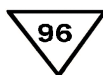


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**Instructions for use**  
**Cortisol Saliva ELISA**

**REF**

**SA E-6000**



**IVD**

**CE**

## Cortisol Saliva ELISA

### **INTRODUCTION**

#### **Intended Use**

An enzyme immunoassay for the quantitative *in vitro diagnostic* measurement of active free cortisol (hydrocortisone and hydroxycorticosterone) in saliva. Measurements of cortisol are used in the diagnosis and treatment of disorders of the adrenal gland.

#### **Summary and Explanation**

The hormone Cortisol is vital for several functions of the human body. A strong correlation exists between stress related conditions and Cortisol levels (1-3) Cortisol is a steroid hormone made in the adrenal glands. Among its important functions in the body include roles in the regulation of blood pressure and cardiovascular function as well as regulation of the body's use of proteins, carbohydrates, and fats. Cortisol secretion increases in response to any stress in the body, whether physical (such as illness, trauma, surgery, or temperature extremes) or psychological. When cortisol is secreted, it causes a breakdown of muscle protein, leading to release of amino acids into the bloodstream. These amino acids are then used by the liver to synthesize glucose for energy, in a process called gluconeogenesis. This process raises the blood sugar level so the brain will have more glucose for energy. Cortisol also leads to the release of so-called fatty acids, an energy source from fat cells, for use by the muscles. Taken together, these energy-directing processes prepare the individual to deal with stressors and ensure that the brain receives adequate energy sources (4). Cortisol is the most potent glucocorticoid produced by the human adrenal (5-7). It is synthesized from cholesterol and its production is stimulated by pituitary adrenocorticotropic hormone (ACTH) which is regulated by corticotropin releasing factor (CRF). ACTH and CRF secretions are inhibited by high cortisol levels in a negative feedback loop. Cortisol acts through specific intracellular receptors and affects numerous physiologic systems including immune function, glucose counter regulation, vascular tone, and bone metabolism. Elevated cortisol levels and lack of diurnal variation have been identified with Cushing's disease (ACTH hypersecretion). Elevated circulating cortisol levels have also been identified in patients with adrenal tumors. Low cortisol levels are found in primary adrenal insufficiency (e.g. adrenal hypoplasia, Addison's disease) and in ACTH deficiency. Due to the normal circadian variation in cortisol levels (8), distinguishing normal from abnormally low cortisol levels can be difficult, therefore several daily collections are recommended. Saliva is an excellent medium to measure steroids because it is a natural ultra-filtrate of blood, and steroids not bound by carrier proteins in the blood freely diffuse into saliva. Only about 1-10% of the steroids in blood are in the unbound or free form, and it is this fraction that diffuses into target tissues of the body, and into saliva (9, 10). The majority (90-99%) of steroid hormones in the blood are bound to carrier proteins (cortisol binding globulin, sex-hormone binding globulin and albumin) and are unavailable to target tissues. The process of passive diffusion of non-bound (free) steroid hormones occurs because these small molecules are of a low molecular weight (less than 400 daltons) and are relatively nonpolar, thus enabling them to freely diffuse from blood to saliva. Bound steroids are too large to diffuse freely through the salivary cells into the salivary gland lumen. (11-14)

### **PRINCIPLE**

The **LDN Salivary Cortisol ELISA KIT** is based on the competition principle and the microplate separation. An unknown amount of Cortisol present in the sample and a fixed amount of Cortisol conjugated with horse-radish peroxidase compete for the binding sites of mouse monoclonal Cortisol -antiserum coated onto the wells. After one hour incubation the microplate is washed to stop the competition reaction. After addition of the substrate solution the concentration of Cortisol is inversely proportional to the optical density measured.

### **WARNINGS AND PRECAUTIONS**

1. For in-vitro diagnostic use only. For professional use only.
2. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
3. Do not mix reagents of different lots. Do not use expired reagents.
4. The microplate contains snap-off strips. Unused wells must be stored at 2 – 8°C in the sealed foil pouch and used in the frame provided.
5. Avoid contact with Stop Solution (5), 0.5M H<sub>2</sub>SO<sub>4</sub>. It may cause skin irritation and burns.
6. Pipetting of samples and reagents must be done as quickly as possible and in the same sequence for each step.
7. Use separate pipette tips for each sample, control and reagent to avoid cross contamination.
8. 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.
9. Mix the contents of the microplate wells thoroughly to ensure good test results. Do not reuse microwells.

10. Do not let wells dry during assay; add reagents immediately after completing the rinsing steps.
11. Kit calibrators have been checked for HIV-1/2 and HCV antibodies and HBsAg and found to be negative, but the calibrators and patient samples should be handled as potentially infectious.
12. Some reagents contain Proclin, BND and MIT as preservatives. In case of contact with eyes or skin, flush immediately with water.
13. Allow the reagents to reach room temperature (21-26°C) before starting the test. Temperature WILL affect the absorbance readings of the assay. However, Values for the patient samples will not be affected.
14. 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.

### Reagents

<b>FR E-0030</b>	WASH-CONC 40x	<b>Wasch Concentrate</b>	1 x 30 mL	concentrate, dilute content with dist. water to a final volume of 1200 mL
<b>SA E-0055</b>	SUBSTRATE	<b>Substrate</b>	1 x 25 ml	ready for use, containing a solution of TMB
<b>FR E-0080</b>	STOP-SOLN	<b>Stop Solution</b>	1 x 14 ml	ready for use, containing 0.25 M H <sub>2</sub> SO <sub>4</sub>
<b>SA E-6001</b>	STANDARD A	<b>Standard A</b>	1 x 1 ml	ready for use, 0 ng/mL
<b>SA E-6002</b>	STANDARD B	<b>Standard B</b>	1 x 1 ml	ready for use, 2 ng/mL
<b>SA E-6003</b>	STANDARD C	<b>Standard C</b>	1 x 1 ml	ready for use, 5 ng/mL
<b>SA E-6004</b>	STANDARD D	<b>Standard D</b>	1 x 1 ml	ready for use, 10 ng/mL
<b>SA E-6005</b>	STANDARD E	<b>Standard E</b>	1 x 1 ml	ready for use, 20 ng/mL
<b>SA E-6006</b>	STANDARD F	<b>Standard F</b>	1 x 1 ml	ready for use, 40 ng/mL
<b>SA E-6007</b>	STANDARD G	<b>Standard G</b>	1 x 1 ml	ready for use, 80 ng/mL
<b>SA E-6031</b>	96	<b>Microtiterwells</b>	1 x 96 wells	12 strips, 8 wells each, break apart, pre-coated
<b>SA E-6040</b>	CONJUGATE	<b>Enzyme Conjugate</b>	1 x 26 mL	Cortisol conjugated to horseradish peroxidase
<b>SA E-6051</b>	CONTROL 1	<b>Control 1</b>	1 x 1 mL	ready for use
<b>SA E-6052</b>	CONTROL 2	<b>Control 2</b>	1 x 1 mL	ready for use

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

### Materials required but not provided

1. Calibrated EIA reader adjusted to read at 450 nm
2. Precision pipettes (100 and 200 µL)
3. Distilled or Deionized water
4. Timer (60 min. range)
5. Reservoirs (disposable)
6. Test tube or microtube rack in a microplate configuration
7. Linear-linear graph paper or software for data reduction

### Storage Conditions

When stored at 2° to 8°C unopened reagents will retain reactivity until expiration date.

Enzyme-Conjugate, Standard Solution, Substrate Solution, Wash Solution and Zero Standard must be stored at 2° to 8°C.

Microplate wells must be stored at 2° to 8°C.

### Reagent Preparation

Bring all reagents to room temperature before use.

### Wash Solution:

Add deionized water to the 40 x concentrated Wash Solution to a final volume of 1200 ml.

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

## **SPECIMEN Collection and Preparation**

Eating, drinking, chewing gums or brushing teeth should be avoided for 30 minutes before sampling. Otherwise, it is recommended to rinse mouth thoroughly with cold water 5 minutes prior to sampling.

Do not collect samples when oral diseases, inflammation or lesions exist (blood contamination).

If there is visible blood contamination the patient specimen, it should be discarded, rinse the sampling device with water, wait for 10 minutes and take a new sample.

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

## **Specimen Collection**

It is recommended to collect saliva samples with commercially available equipment (e.g. SALI SET 100, REF SA D-6100 available from LDN).

Due to the cyclic secretion pattern of steroid hormones it is important to care for a proper timing of the sampling.

In order to avoid arbitrary results we recommend that 5 samples always be taken within a period of 2 – 3 hours (*multiple sampling*) preferably before a meal.

As food might contain significant amounts of steroid hormones samples preferably should be taken while fasting. If fasting should be a problem the collection period should be timed just before lunch or before dinner.

## **Specimen Storage and Preparation**

The saliva samples may be stored at 2 °C to 8 °C up to one week, and should be frozen at –20 °C for longer periods; repeated thawing and freezing is no problem.

Each sample has to be frozen, thawed, and centrifuged at least once in order to separate the mucins by centrifugation.

Upon arrival of the samples in the lab the samples have to stay in the deep freeze at least overnight. Next morning the frozen samples are warmed up to room temperature and mixed carefully.

Then the samples have to be centrifuged for 5 to 10 minutes (at 3000 - 2000 x g).

Now the clear colorless supernatant is easy to pipette.

If a set of multiple samples is to be tested, the lab (after at least one freezing, thawing, and centrifugation cycle) has to mix the 5 single samples in a separate sampling device and perform the testing from this mixture.

## **Specimen Dilution**

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

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

Example:

a) Dilution 1:10: 10 µl saliva + 90 µl *Standard A* (mix thoroughly)

b) Dilution 1:100: 10 µl of dilution a) + 90 µl *Standard A* (mix thoroughly).

## **ASSAY PROCEDURE**

Each run must include a standard curve.

1. Secure the desired number of coated strips in the frame holder.
2. Dispense **100 µL** of each Cortisol *Standard* and *Control* into appropriate wells.
3. Dispense **100 µL** of each sample into selected wells.
4. Dispense **200 µL** of *Enzyme Conjugate* into each sample and standard well and mix the plate for thoroughly for 10 seconds.
5. Incubate for **60 minutes** at room temperature.
6. Briskly shake out the contents of the wells and rinse the wells 3 times with diluted Wash Solution (400 µL per well). Strike the inverted wells sharply on absorbent paper towel to remove residual droplets.
7. Add **200 µL** of *Substrate Solution* to each well.
8. Incubate for **30 minutes** at room temperature.
9. Stop the reaction by adding **100 µL** of *Stop Solution* to each well.
10. Determine the absorbance of each well at  $450 \pm 10$  nm.  
It is recommended that the wells be read within 10 minutes.

**Calculation of Results**

1. Calculate the average absorbance values for each set of standards, controls and patient samples.
2. 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 IFU have been calculated automatically using a 4 PL (4 Parameter Logistics) curve fit. 4 Parameter Logistics is the preferred calculation method. 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 diluted. For the calculation of the concentrations this dilution factor has to be taken into account.

**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.

<b>Standard</b>	<b>Absorbance Units (450 nm)</b>
Standard A (0 ng/mL)	1.88
Standard B (2 ng/mL)	1.75
Standard C (5 ng/mL)	1.58
Standard D (10 ng/mL)	1.39
Standard E (20 ng/mL)	1.09
Standard F (40 ng/mL)	0.75
Standard G (80 ng/mL)	0.47

**EXPECTED NORMAL VALUES**

In order to determine the normal range of SLV cortisol, 109 saliva samples from adult male and female apparently healthy subjects, ages 20 to 80 years, were collected in the morning and analyzed using the LDN SLV Cortisol ELISA kit. The following range was calculated from this study.

Adults: 0.12 – 1.47 µg/dL or 1.2 – 14.7 ng/mL

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. Since cortisol levels show diurnal cycles, we recommend that the samples be obtained the same hour each day. Furthermore, we recommend that each laboratory determine its own range for the population tested.

**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 ranges stated 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 LDN directly.

## **PERFORMANCE CHARACTERISTICS**

### **Sensitivity**

The lowest detectable level of Cortisol that can be distinguished from the Zero Standard is 0.537 ng/mL or 0.0537 µg/dl at the 95 % confidence limit.

### **Specificity**

The following materials have been evaluated for cross reactivity. The percentage indicates cross reactivity at 50% displacement compared to Cortisol.

<b>Steroid</b>	<b>% Cross reaction</b>
Cortisol	100%
Corticosterone	29.00%
Cortisone	3.00%
11-Deoxycortisol	< 1.00%
17-OH Progesterone	< 0.50%
Prednisone	<0.10%
Progesterone	< 0.10%
Dexamethazone	< 0.10%
Desoxycorticosterone	< 0.10%
Dehydroepiandrosterone sulfate	< 0.10%
Estradiol	< 0.10%
Estriol	< 0.10%
Estrone	< 0.10%
Testosterone	< 0.10%

### **Assay Dynamic Range**

The range of the assay is between 0 – 80 ng/mL.

### **Reproducibility**

#### **Intra-Assay**

The intra-assay variation was determined by replicate measurements of 4 saliva samples using LDN ELISA kit. The within assay variability is shown below:

<b>Mean (ng/mL)</b>	4.52	0.94	12.79	17.50
<b>SD (ng/mL)</b>	0.120	0.042	0.230	0.258
<b>CV (%)</b>	2.65	4.52	1.80	1.47
<b>n =</b>	20	20	20	20

#### **Inter-Assay**

The inter-assay (between-run) variation was determined by quadruplicate measurements of commercial control samples in three different days runs.

<b>Mean (ng/mL)</b>	24.29	40.85
<b>SD (ng/mL)</b>	1.81	2.38
<b>CV (%)</b>	7.47	5.82
<b>n =</b>	12	12

#### **Inter-Lot**

The Inter-Lot (between-lot) variation was determined by duplicate measurements of five saliva samples in three different kit lots. The between run variability is shown below:

<b>Mean (ng/mL)</b>	1.22	12.65	15.81	4.16	4.53
<b>SD (ng/mL)</b>	0.07	0.35	0.70	0.10	0.12
<b>CV(%)</b>	5.97	2.73	4.43	2.35	2.72
<b>N =</b>	9	9	9	9	9

## Recovery

Recovery of the LDN ELISA was determined by adding increasing amounts of the analyte to three different saliva samples containing different amounts of endogenous analyte. Each sample (non-spiked and spiked) was assayed and analyte concentrations of the samples were calculated from the standard curve. The percentage recoveries were determined by comparing expected and measured values of the samples

Sample	Endogenous cortisol ng/mL	Added cortisol ng/mL	Measured OD mean of duplicate (450 nm)	Measured Conc. SLV cortisol ng/mL	Expected conc ng/mL	Recovery ( % )
1	0.90	0.00	1.284	0.90		
		40.00	0.175	38.74	40.90	94.7
		20.00	0.262	22.45	20.90	107.4
		10.00	0.421	11.50	10.90	105.5
		5.00	0.608	6.42	5.90	108.8
2	8.37	0.00	0.518	8.37		
		40.00	0.160	43.57	48.37	90.1
		20.00	0.225	27.59	28.37	97.3
		10.00	0.321	17.00	18.37	92.5
		5.00	0.367	14.07	13.37	105.2
3	14.60	0.00	0.357	14.61		
		40.00	0.144	50.31	54.61	92.1
		20.00	0.187	35.55	34.60	102.7
		10.00	0.246	24.52	24.60	99.7
		5.00	0.279	20.60	19.60	105.1

## Linearity

Three samples (saliva) containing different amounts of analyte were serially diluted to 1:64 with zero standard and assayed with the LDN ELISA. The percentage recovery was calculated by comparing the expected and measured values for SLV cortisol. An assay linearity of 0.537 – 77 ng/mL has been identified as the usable range. Samples above this range must be diluted and re-run.

	Sample 1	Sample 2	Sample 3
<b>Concentr. ng/mL</b>	33.13	80.00	23.23
<b>Average % Recovery</b>	107.0	99.1	97.5
<b>Range of % Recovery from to</b>	101.1	97.8	92.4
	114.0	99.6	104.4

## Comparison Studies

Studies were performed to compare the LDN SLV Cortisol test to commercially available tests.

One study evaluated saliva samples from 114 subjects ages 40 to 70 years. The samples were run in duplicate on the LDN test and another commercially available LIA method to determine the concentration of Cortisol in the samples. A correlation of 0.872 was obtained versus this method.

A second study was performed using saliva samples from seventy-two (72) saliva samples collected from 40 – 70 year old men and women and run in duplicate on LDN and another commercially available EIA test.

Another study was performed comparing 28 saliva samples to a reference LC-MS method.

A correlation of  $r = 0.89056$  with a formula of  $y = 1.0144x + 1.7762$  was obtained to this method.

To further demonstrate substantial equivalence of the LDN SLV test, additional expanded comparison studies were requested.

One expanded study evaluated saliva samples from 40 subjects ages 25 – 65 years. The samples were run in duplicate on the LDN test and another commercially available LIA method to determine the concentration of Cortisol in the samples.

An overall correlation of 0.9795 and a regression formula of  $y = 0.9588x - 0.0338$  was obtained versus this method.

A second expanded study was performed using 40 saliva samples collected from men and women ages 25 – 65 years and run in duplicate on LDN and another commercially available EIA test.

A correlation of 0.9920 with a regression formula of  $y = 1.0722x + 0.1482$  was observed compared to another EIA method.

## **LIMITATIONS OF PROCEDURE**

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.













Blood contamination of more than 0.32% in saliva samples will affect results, and usually can be seen by eye.

Concentrations of Sodium Azide >0.2% interferes in this assay and may lead to false results.

## **REFERENCES**

1. Irwin M, et al (1987): Life events, depressive symptoms and immune function, *Am J. Psychiat*, 144, 437-441
2. Solomon GF, Moss RH. (1964): Emotions, Immunity and disease. A speculative theoretical integration, *Arch. Gen Psychiatry*, 11, 657-674
3. Mcgrady A. et al (1987): Effect of biofeedback-assisted relaxation in blood pressure and cortisol levels in normotensives and hypertensives, *J. Behav. Med.*, 10, 301-310
4. Hucklebridge FH, et al. (1999): The awakening of cortisol response and blood glucose levels, *Life Sci.*, 64, 931-937
5. Drucker S. (1987): New MI: Disorders of adrenal steroidogenesis, *Pediatr. Clin. North Am*, 34, 1055-1066
6. Hellhammer DH, et al. (1997): Social hierarchy and adrenocortical stress Reactivity in men, *Psychoneuroendocrinology*, 22, 643-650
7. Van cauter E. (1987): Pulsatile ACTHsecretion . In: Wagner T., Filicori M. (eds): Episodic hormone secretion: From basic science to clinical application, Hameln, TM-Verlag, pp 65-75
8. Chernow B., et al (1987): Hormonal responses to graded surgical stress, *Arch. Intern. Med.*, 147, 1273- 1278
9. Hellhammer DH, et al (1987): Measurement of salivary cortisol under psychological Stimulation, In: Hingten JN, Hellhammer DH, Huppmann (eds.), *Advanced methods in Psychology*, Hogrefe, Toronto, pp 281-289
10. Riad-Fahny et al (1982), Steroids in saliva for assessing endocrine function, *Endocr. Rev*, 3, 367-395
11. Kirchbaum C., Hellhammer DH. (1989): Salivary cortisol in psychobiological Research: An overview, *Neuropsychobiology*, 22, 150-169
12. Kirchbaum C, Hellhammer Dh. (1994): Salivary cortisol in psychoneuroendocrine Research: Recent developments and applications, *Psychoneuroendocrinology*, 19, pp 313-333
13. Robin P., et al. (1977): Assay of unbound cortisol in plasma., *J. Clin. Endocrinol. Metab.*, 46, 277-283
14. Vining RF, et al. (1983), Hormones in saliva: Mode of entry and consequent implications for clinical interpretation, *Clin. Chem.*, 29, 1752-1756

## **Symbols:**

	Storage temperature		Manufacturer		Contains sufficient for <n> tests
	Expiry date		Batch code		For in-vitro diagnostic use only!
	Consult instructions for use		Content		CE labelled
	Caution		Catalogue number		For research use only!