIU/ml |
| Adult Female | |
| Follicular Stage | 2.0 - 13.5 mIU/ml |
| Ovulation Period | 14.0 - 96 mIU/mL |
| Luteal Phase | 0.5 - 12.5 mIU/ml |
| Menopause | 7.0 - 59.5 mIU/ml |

It is recommended that each laboratory establishes its own normal and pathological reference ranges, as usually done for other diagnostic parameters, too. Therefore, the above mentioned reference values provide a guide only to values which might be expected.

Limitations of Method:

Any clinical diagnosis should not be based on the results of in vitro diagnostic methods alone. Physicians are supposed to consider all clinical and laboratory findings possible to state a diagnosis.

Performance Characteristics:**Sensitivity:**

Limit of Detection:

It should not be higher than 0.5 mIU/ml.

Specificity:

The monoclonal antibodies used in the kit are specific for LH.

Precision:

Intra-Assay: CV% $\leq 15\%$.

Inter-Assay: CV% $\leq 20\%$

Safety Precautions:

- **This kit is For In-vitro Diagnostic 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.

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Krishgen Pudgala LLP, 2022.

THANK YOU FOR USING KRISHGEN PRODUCT!



Krishgen Pudgala LLP

Unit No.1/2, Om Sainath Commercial Complex,
Off Mankoli-Anjur Phata Road. Village Dapode, Bhiwandi 421302.











Regulatory Status:

| | |
|------------------|--------|
| CE Marked | Europe |
| FDA registered | USA |
| CDSCO registered | India |

SCHEMATIC ASSAY PROCEDURE

| | |
|---|--|
| 1 | All reagents should be allowed to reach room temperature before use. |
| 2 | Add 50 ul Samples and 50 ul of Standards to the respective wells. |
| 3 | Dispense 50 ul Enzyme Conjugate to all the wells. |
| 4 | Shake gently for 30 seconds to mix well. Incubate at 37°C for 60 minutes. |
| 5 | Aspirate and wash plate 5 times with (1X) Wash Buffer 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. All the washes should be performed similarly. |
| 6 | Add 100 ul of TMB Substrate to all wells. |
| 7 | Incubate at 37°C for 10 minutes. |
| 8 | Add 100 ul of Stop Solution. Read result with an ELISA reader at 450 nm within 10 minutes of stopping the reaction. |

SYMBOLS KEY

| | |
|---|--------------------------------------|
|  | Coated Microtiter Plate (8x12 wells) |
|  | Standard |
|  | Enzyme Conjugate |
|  | (20X) Wash Buffer |
|  | TMB Substrate |
|  | Stop Solution |
|  | Consult Instructions for Use |
|  | Catalog Number |
|  | Expiration Date |
|  | Storage Temperature |