

**AccuDiag™**  
**Human Growth Hormone (HGH)**  
**ELISA Kit**

**REF 1901-16**



<b>Test</b>	<b>Human Growth Hormone (HGH) ELISA</b>
<b>Method</b>	<b>Enzyme Linked Immunosorbent Assay</b>
<b>Principle</b>	<b>Sandwich Complex</b>
<b>Detection Range</b>	<b>0-30ng/mL</b>
<b>Sample</b>	<b>50µL Serum</b>
<b>Specificity</b>	<b>96%</b>
<b>Sensitivity</b>	<b>1.0ng/mL</b>
<b>Total Time</b>	<b>~ 80 min</b>
<b>Shelf Life</b>	<b>12 Months from the manufacturing date</b>

**INTENDED USE**

For the quantitative determination of human growth hormone (HGH) concentration in human serum.

**SUMMARY AND EXPLANATION**

Human growth hormone (HGH, somatotropin) is a polypeptide secreted by the anterior pituitary. It is 191 amino acids in length and has a molecular mass of approximately 22,000 daltons. Its metabolic effects are primarily anabolic. HGH promotes protein conservation and is engaged in a wide range of mechanisms for protein synthesis. It also enhances glucose transport and facilitates glycogen storage. Its cascade of growth-promoting action is mediated by another family of peptide hormones, the somatomedins. HGH measurement is primarily of interest in the diagnosis and treatment of various forms of abnormal growth hormone secretion. Disorders caused by hyposecretion include dwarfism and unattained growth potential, and hypersecretion is associated with gigantism and acromegaly.

Caution must be exercised in the clinical interpretation of growth hormone levels. These vary throughout the day, making it difficult to define a normal range or to judge an individual's status based on a single determination. Many factors are known to influence the rate of growth hormone secretion, including periods of sleep and wakefulness, exercise, stress, hypoglycemia, estrogens, corticosteroids and L-dopa. Because of its similarity to prolactin and placental lactogen, earlier growth hormone immunoassays were often plagued with falsely high values in pregnant and lactating women.

Because not all acromegalic individuals have elevated baseline levels of growth hormone, suppression tests based on glucose loading are of value in this

context. In spite of the induced hyperglycemia, there is rarely a decrease from baseline levels in acromegaly.

Growth hormone-deficient individuals have fasting and resting levels similar to those found in normal individuals. Various challenge tests have therefore been devised to differentiate them. For example, with the onset of deep sleep or after 15 to 20 minutes of vigorous exercise, growth hormone levels normally rise. Other tests of growth hormone responsiveness are based on the administration of L-dopa, arginine and insulin. Propanolol or estrogen are sometimes given in conjunction with the primary stimulus to accentuate the response.

A small number of dwarfism cases have been documented in which both the basal level of HGH and the response to challenge testing were normal. Such cases may involve tissue insensitivity to either growth hormone or the somatomedins, or immunoreactive but biologically inactive growth hormone. The Human Growth Hormone Enzyme Immunoassay provides a rapid, sensitive and reliable test. There is no cross-reactivity with HCG, TSH, LH, HGH and prolactin.

**TEST PRINCIPLE**

The DAI HGH Quantitative Test Kit is based on the principle of a solid phase enzyme-linked immunosorbent assay. The assay system utilizes a polyclonal anti-HGH antibody for solid phase (microtiter wells) immobilization and a mouse monoclonal anti-HGH antibody in the antibody-enzyme (horseradish peroxidase) conjugate solution. The test sample is allowed to react simultaneously with the antibodies, resulting in HGH molecules being sandwiched between the solid phase and enzyme-linked antibodies. After a 60 minute incubation at room temperature, the wells are washed with water to remove unbound labeled antibodies. A solution of TMB is added and incubated for 20 minutes, resulting in the development of a blue color. The color development is stopped by the addition of 2N HCl, and the color is changed to yellow and measured spectrophotometrically at 450 nm. The concentration of HGH is directly proportional to the color intensity of the test sample.

**SPECIMEN COLLECTION AND PREPARATION**

Serum should be prepared from a whole blood specimen obtained by acceptable medical techniques. This kit is for use with serum samples without additives only.

**MATERIALS AND COMPONENTS**

**Materials provided with the test kits**

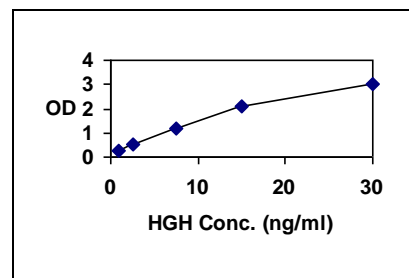
1. Antibody-coated microtiter wells.
2. Reference standard set, contains 0, 1.0, 2.5, 7.5, 15 and 30 ng/ml (WHO, 1st IRP, 66/217) HGH, liquid, ready to use.
3. Enzyme conjugate reagent, 12 ml.
4. TMB Substrate, 12 ml.
5. Stop Solution, 12 ml.
6. Wash Buffer Concentrate (50X), 15ml
7. Control Set (optional)

**Materials required but not provided**

1. Precision pipettes: 0.05, 0.1, 0.2, and 1.0 ml.
2. Disposable pipette tips.
3. Distilled water.
4. Vortex mixer or equivalent.
5. Absorbent paper or paper towel.
6. Graph paper.
7. Microtiter well reader.

## REAGENT PREPARATION

- All reagent should be brought to room temperature (18-22°C) before use.
- Dilute 1 volume of Wash Buffer (50x) with 49 volumes of distilled water.  
For example, Dilute 15 ml of Wash Buffer (50x) into distilled water to prepare 750 ml of washing buffer (1x). Mix well before use.
- If reference standards are lyophilized, reconstitute each standard with 0.5 ml distilled water. Allow the reconstitute material to stand for at least 20 minutes. Reconstituted standards should be sealed and stored at 2-8°C.



## ASSAY PROCEDURE

- Secure the desired number of coated wells in the holder.
- Dispense 50µl of standard, specimens, and controls into appropriate wells.
- Dispense 100µl of Enzyme Conjugate Reagent into each well.
- Thoroughly mix for 30 seconds. It is very important to have complete mixing in this setup.
- Incubate at room temperature (18-22°C) for 60 minutes.
- Remove the incubation mixture by flicking plate content into a waste container.
- Rinse and flick the microtiter wells 5 times with washing buffer (1X).
- Strike the wells sharply onto absorbent paper or paper towels to remove all residual water droplets.
- Dispense 100µl of TMB substrate into each well. Gently mix for 5 seconds.
- Incubate at room temperature in the dark for 20 minutes.
- Stop the reaction by adding 100µl of Stop Solution to each well.
- Gently mix for 30 seconds. **It is important to make sure that all the blue color changes to yellow color completely.**
- Read optical density at 450nm with a microtiter reader within 30 minutes.

### Important Note:

The wash procedure is critical. Insufficient washing will result in poor precision and falsely elevated absorbances readings.

## RESULTS

Calculate the mean absorbance value ( $A_{450}$ ) for each set of reference standards, specimens, controls and patient samples. Constructed a standard curve by plotting the mean absorbance obtained from each reference standard against its concentration in ng/ml on graph paper, with absorbance values on the vertical or Y axis and concentrations on the horizontal or X axis. Use the mean absorbance values for each specimen to determine the corresponding concentration of GHG in ng/ml from the standard curve.

### Example of Standard Curve

Results of typical standard run with optical density reading at 450nm shown in the Y- axis against GHG concentrations shown in the X-axis. This standard curve is for the purpose of illustration only, and should not be used to calculate unknowns. Each user should obtain his or her own data and standard curve.

GHG (ng/ml)	Absorbance (450nm)
0.0	0.052
1.0	0.253
2.5	0.501
7.5	1.158
15.0	2.075
30.0	2.995

## Expected Values and Sensitivity

Each laboratory must establish its own normal ranges based on patient population. A normal range for human growth hormone levels is difficult to define because of the normal physiological fluctuations in GHG concentration. In most adult subjects at rest, after an overnight fast, the GHG level in serum is 7 ng/ml or less. Changes in GHG levels in response to various stimuli gives a more accurate assessment of pituitary dysfunction requires provocative tests, either stimulation or suppression.

The minimal sensitivity of the test is 0.5 ng/ml.

## STORAGE

Unopened test kits should be stored at 2-8°C upon receipt and the microtiter plate should be kept in a sealed bag with desiccants to minimize exposure to damp air. Opened test kits will remain stable until the expiring date shown, provided it is stored as prescribed above. A microtiter plate reader with a bandwidth of 10nm or less and an optical density range of 0-2.5 OD or greater at 450nm wavelength is acceptable for use in absorbance measurement.

## LIMITATIONS



There are some limitations of the assay:

- As with all diagnostic tests, a definite clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.
- Studies have implicated possible interference in immunoassay results in some patients with known rheumatoid factor and antinuclear antibodies. Serum samples from patients who have received infusions containing mouse monoclonal antibodies for diagnostic or therapeutic purposes, may contain antibody to mouse protein (HAMA). Although we have added some agents to avoid the interferences, we cannot guarantee it will eliminate all the effects of that.

## REFERENCES

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<b>ISO 13485</b> <b>ISO 9001</b>	
	
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