Collecting Salivary IL-1 Beta

Sample Collection Method Overview

- ✔ **Passive Drool**
- ✔ **SalivaBio Swab**

+ Special Considerations

Studies show that levels of IL1-beta in the oral fluid of healthy individuals do not accurately reflect the levels of this cytokine in the circulation. Levels of IL-1b in saliva of healthy donors represent individual differences in the degree of inflammation in the oral mucosal immune compartment.

+ Sample Collection (General Procedure)

Before Sample Collection

- Avoid foods with high sugar or acidity, or high caffeine content, immediately before sample collection, since they may compromise the assay by lowering saliva pH and increasing bacterial growth.
- Document consumption of alcohol, caffeine, nicotine, and prescription/over-the-counter medications within the prior 12 hours.
- Document parameters to enable estimates of salivary flow rate
- Use of medications applied to the mouth (gels) or respiratory pathway (inhalers) that contain anti-inflammatory components should be carefully documented.
- Document vigorous physical activity and the presence of oral diseases or injury.
- Consider documenting parameters to estimate saliva flow rate.
- Rinse mouth with water to remove food residue and **wait at least 10 minutes** after rinsing to avoid sample dilution before collecting saliva.

During Sample Collection

- **Recommended Collection Volume: 50 µl***
- Follow desired sample collection device protocol

*Add 300 µl to the total volume of all tests for liquid handling loss

After Sample Collection

- Record the time and date of specimen collection.
- Refrigerate samples immediately (if possible) and freeze at or below -20°C (household freezer) as soon as possible (within hours of sample collection)
- Samples visibly contaminated with blood should be recollected.
- Do not add sodium azide to saliva samples as a preservative.
- Consider aliqouting samples to avoid multiple freeze-thaws