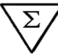
Instructions for Use

# DHT-optimized ELISA

EIA-5761

 96

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***Please use only the valid version of the package insert provided with the kit.***

# 1 INTRODUCTION

## 1.1 Intended Use

The **DRG DHT-optimized ELISA** is an enzyme immunoassay for the quantitative *in vitro diagnostic* measurement of total 5α-Dihydrotestosterone (DHT) in human serum or plasma (heparin- or citrate plasma).

## 1.2 Summary and Explanation

DHTis a potent androgenic sex hormone, synthesized from testosteroneby two 5α-reductase isoenzymes mainly in the Leydig cells of the testes, but also in the adrenal gland, prostate and to a lower extend in the ovaries(1).Together with testosterone, androstenedione and dihydroepiandrostenedione (DHEA), DHT belongs to the androgen family of steroid hormones that act by binding to intracellular androgen receptors (AR)(2).DHT and Testosterone bind with similar high affinity to AR, but DHT is the more potent androgen because of more efficient AR cofactor stimulation (3). AR activation regulates prostate growth, bone and muscle mass, and spermatogenesis .Androgens circulate in the blood bound to proteins, especially sex hormone binding globulin (SHBG) and albumin, but trace amounts of these steroids circulate in the unbound form and are referred to as the free hormone fractions (4). The major organ to neutralize androgens is the liver, and the androgen glucuronides are eliminated by renal excretion (5).During embryogenesis, DHT plays an essential role in the formation of the male external genitalia, while in adults DHT acts as the primary androgen in the prostate and in hair follicles.It is responsible for the male secondary sexual characteristics such as deepening of the vocal chords, male hair patterns and male sexual drive and function. DHT levels are high in adolescent men and slowly decrease with aging. DHT levels are very low in females and do not change during the menstrual cycle, but decrease in the postmenopausal phase (6).

**Clinical implications:**

In men, very low plasma levels of DHT are found in patients with germinal cell aplasia, azoospermia, anorchia, Klinefelter's syndrome or 5α-reductasedeficiency, an autosomal-recessive genetic disorder, which leads to inadequate differentiation of DHT-dependent peripheraltissues (6,7). DHT has been implicated as a causative factor in the progression of hirsutism, androgenic alopecia, benign prostatic hyperplasia and prostate cancer (8,9). In women, patients with idiopathic hirsutism or polycystic ovaries (PCO)show significantly higher levels of DHT and testosterone compared to healthy controls (10,11). Women with increased DHT levels may develop certain androgynousmale secondary sex characteristics, including a deepened voice and facial hair.

# 2 PRINCIPLE OF THE TEST

The DRG DHT-optimized ELISA Kit is a solid phase enzyme-linked immunosorbent assay (ELISA), based on the principle of competitive binding.

The microtiter wells are coated with a polyclonal antibody directed towards an antigenic site of the DHT molecule. Endogenous DHT of a patient sample competes with a DHT-horseradish peroxidase conjugate for binding to the coated antibody. After incubation the unbound conjugate is washed off.

The amount of bound peroxidase conjugate is inversely proportional to the concentration of DHT in the sample. After addition of the substrate solution, the intensity of colour developed is inversely proportional to the concentration of DHT in the patient sample.

## 3 WARNINGS AND PRECAUTIONS

1. This kit is for in vitro diagnostic use only. For professional use only.
2. All reagents of this test kit which contain human serum or plasma have been tested and confirmed negative for HIV I/II, HBsAg and HCV by FDA approved procedures. All reagents, however, should be treated as potential biohazards in use and for disposal.
3. Before starting the assay, read the instructions completely and carefully. Use the valid version of instructions for use provided with the kit. Be sure that everything is understood.
4. The microplate contains snap-off strips. Unused wells must be stored at 2 °C - 8 °C in the sealed foil pouch and used in the frame provided.
5. Pipetting of samples and reagents must be done as quickly as possible and in the same sequence for each step.
6. Use reservoirs only for single reagents. This especially applies to the substrate reservoirs. Using a reservoir for dispensing a substrate solution that had previously been used for the conjugate solution may turn solution colored. Do not pour reagents back into vials as reagent contamination may occur.
7. Mix the contents of the microplate wells thoroughly to ensure good test results. Do not reuse microwells.
8. Do not let wells dry during assay; add reagents immediately after completing the rinsing steps.
9. Allow the reagents to reach room temperature (21 °C - 26 °C) before starting the test. Temperature will affect the absorbance readings of the assay. However, values for the patient samples will not be affected.
10. Never pipet by mouth and avoid contact of reagents and specimens with skin and mucous membranes.
11. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.
12. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents or specimens may give false results.
13. Handling should be donein accordance with the procedures defined by an appropriate national biohazard safety guideline or regulation.
14. Do not use reagents beyond expiry date as shown on the kit labels.
15. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microtiterplate readers.
16. Do not mix or use components from kits with different lot numbers. It is advised not to exchange wells of different plates even of the same lot. The kits may have been shipped or stored under different conditions and the binding characteristics of the plates may result slightly different.
17. Avoid contact with *Stop Solution* containing 0.5 M $H_2SO_4$. It may cause skin irritation and burns.
18. Some reagents contain Proclin 300, BND and/or MIT as preservatives. In case of contact with eyes or skin, flush immediately with water.
19. TMB substrate has an irritant effect on skin and mucosa. In case of possible contact, wash eyes with an abundant volume of water and skin with soap and abundant water. Wash contaminated objects before reusing them. If inhaled, take the person to open air.
20. Chemicals and prepared or used reagents have to be treated as hazardous waste according tothe national biohazard safety guideline or regulation.
21. For information on hazardous substances included in the kit please refer to Safety Data Sheets. Safety Data Sheets for this product are available upon request directly from DRG.

## 4 REAGENTS

### 4.1 Reagents provided

1. ***Microtiterwells***, 12x8 (break apart) strips, 96 wells;
   Wells coated with anti-DHT antibody (polyclonal).
2. ***Sealing Film***, 1 sheet;
   clear plastic to cover wells during 37 °C incubation
3. ***Zero Standard***, 1 vial, 3 mL, ready to use.
   0 pg/mL;
   Contains non-mercury preservative.
4. ***Standard (Standard 1-5),*** 5 vials, 1 mL, ready to use;
   Concentrations: 25; 100; 250; 625; 1500 pg/mL
   Contain non-mercury preservative.
5. ***Control Low & High***, 2 vials, 1 mL each, ready to use;
   For control values and ranges please refer to vial label or QC-Datasheet.
   Contain non-mercury preservative.
6. ***Conjugate Diluent***, 1 vial, 4 mL, ready to use;
   Contains non-mercury preservative.
7. ***Enzyme Conjugate 10X*****concentrate**, 1 vial, 0.5 mL,
   DHT conjugated to horseradish peroxidase;
   See "Reagent Preparation".
   Contains non-mercury preservative.
8. ***Substrate Solution***, 1 vial, 14 mL, ready to use,
   Tetramethylbenzidine (TMB).
9. ***Stop Solution***, 1 vial, 14 mL, ready to use,
   contains 0.5M $H_2SO_4$,
   Avoid contact with the stop solution. It may cause skin irritations and burns.
10. ***Wash Solution***, 1 vial, 30 mL (40X concentrated),
    See "Reagent Preparation".

**Note:** Additional *Zero Standard* for sample dilution is available upon request.

### 4.2 Materials required but not provided

- A microtiter plate calibrated reader (450 nm ± 10 nm) (e.g. the DRG Instruments Microtiter Plate Reader).
- Calibrated variable precision micropipettes.
- Absorbent paper.
- Distilled or deionized water
- Timer
- Semi logarithmic graph paper or software for data reduction

### 4.3 Storage Conditions

When stored at 2 °C - 8 °C unopened reagents will retain reactivity until expiration date. Do not use reagents beyond this date.

Opened reagents must be stored at 2 °C - 8 °C. Microtiter wells must be stored at 2 °C - 8 °C. Once the foil bag has been opened, care should be taken to close it tightly again.
Opened kits retain activity for 2 months if stored as described above.

### 4.4 Reagent Preparation

Bring all reagents and required number of strips to room temperature prior to use.

***Wash Solution***

Add deionized water to the 40X concentrated Wash Solution.
Dilute 30 mL of concentrated *Wash Solution* with 1170 mL deionized water to a final volume of 1200 mL.

*The diluted Wash Solution is stable for 2 weeks at room temperature.*

***Enzyme Conjugate***

Dilute *Enzyme Conjugate* concentrate 1:10 in *Conjugate Diluent*.

*Stability of the prepared Enzyme-Conjugate: 1 weeks at 2 °C - 8 °C in a sealed container.*

Example:

If the whole plate is used, dilute 0.36 mL *Enzyme Conjugate 10X conc.* with 3.24 mL *Conjugate Diluent* to a total volume of 3.6 mL.

If the whole plate is not used at once, prepare the required quantity of Enzyme Conjugate by mixing *Enzyme Conjugate 10X* conc. with *Conjugate Diluent* as shown in the table:

| No. of strips | Enzyme Conjugate 10Xkonz. (µL) | Conjugate Diluent (mL) |
|---|---|---|
| 1 | 30 | 0.27 |
| 2 | 60 | 0.54 |
| 4 | 120 | 1.08 |
| 6 | 180 | 1.62 |
| 8 | 240 | 2.16 |
| 10 | 300 | 2.70 |
| 12 | 360 | 3.24 |

### 4.5 Disposal of the Kit

The disposal of the kit must be made according to the national regulations. Special information for this product is given in the Material Safety Data Sheet.

### 4.6 Damaged Test Kits

In case of any severe damage to the test kit or components, DRG has to be informed in writing, at the latest, one week after receiving the kit. Severely damaged single components should not be used for a test run. They have to be stored until a final solution has been found. After this, they should be disposed according to the official regulations.

## 5 SPECIMEN COLLECTION AND PREPARATION

Serum or plasma (heparin- or citrate plasma) can be used in this assay.

Please note: EDTA Plasma should not be used and may affect the results of this assay.

Do not use haemolytic, icteric or lipaemic specimens.

*Please note:* Samples containing sodium azide should not be used in the assay.

### 5.1 Specimen Collection

**Serum:**

Collect blood by venipuncture (e.g. Sarstedt Monovette for serum), allow to clot, and separate serum by centrifugation at room temperature. Do not centrifuge before complete clotting has occurred. Patients receiving anticoagulant therapy may require increased clotting time.

**Plasma:**

Whole blood should be collected into centrifuge tubes containing anti-coagulant (e.g. Sarstedt Monovette with the appropriate plasma preparation)and centrifuged immediately after collection.

### 5.2 Specimen Storage and Preparation

Specimens should be capped and may be stored for up to 5 days at 2 °C - 8 °C prior to assaying.

Specimens held for a longer time (up to 2 months) should be frozen only once at -20 °C prior to assay. Thawed samples should be inverted several times prior to testing.

### 5.3 Specimen Dilution

If in an initial assay, a specimen is found to contain more than the highest standard, the specimens can be diluted with *Zero Standard* and re-assayed as described in Assay Procedure.

For the calculation of the concentrations this dilution factor has to be taken into account.

Example:

dilution 1:2: 75 µL sample + 75 µL *ZeroStandard* (mix thoroughly)

We recommend to dilute the samples not more than 1:4.

## 6 ASSAY PROCEDURE

### 6.1 General Remarks

- All reagents and specimens must be allowed to come to room temperature before use. All reagents must be mixed without foaming.
- Once the test has been started, all steps should be completed without interruption.
- Use new disposal plastic pipette tips for each standard, control or sample in order to avoid crosscontamination.
- Absorbance is a function of the incubation time and temperature. Before starting the assay, it is recommended that all reagents are ready, caps removed, all needed wells secured in holder, etc. This will ensure equal elapsed time for each pipetting step without interruption.
- As a general rule the enzymatic reaction is linearly proportional to time and temperature.

### 6.2 Test Procedure

Each run must include a standard curve.

1. Secure the desired number of Microtiterwells in the frame holder.
2. Dispense **75 µL** of each ***Standard, Control*** and **sample**with new disposable tips into appropriate wells.
3. Dispense **25 µLEnzyme Conjugate** into each well.
   Thoroughly mix for 10 seconds. It is important to have a complete mixing in this step.
4. Cover the wells with sealing film or equivalent.
   Incubate for **60 minutesat 37 °C**.
5. Briskly shake out the contents of the wells.
   Rinse the wells **3 times** with diluted *Wash Solution* (300 µL per well). Strike the wells sharply on absorbent paper to remove residual droplets.
   **Important note:**
   The sensitivity and precision of this assay is markedly influenced by the correct performance of the washing procedure!
6. Add **100 µL** of ***Substrate Solution*** to each well.
7. Incubate for **15 (±5) minutes** at room temperature.
8. Stop the enzymatic reaction by adding **100 µL** of ***Stop Solution*** to each well.
9. Determine the absorbance (OD) of each well at**450±10 nm** with a microtiterplate reader.
   It is recommended that the wells be read**within 10 minutes** after adding the *Stop Solution*.

### 6.3 Calculation of Results

1. Calculate the average absorbance values for each set of standards, controls and patient samples.
2. Using semi-logarithmic graph paper, construct a standard curve by plotting the mean absorbance obtained from each standard against its concentration with absorbance value on the vertical (Y) axis and concentration on the horizontal (X) axis.
3. Using the mean absorbance value for each sample determine the corresponding concentration from the standard curve.
4. Automated method: The results in the Instructions for Use have been calculated automatically using a 4-Parameter curve fit. (4 Parameter Rodbard or 4 Parameter Marquardt are the preferred methods.) Other data reduction functions may give slightly different results.
5. The concentration of the samples can be read directly from this standard curve. Samples with concentrations higher than that of the highest standard have to be further dilutedor reported as > 1500 pg/mL. For the calculation of the concentrations this dilution factor has to be taken into account.

#### 6.3.1 Example of Typical Standard Curve

The following data is for demonstration only and **cannot** be used in place of data generations at the time of assay.

| Standard | Optical Units (450 nm) |
|---|---|
| Zero Standard (0 pg/mL) | 2.55 |
| Standard 1 (25 pg/mL) | 2.32 |
| Standard 2 (100 pg/mL) | 1.64 |
| Standard 3 (250 pg/mL) | 0.85 |
| Standard 4 (625 pg/mL) | 0.37 |
| Standard 5 (1500 pg/mL) | 0.16 |

## 7 EXPECTED NORMAL VALUES

It is strongly recommended that each laboratory should determine its own normal and abnormal values.

In a study conducted with apparently normal healthy adults, using the DRG DHT-optimized ELISA the following values are observed:

| Population | Valid N | Range (pg/mL) | Mean (pg/mL) | 2.5th - 97.5th Percentile (pg/mL) | Median (pg/mL) |
|---|---|---|---|---|---|
| Males | 123 | 135 - 1365 | 394 | 175 - 1204 | 349 |
| Females premenopausal | 77 | 59 -572 | 236 | 78 -536 | 209 |
| Females postmenopausal | 45 | 20 - 281 | 127 | 33 - 276 | 120 |

The results alone should not be the only reason for any therapeutic consequences. The results should be correlated to other clinical observations and diagnostic tests.

## 8 QUALITY CONTROL

Good laboratory practice requires that controls be run with each calibration curve. A statistically significant number of controls should be assayed to establish mean values and acceptable ranges to assure proper performance.

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results. Use controls at both normal and pathological levels.

The controls and the corresponding results of the QC-Laboratory are stated in the QC certificate added to the kit. The values and rangesstated on the QC sheet always refer to the current kit lot and should be used for direct comparison of the results.

It is also recommended to make use of national or international Quality Assessment programs in order to ensure the accuracy of the results.

Employ appropriate statistical methods for analysing control values and trends. If the results of the assay do not fit to the established acceptable ranges of control materials patient results should be considered invalid.

In this case, please check the following technical areas: Pipetting and timing devices; photometer, expiration dates of reagents, storage and incubation conditions, aspiration and washing methods.

After checking the above mentioned items without finding any error contact your distributor or DRG directly.

# 9 PERFORMANCE CHARACTERISTICS

## 9.1 Assay Dynamic Range

The range of the assay is between 6.0 - 1500 pg/mL.

## 9.2 Specificity of Antibodies (Cross Reactivity)

The following substances were tested for cross reactivity of the assay:

| Substance | Cross Reactivity (%) |
|---|---|
| DHT | 100.0 |
| Testosterone | 4.8 |
| Ethisterone | 0.0 |
| Corticosterone | 0.1 |
| Estradiol | 0.0 |
| Danazol | 0.0 |

## 9.3 Sensitivity

The analytical sensitivity of the DRG ELISA was calculated by subtracting 2 standard deviations from the mean of 20 replicate analyses of the Zero Standard (S0) and was found to be 6.0 pg/mL.

## 9.4 Reproducibility

### 9.4.1 Intra Assay

The within assay variability is shown below:

| Sample | n | Mean (pg/mL) | CV (%) |
|---|---|---|---|
| 1 | 20 | 230.1 | 7.4 |
| 2 | 20 | 489.1 | 9.1 |
| 3 | 20 | 853.4 | 7.5 |

### 9.4.2 Inter Assay

The between assay variability is shown below:

| Sample | n | Mean (pg/mL) | CV (%) |
|---|---|---|---|
| 1 | 40 | 276.2 | 14.0 |
| 2 | 40 | 438.3 | 12.0 |
| 3 | 40 | 840.3 | 14.8 |

### 9.4.3 Inter-Lot

The inter-assay (between-lots) variation was determined by repeated measurements of 3 samples in 3 different kit lots.

| Sample | n | Mean (pg/mL) | CV (%) |
|---|---|---|---|
| 1 | 18 | 95.7 | 7.8 |
| 2 | 18 | 210.9 | 11.1 |
| 3 | 18 | 743.0 | 7.3 |

### 9.5 Recovery

Samples have been spiked by adding DHT solutions with known concentrations in a 1:1 ratio.

The % recovery has been calculated by multiplication of the ratio of the measurements and the expected values with 100 (expected value = (endogenous DHT + added DHT) / 2; because of a 1:2 dilution of serum with spike material).

| | | Sample 1 | Sample 2 | Sample 3 |
|---|---|---|---|---|
| **Concentration (pg/mL)** | | 232.3 | 419.4 | 884.7 |
| **Average Recovery** | | 98.6 | 104.7 | 95.9 |
| **Range of Recovery [%]** | from | 89.3 | 93.3 | 86.8 |
| | to | 105.0 | 114.5 | 111.8 |

### 9.6 Linearity

It is not recommended to dilute the samples past 1:4.

| | Sample 1 | Sample 2 | Sample 3 |
|---|---|---|---|
| **Concentration (pg/mL)** | 512.8 | 575.8 | 759.4 |
| **1:2 (% Recovery)** | 95.8% | 106.7% | 85.7% |
| **1:4 (% Recovery)** | 108.2% | 114.2% | 95.5% |

## 10 LIMITATIONS OF USE

Reliable and reproducible results will be obtained when the assay procedure is performed with a complete understanding of the package insert instruction and with adherence to good laboratory practice.

Any improper handling of samples or modification of this test might influence the results.

### 10.1 Interfering Substances

Haemoglobin (up to 4 mg/mL), Bilirubin (up to 0.5 mg/mL) and Triglyceride (up to 30 mg/mL) have no influence on the assay results.

### 10.2 Drug Interferences

Until today no substances (drugs) are known to us, which have an influence to the measurement of DHT in a sample.

### 10.3 High-Dose-Hook Effect

No hook effect was observed in this test.

## 11 LEGAL ASPECTS

### 11.1 Reliability of Results

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable national standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test.

The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications. In case of any doubt or concern please contact DRG.

### 11.2 Therapeutic Consequences

Therapeutic consequences should never be based on laboratory results alone even if all test results are in agreement with the items as stated under point 11.1. Any laboratory result is only a part of the total clinical picture of a patient.

Only in cases where the laboratory results are in acceptable agreement with the overall clinical picture of the patient should therapeutic consequences be derived.

The test result itself should never be the sole determinant for deriving any therapeutic consequences.

### 11.3 Liability

Any modification of the test kit and/or exchange or mixture of any components of different lots from one test kit to another could negatively affect the intended results and validity of the overall test. Such modification and/or exchanges invalidate any claim for replacement.

Claims submitted due to customer misinterpretation of laboratory results subject to point 11.2. are also invalid. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the test kit during transportation is not subject to the liability of the manufacturer.

## 12 REFERENCES / LITERATURE

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## SYMBOLSUSED

| Symbol | English |
|---|---|
| CE | European Conformity |
| | Consult instructions for use |
| IVD | In vitro diagnostic device |
| RUO | For research use only |
| REF | Catalogue number |
| LOT | Lot. No. / Batch code |
| Σ | Contains sufficient for <n> tests/ |
| | Storage Temperature |
| | Expiration Date |
| | Legal Manufacturer |
| *Distributed by* | Distributor |
| *Content* | Content |
| *Volume/No.* | Volume / No. |
| *Microtiterwells* | Microtiterwells |
| *Antiserum* | Antiserum |
| *Enzyme Conjugate* | Enzyme Conjugate |
| *Enzyme Complex* | Enzyme Complex |
| *Substrate Solution* | Substrate Solution |
| *Stop Solution* | Stop Solution |
| *Zero Standard* | Zero Standard |
| *Standard* | Standard |
| *Control* | Control |
| *Assay Buffer* | Assay Buffer |
| *Wash Solution* | Wash Solution |
| *1N NaOH* | 1NNaOH |
| *1 N HCl* | 1 N HCl |
| *Sample Diluent* | Sample Diluent |
| *Conjugate Diluent* | Conjugate Diluent |

***Vers. 01-06-2016_rm***