



LDN Labor Diagnostika Nord GmbH & Co.KG Am Eichenhain 1 / 48531 Nordhorn / Germany

Instructions for use Kynurenine ELISA













Table of contents

1.	Introduction	4
1.1	Intended use and principle of the test	4
1.2	Clinical application	4
2.	Procedural cautions, guidelines, warnings and limitations	4
2.1	Procedural cautions, guidelines and warnings	4
2.2	Limitations	5
2.2.1	Interfering substances and proper handling of specimens	5
2.2.2	Drug and food interferences	5
2.2.3	High-Dose-Hook effect	5
3.	Storage and stability	5
4.	Materials	5
4.1	Contents of the kit	5
4.2	Calibration and Controls	6
4.3	Additional materials required but not provided in the kit	6
4.4	Additional equipment required but not provided in the kit	7
5.	Sample collection, handling and storage	7
6.	Test procedure	7
6.1	Preparation of reagents and further notes	7
6.2	Preparation of samples – Acylation	7
6.3	Kynurenine ELISA	8
7.	Calculation of results	8
7.1	Expected reference value	8
7.2	Typical standard curve	8
8.	Control samples	9
9.	Assay characteristics	9
9.1	Performance data	9
9.2	Metrological Traceability	10
10.	References/Literature	10
11.	Changes	11

Version: 20.0 Effective: 2025-04-10 2 / 10

1. Introduction

1.1 Intended use and principle of the test

Enzyme immunoassay for the quantitative determination of L-kynurenine in serum and EDTA-plasma samples to evaluate L-kynurenine homeostasis.

During acylation, kynurenine is activated at 37 °C and subsequently coupled to a protein.

The subsequent competitive ELISA uses the microtiter plate format. The antigen is bound to the solid phase of the microtiter plate. The analyte concentrations of the acylated standards, controls and samples compete with the solid phase bound analyte concentrations for a fixed number of antibody binding sites. After the system is in equilibrium, free antigen and free antigen-antibody complexes are removed by washing. The antibody bound to the solid phase is detected by an anti-rabbit IgG-peroxidase conjugate using TMB as a substrate resulting in a colour reaction. The reaction is monitored at a wavelength of 450 nm.

Quantification of unknown samples is achieved by comparing their absorbance with a reference curve prepared with known standard concentrations. Manual processing of the ELISA is recommended. The use of automatic laboratory equipment is the responsibility of the user. This in-vitro diagnostic is for professional use only.

1.2 Clinical application

Kynurenine is a non-proteinogenic amino acid that is produced as a metabolic intermediate during the degradation of tryptophan [1-5]. The degradation of tryptophan is catalyzed by the inducible enzyme indolamine-2,3-dioxygenase (IDO). The product is kynurenine [4, 6-8]. Cytokines, in particular interferon- γ [5, 9, 10], influence the activity of the IDO, so that is why the kynurenine path is closely linked to the immune system [9, 11]. Kynurenine can be further converted to neuroprotective kynurenic acid, but also to neurotoxic guinolinic acid [6, 11].

Disorders of the tryptophan kynurenine metabolism are associated with different disease patterns, such as stress, cancer [1, 2, 12], and depression [6, 13-17]. The latter can be treated by tryptophan administration. This requires a determination of the kynurenine to tryptophan ratio, which is a reliable marker for the IDO activity [6, 14]. If no increased IDO activity is detected, the administered tryptophan can serve as the starting product for serotonin synthesis [18].

Therapeutic consequences should never be based on laboratory results alone, even if these results are assessed in accordance with the quality criteria of the method. Any laboratory result is only a part of the total clinical picture of the patient.

Only in cases where the laboratory results are in an acceptable agreement with the overall clinical picture of the patient, it can be used for therapeutic consequences.

2. Procedural cautions, quidelines, warnings and limitations

2.1 Procedural cautions, guidelines and warnings

- (1) This kit is intended for professional use only. Users should have a thorough understanding of this protocol for the successful use of this kit. Only the test instruction provided with the kit is valid and must be used to run the assay. Reliable performance will only be attained by strict and careful adherence to the instructions provided.
- This assay was validated for a certain type of sample as indicated in Intended Use (please refer to Chapter 1). Any off-label use of this kit is in the responsibility of the user and the manufacturer cannot be held liable.
- (3) The principles of Good Laboratory Practice (GLP) must be followed.
- (4) In order to reduce exposure to potentially harmful substances, wear lab coats, disposable protective gloves and protective glasses where necessary.
- (5) If serious incidents should occur in connection with this product, they should be reported to the manufacturer and the competent national authorities.
- (6) All kit reagents and specimens should be brought to room temperature and mixed gently but thoroughly before use. For dilution or reconstitution purposes, use deionized, distilled, or ultra-pure water. Avoid repeated freezing and thawing of reagents and specimens.
- (7) The microplate contains snap-off strips. Unused wells must be stored at 2 8 °C in the sealed foil pouch with desiccant and used in the frame provided. Microtiter strips which are removed from the frame for usage should be marked accordingly to avoid any mix-up.
- (8) Duplicate determination of sample is highly recommended.
- (9) Once the test has been started, all steps should be completed without interruption. Make sure that the required reagents, materials, and devices are prepared for use at the appropriate time.
- (10) Incubation times do influence the results. All wells should be handled in the same order and time intervals.
- (11) To avoid cross-contamination of reagents, use new disposable pipette tips for dispensing each reagent, sample, standard and control.
- (12) A standard curve must be established for each run.
- (13) The controls should be included in each run and fall within established confidence limits. The confidence limits are listed in the QC-Report provided with the kit.
- (14) Do not mix kit components with different lot numbers within a test and do not use reagents beyond expiry date as shown on the kit labels.
- (15) For information about hazardous substances included in the kit please refer to Safety Data Sheet (SDS). The Safety Data Sheet for this product is made available directly on the website of the manufacturer or upon request.
- (16) Kit reagents must be regarded as hazardous waste and disposed of according to national regulations.

Version: 20.0 Effective: 2025-04-10 3 / 10

- (17) The expected reference values reported in this test instruction are only indicative. It is recommended that each laboratory establishes its own reference intervals.
- (18) In case of any severe damage to the test kit or components, the manufacturer has to be informed in writing, at the latest, one week after receiving the kit. Severely damaged single components must not be used for a test run. They must be stored properly until the manufacturer decides what to do with them. If it is decided that they are no longer suitable for measurements, they must be disposed of in accordance with national
- (19) The results obtained with this test kit should not be taken as the sole reason for any therapeutic consequence but must be correlated to other diagnostic tests and clinical observations.

2.2 Limitations

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

2.2.1 Interfering substances and proper handling of specimens

Serum/Plasma

Hemolytic samples (up to 4 mg/ml hemoglobin), icteric samples (up to 0.5 mg/ml bilirubin) and lipemic samples (up to 17 mg/ml triglycerides) have no influence on the assay results.

If the concentrations cannot be estimated and there are doubts as to whether the above limit values for hemolytic, icteric or lipemic samples are complied with, the samples should not be used in the assay.

2.2.2 Drug and food interferences

Following substances (drugs) are able to interfere with the concentration of kynurenine level in the sample through ingestion: efavirenz, ezetimib/simvastatin, hydrocortisone, 4-hydroxybutanoic acid, navoximod, ACE inhibitors (angiotensin-converting enzyme inhibitor) and ARBs (angiotensin II type 1 receptor blockers) can lower the kynurenine level. Alcohol, interferon-alpha and nivolumab, on the other hand, can increase the kynurenine level.

2.2.3 High-Dose-Hook effect

No hook effect was observed in this test.

Storage and stability

Store kit and reagents at 2 - 8 °C until expiration date. Do not use kit and components beyond the expiry date indicated on the kit labels. Once opened, the reagents are stable for 2 months when stored at 2 - 8 °C. Once the resealable pouch of the ELISA plate has been opened, care should be taken to close it tightly again including the desiccant.

Materials

Contents of the kit 4.1

BA D-0024	REAC-PLATE	Reaction Plate – ready to use
Content:	1 x 96 well plate, e	mpty, in a resealable pouch
BA D-0090	FOILS	Adhesive Foil – ready to use
Content:	Adhesive foils in a	resealable pouch
Number:	1 x 4 foils	
BA E-0030	WASH-CONC 50x	Wash Buffer Concentrate – concentrated 50x
Content:	Buffer with a non-io	onic detergent and physiological pH
Volume:	1 x 20 ml/vial, purp	ole cap
BA E-0040	CONJUGATE	Enzyme Conjugate – ready to use
Content:	Goat anti-rabbit im	munoglobulins conjugated with peroxidase
Volume:	1 x 12 ml/vial, red	сар
Description:	Species is goat	
Hazard pictograms:	(!)	
	GHS07	
Signal word:	Warning	
Hazardous ingredients:	2-methyl-2H-isothia	izol-3-one
Hazard statements:	H317 May cause an	allergic skin reaction.
Precautionary	P280 Wear protective	ve gloves.
statements:		KIN: Wash with plenty of water.
		rritation or rash occurs: Get medical advice/attention.
	P501 Dispose of cor	tents/container to an authorised waste collection point.

4 / 10 Version: 20.0 Effective: 2025-04-10

BA E-0055 SUBSTRATE Substrate - ready to use Content: Chromogenic substrate containing 3,3',5,5'-tetramethylbenzidine, substrate buffer and hydrogen peroxide Volume: 1 x 12 ml/vial, black cap **BA E-0080** STOP-SOLN Stop Solution - ready to use Content: 0.25 M sulfuric acid Volume: 1 x 12 ml/vial, grey cap Kynurenine Antiserum - ready to use **BA E-2210** AS KYN Content: Rabbit anti-kynurenine antibody in buffer with proteins and non-mercury preservative, blue coloured Volume: 1 x 6 ml/vial, blue cap Species of antibody is rabbit, species of protein in buffer is bovine Description: **BA E-2211 ACYL-BUFF** Acylation Buffer - ready to use Content: 2-(N-morpholino)ethanesulfonic acid (MES) buffer Volume: 1 x 30 ml/vial, brown cap **BA E-2212 ACYL-REAG** Acylation Reagent - ready to use Content: Acylation reagent in dimethylsulfoxide (DMSO) Volume: 1 x 3 ml/vial, white cap Hazard pictograms: GHS07 Signal word: Warning Hazardous N'-(ethylcarbonimidoyl)-N,N-dimethylpropane-1,3-diamine monohydrochloride ingredients:

Hazard H317 May cause an allergic skin reaction.

statements: H412 Harmful to aquatic life with long lasting effects.

Precautionary P280 Wear protective gloves.

statements: P302+P352 IF ON SKIN: Wash with plenty of water.

P333+P313 If skin irritation or rash occurs: Get medical advice/attention. P501 Dispose of contents/container to an authorised waste collection point.

Content: 1 x 96 wells (12x8) antigen precoated microwell plate in a resealable pouch with desiccant

4.2 Calibration and Controls

Standards and Controls - ready to use

	,,								
Cat. no.	Component	Colour/ Cap	Concentration [ng/ml] KYN	Concentration [nmol/l] KYN	Volume/ Vial				
BA E-2201	STANDARD A	white	0	0	4 ml				
BA E-2202	STANDARD B	yellow	100	480	4 ml				
BA E-2203	STANDARD C	orange	300	1,440	4 ml				
BA E-2204	STANDARD D	blue	1,000	4,800	4 ml				
BA E-2205	STANDARD E	grey	3,000	14,400	4 ml				
BA E-2206	STANDARD F	black	10,000	48,000	4 ml				
BA E-2251	CONTROL 1	green	accontable range		4 ml				
BA E-2252	CONTROL 2	red			4 ml				
Conversion:	kynurenine $[ng/ml] \times 4.8 = kynurenine [nmol/l]$								
Content:	TRIS buffer with non-mercury preservatives, spiked with a defined quantity of kynurenine.								

4.3 Additional materials required but not provided in the kit

- Water (deionized, distilled, or ultra-pure)
- Absorbent material (paper towel)

Version: 20.0 *Effective: 2025-04-10* **5 / 10**

4.4 Additional equipment required but not provided in the kit

- Calibrated precision pipettes to dispense volumes between 10 300 μl
- Microtiter plate washing device (manual, semi-automated or automated)
- ELISA reader capable of reading absorbance at 450 nm and if possible 620 650 nm
- Microtiter plate shaker (shaking amplitude 3 mm; approx. 600 rpm)
- Vortex mixer
- Temperature controlled incubator (37 °C) or similar heating device

5. Sample collection, handling and storage

Repeated thawing and freezing of all samples should be avoided! Fasting specimens are advised.

Plasma

Whole blood should be collected by venepuncture into centrifuge tubes containing EDTA as anticoagulant and centrifuge according to manufacturer's instructions immediately after collection.

Hemolytic, icteric and lipemic samples should not be used for the assay.

Storage: up to 48 hours at 2 - 8 °C, for longer period (up to 6 months) at -15 to -30 °C.

Serum

Whole blood should be collected by venepuncture into centrifuge tubes, allow to clot, and separate serum by centrifugation according to manufacturer's instructions. Do not centrifuge before complete clotting has occurred. Samples of patients receiving anticoagulant therapy may require increased clotting time.

Hemolytic, icteric and lipemic samples should not be used for the assay.

Storage: up to 48 hours at 2 - 8 °C, for longer period (up to 6 months) at -15 to -30 °C.

6. Test procedure

Allow all reagents and samples to reach room temperature and mix thoroughly by gentle inversion before use. Number the Reaction Plate and microwell plate (Microtiter Strips which are removed from the frame for usage should be marked accordingly to avoid any mix-up). Duplicate determinations are recommended.

The binding of the antisera and of the enzyme conjugate and the activity of the enzyme are temperature dependent. The higher the temperature, the higher the absorption values will be. Varying incubation times will have similar influences on the absorbance. The optimal temperature during the enzyme immunoassay is between 20 - 25 °C. If the product is prepared in parts, unused wells in Reaction Plate should be covered to avoid contamination. After preparation, the used wells must be labelled to prevent double use.

During the overnight incubation at 2 - 8 °C with the antiserum, the temperature should be uniform all over the ELISA plate to avoid any drift and edge-effect.

 \triangle The use of a microtiter plate shaker with the following specifications is mandatory: shaking amplitude 3 mm; approx. 600 rpm. Shaking with differing settings might influence the results.

6.1 Preparation of reagents and further notes

Wash Buffer

Dilute the 20 ml Wash Buffer Concentrate WASH-CONC 50x with water to a final volume of 1000 ml.

Storage: 2 months at 2 - 8 °C

Acylation Reagent

The Acylation Reagent **ACYL-REAG** has a freezing point of 18.5 °C. To ensure that the Acylation Reagent forms a homogenous, crystal-free solution when being used, it must have reached room temperature.

Kynurenine Microtiter Strips

In rare cases residues of the blocking and stabilizing reagent can be seen in the wells as small, white dots or lines. These residues do not influence the quality of the product.

6.2 Preparation of samples - Acylation

- 1. Pipette 10 µl of standards, controls und samples into the respective wells of the REAC-PLATE.
- 2. Add 250 µl ACYL-BUFF to all wells.
- 3. Add 25 µl ACYL-REAG to all wells and incubate 1 min at RT (20 25 °C) on a shaker (approx. 600 rpm).
- 4. Cover the plate with **FOILS** and incubate for **90 min** at **37 °C**.
- \bigwedge Take **20 \muI** of the prepared **standards, controls** and **samples** for the **Kynurenine ELISA**.

Version: 20.0 Effective: 2025-04-10 6 / 10

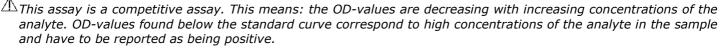
6.3 Kynurenine ELISA

- 2. Add 50 µl of the AS KYN into all wells and mix shortly.
- 3. Cover plate with FOILS and incubate for 15 20 h (overnight) at 2 8 °C.
- 4. Remove the foil. Discard or aspirate the contents of the wells. Wash the plate 4 times by adding 300 μI of Wash buffer, discarding the content and blotting dry each time by tapping the inverted plate on absorbent material.
- 5. Add 100 µl of the CONJUGATE into each well.
- **6.** Incubate **30 min** at **RT** (20 25 °C) on a **shaker** (approx. 600 rpm).
- 7. Discard or aspirate the contents of the wells. Wash the plate 4 times by adding 300 µl of Wash buffer, discarding the content and blotting dry each time by tapping the inverted plate on absorbent material.
- 8. Add 100 μl of the SUBSTRATE into each well an incubate for 20 30 min at RT (20 25 °C) on a shaker (approx. 600 rpm). Avoid exposure to direct sunlight!
- 9. Pipette 100 µl of the STOP-SOLN into each well and shake the microtiter plate shortly.
- **10. Read** the absorbance of the solution in the wells within 10 min, using a microtiter plate reader set to **450 nm** (if available a reference wavelength between 620 nm and 650 nm is recommended).

7. Calculation of results

Managering wange	Kynurenine
Measuring range	63.3 - 10,000 ng/ml

The standard curve, which can be used to determine the concentration of the unknown samples, is obtained by plotting the absorbance readings (calculate the mean absorbance) of the standards (linear, y-axis) against the corresponding standard concentrations (logarithmic, x-axis) using a concentration of 0.001 ng/ml for Standard A (this alignment is mandatory because of the logarithmic presentation of the data). Use non-linear regression for curve fitting (e.g. 4-parameter, marquardt).



The concentrations of the samples and controls can be read directly from the standard curve.

Samples found with concentrations higher than the highest standard (Standard F) should be diluted accordingly with Standard A and must be re-assayed. For the calculation of the concentrations this dilution factor has to be taken into account.

Conversion:

kynurenine $[ng/ml] \times 4.8 = kynurenine [nmol/l]$

7.1 Expected reference value

It is strongly recommended that each laboratory should determine its own reference values.

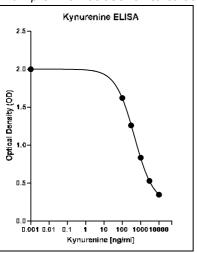
The expected reference values indicated below are based on method comparison studies to XLC-MS/MS [5].

Expected reference value	serum/plasma	237.4 - 754.2 ng/ml 1,140 - 3,620 nmol/l
I		,,,

Values significantly outside the reference range should be assessed by a doctor.

7.2 Typical standard curve

 \triangle Example: Do not use for calculation!



Version: 20.0 Effective: 2025-04-10 7 / 10

8. Control samples

It is recommended to use control samples according to national regulations. Use controls at both normal and pathological levels. Commercially obtained control samples should be treated like unknown samples. Control samples should fall within established confidence limits. The confidence limits of the kit controls are indicated on the QC-Report.

9. Assay characteristics

9.1 Performance data

Analytical Sensitivity		
Limit of Blank (LOB)	32.2 ng/ml	
Limit of Detection (LOD)	45.7 ng/ml	
Limit of Quantification (LOQ)	63.3 ng/ml	

Analytical Specificity (Cross Reactivity)			
Substance	Cross Reactivity [%]		
L-Kynurenine	100		
5-Hydroxy-DL-Tryptophan, Tyrosine, Phenylalanine, Serotonin, L-Asparagine, Kynurenic acid	0.05		
Tryptophan	0.18		
3-Hydroxy-DL-Kynurenine	0.3		

Precision							
Intra-Assa	Intra-Assay				у		
	Sample	Mean ± SD [ng/ml]	CV [%]		Sample	Mean ± SD [ng/ml]	CV [%]
serum	1	389 ± 48.9	12.6	serum	1	376 ± 66.5	17.7
	2	989 ± 108	11.0		2	889 ± 120	13.5
	3	2,324 ± 256	11.0		3	2,047 ± 203	14.8
plasma	1	400 ± 61.8	15.5	plasma	1	354 ± 44.6	12.6
	2	984 ± 120	12.2	1	2	867 ± 61.7	7.1
	3	2,230 ± 305	13.8	1	3	1,916 ± 168	8.8

Lot-to-Lot				
	Sample	Mean ± SD [ng/ml]	CV [%]	
Kynurenine in artificial matrix	1	523 ± 37.6	7.2	
(n = 4)	2	1,598 ± 127	8.0	
Kynurenine in plasma	1	449 ± 21.8	4.9	
(n = 4)	2	1,411 ± 211	15.0	

Recovery				
	Sample	Mean [%]	Range [%]	
	1	101	90 - 109	
serum	2	93	90 – 96	
	3	109	95 - 118	
	1	96	82 - 106	
plasma	2	99	90 - 104	
	3	103	97 - 110	

Linearity				
	Serial dilution up to	Mean [%]	Range [%]	
serum	1:128	95	90 - 104	
plasma	1:128	94	89 - 102	

Version: 20.0 *Effective: 2025-04-10* **8 / 10**

Method comparison:	XLC-MS/MS = $0.9x + 71.5$; $R^2 = 0.9355$; $n = 30$
ELISA vs. XLC-MS/MS	$\lambda EC^{-14}S/14S = 0.93 + 71.5, R^{-} = 0.9333, H = 30$

9.2 Metrological Traceability

The values assigned to the standards and controls of the Kynurenine ELISA are traceable to SI Units by weighing with quality-controlled analyte.

Standards and Controls	Uncertainty [%]
	2.3

Kynurenine ELISA				
	concentration [ng/ml]	Expanded Uncertainty [%] k = 2*		
plasma -	354	25.6		
	867	14.9		
	concentration [ng/ml]	Expanded Uncertainty [%] k = 2*		
serum	376	35.7		
	889	27.4		

^{*} This defines an interval about the measured result that will include the true value with a probability of 95%.

10. References/Literature

- 1. Konishi, M., et al., *Impact of Plasma Kynurenine Level on Functional Capacity and Outcome in Heart Failure-Results From Studies Investigating Co-morbidities Aggravating Heart Failure (SICA-HF).* Circ J, 2016. **81**(1): p. 52-61.
- 2. Li, H., et al., *Metabolomic adaptations and correlates of survival to immune checkpoint blockade.* Nat Commun, 2019. **10**(1): p. 4346.
- 3. Metcalfe, A.J., et al., *Acute and chronic effects of exercise on the kynurenine pathway in humans A brief review and future perspectives.* Physiol Behav, 2018. **194**: p. 583-587.
- 4. Zinellu, A., et al., *Impact of cholesterol lowering treatment on plasma kynurenine and tryptophan concentrations in chronic kidney disease: relationship with oxidative stress improvement.* Nutr Metab Cardiovasc Dis, 2015. **25**(2): p. 153-9.
- 5. de Jong, W.H., et al., *Plasma tryptophan, kynurenine and 3-hydroxykynurenine measurement using automated on-line solid-phase extraction HPLC-tandem mass spectrometry.* J Chromatogr B Analyt Technol Biomed Life Sci, 2009. **877**(7): p. 603-9.
- 6. Barone, P., The 'Yin' and the 'Yang' of the kynurenine pathway: excitotoxicity and neuroprotection imbalance in stress-induced disorders. Behav Pharmacol, 2019. **30**(2 and 3-Spec Issue): p. 163-186.
- 7. Keegan, M.R., et al., *Tryptophan metabolism and its relationship with central nervous system toxicity in people living with HIV switching from efavirenz to dolutegravir.* J Neurovirol, 2019. **25**(1): p. 85-90.
- 8. Kim, Y.K. and S.W. Jeon, *Neuroinflammation and the Immune-Kynurenine Pathway in Anxiety Disorders*. Curr Neuropharmacol, 2018. **16**(5): p. 574-582.
- 9. Lim, C.K., et al., *Involvement of the kynurenine pathway in the pathogenesis of Parkinson's disease.* Prog Neurobiol, 2017. **155**: p. 76-95.
- 10. Strasser, B., et al., *Kynurenine pathway metabolism and immune activation: Peripheral measurements in psychiatric and co-morbid conditions.* Neuropharmacology, 2017. **112**(Pt B): p. 286-296.
- 11. Look, M.P., et al., Parallel decrease in neurotoxin quinolinic acid and soluble tumor necrosis factor receptor p75 in serum during highly active antiretroviral therapy of HIV type 1 disease. AIDS Res Hum Retroviruses, 2000. **16**(13): p. 1215-21.
- 12. Labadie, B.W., R. Bao, and J.J. Luke, *Reimagining IDO Pathway Inhibition in Cancer Immunotherapy via Downstream Focus on the Tryptophan-Kynurenine-Aryl Hydrocarbon Axis.* Clin Cancer Res, 2019. **25**(5): p. 1462-1471.
- 13. Bonaccorso, S., et al., *Increased depressive ratings in patients with hepatitis C receiving interferon-alpha-based immunotherapy are related to interferon-alpha-induced changes in the serotonergic system.* J Clin Psychopharmacol, 2002. **22**(1): p. 86-90.
- 14. Bryleva, E.Y. and L. Brundin, *Kynurenine pathway metabolites and suicidality*. Neuropharmacology, 2017. **112**(Pt B): p. 324-330.
- 15. Dornbierer, D.A., et al., *Nocturnal Gamma-Hydroxybutyrate Reduces Cortisol-Awakening Response and Morning Kynurenine Pathway Metabolites in Healthy Volunteers.* Int J Neuropsychopharmacol, 2019. **22**(10): p. 631-639.
- 16. Murakami, Y., et al., Depressive symptoms as a side effect of Interferon-alpha therapy induced by induction of indoleamine 2,3-dioxygenase 1. Sci Rep, 2016. **6**: p. 29920.
- 17. Rudzki, L., et al., *Probiotic Lactobacillus Plantarum 299v decreases kynurenine concentration and improves cognitive functions in patients with major depression: A double-blind, randomized, placebo controlled study.* Psychoneuroendocrinology, 2019. **100**: p. 213-222.

Version: 20.0 *Effective: 2025-04-10* **9 / 10**

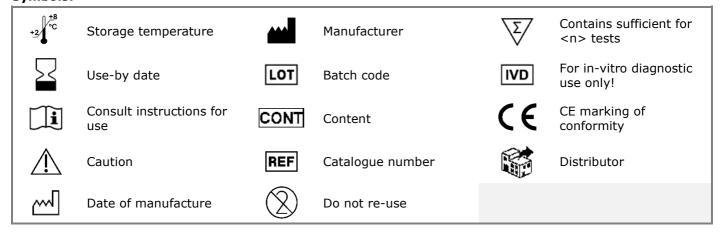
18. Sorgdrager, F.J.H., et al., *Hydrocortisone Affects Fatigue and Physical Functioning Through Metabolism of Tryptophan: A Randomized Controlled Trial.* J Clin Endocrinol Metab, 2018. **103**(9): p. 3411-3419.

For updated literature or any other information please contact your local supplier.

11. Changes

Version	Release Date	Chapter	Change
17.0	2022-11-28	All	- The IFU was revised according to the IVDR regulation (EU) 2017/746
		1.	- Introduction
		2.1	- Procedural notes, guidelines and warnings
		2.2.1	- Interfering substances
		3.	- Shelf life after opening changed to 2 months
		4.1	- BA E-2212 Acylation Reagent now with white cap
		5.	- Sample collection and storage
		7.	- Calculation of results clarified
		7.1	- Reference range in nmol/l added
		7.2	- Typical standard curve updated
		9.1	- Lot-to-Lot and LOB/LOQ added
		9.2	- Metrological traceability added
		10.	- References updated
		11.	- Changes added
18.0	2024-02-15	4.1	- Hazard labelling updated according to SDS
		9.1	- Lot-to-Lot updated
19.0	2024-09-26	7	- Note added to the dilution factor in the calculation
		9.2	- Metrological traceability updated
20.0	2025-04-10	2.1	- Updated
		4.1	- Hazard labelling updated according to SDS

Symbols:



Version: 20.0 *Effective: 2025-04-10* **10 / 10**