Anti-Human CD15 (MCS-1)

Fluorochrome	Reference	Test
FITC	15F-100T	100 test
PE	15PE-100T	100 test



PRODUCT DESCRIPTION

OtherNames:3-FALantibody,Alpha-3-fucosyltransferase antibody, ELAM 1 ligand antibodyDescription:Theanti-CD15monoclonalantibodyderives from white blood cells.

Clone: MCS-1

HLDA: HLDA: 5th International Workshops on Human Leucocyte Differentiation, WS Code MA063 Isotype: Mouse IaG3

Reactivity: Human

Source: Supernatant proceeding from an *in vitro* cell culture of a cell hybridoma.

Purification: Affinity chromatography.

Compositión: Mouse anti-human CDI5 monoclonal antibody conjugated with a fluorochrome and in an aqueous solution which contains stabilising protein and 0.09% sodium azide (NaN_3).

Fluorochrome	Reagent	Concentration
FITC (Fluorescein	provided	(µg/ml)
isothiocyanate)	150 ug in 2 ml	75
PE (R-Phycoerythrin)	25 ug in 2 ml	12,5

RECOMMENDED USAGE

Immunostep's CDI5, clone MCS-1, is a monoclonal antibody intended for *in vitro* diagnostic use in the identification and enumeration of human sample leucocytes that express CDI5 using flow cytometry.

CLINICAL RELEVANCE

This antibody is used for identification of mononuclear Hodgkin cells and Reed-Sternberg cells in Hodgkin lymphoma^(I-6)

PRINCIPLES OF THE TEST

The anti-CDI5 monoclonal antibody binds to the surface of cells that express the CDI5 antigen. To identify these cells, the sample is incubated with the antibody and is analysed by flow cytometry.

APPROPRIATE STORAGE AND HANDLING CONDITIONS

Store in the dark, refrigerated between 2 $^{\circ}$ C and 8 $^{\circ}$ C. DO NOT FREEZE. The antibody is stable until the expiry date stated on the vial label if kept at 2 $^{\circ}$ C-8 $^{\circ}$ C. Do not use after the date indicated.

Once the vial is open, the product is stable for 90 days.

EVIDENCE OF DETERIORATION

Reagents should not be used if any evidence of deterioration is observed. For more information, please contact our technical service: tech@immunostep.com

The product's normal appearance is a semitransparent, colourless liquid. It should not be used if liquid medium is cloudy or contains precipitate. It should be odourless.

RECOMMENDATIONS AND WARNINGS

- a) The reagents contain sodium azide. In acid conditions, it is transformed into hydrazoic acid, a highly toxic compound. Azide compounds must be diluted in running water before being discarded. These conditions are recommended so as to avoid deposits in plumbing, where explosive conditions could develop. The safety data sheet (SDS) is available online at www.immunostep.com
- b) Avoid microbial contamination of the reagent.
- c) Protect from light. Use dim light during handling, incubation with cells and prior to analysis.
- d) Never mouth pipette.
- e) In the case of contact with skin, wash in plenty of water.
- f) The samples should be handled in the same way as those capable of transmitting infection. Appropriate handling procedures should be guaranteed.
- g) Do not use after the expiry date indicated on the vial.
- h) Deviations from the recommended procedure could invalidate the analysis results.
- i) FOR IN VITRO DIAGNOSTIC USE.
- j) For professional use only.
- Before acquiring the samples, it is necessary to make sure that the flow cytometer is calibrated and compensated.

SAMPLE COLLECTION

The extraction of venous blood samples should be carried out in blood collection tubes using the appropriate anticoagulant (EDTA or heparin)^{7,8}. For optimum results, the sample should be processed during the six hours following the extraction. Samples which cannot be processed within the 48 hours following the extraction should be discarded.

MATERIALS REQUIRED BUT NOT PROVIDED

lsotype controls:

Fluorochrome	lsotype control	lmmunostep Reference
FITC	Mouse IgG3	ICIGG3F-100UG
PE	Mouse IgG3	ICIGG3PE-50UG

- Centrifuge
- Commonly used 12 x 75-mm flow cytometry assay tubes
- Micropipettes for dispensing volumes from 5 μl to 2 ml
- Blood collection tubes with anticoagulant.
- Phosphate buffered saline (PBS) with 0.09% sodium azide. It is recommendable to add 0.5% BSA
- Vacuum system
- Lysing solution
- Flow cytometer equipped with laser and appropriate fluorochrome filters
- Vortex Agitator

SAMPLE PREPARATION:

- Add the suggested volume indicated on the antibody vial to a 12x75-mm cytometer tube. It is advisable to prepare an additional tube with the appropriate isotype control (please see materials required but not provided).
- Add 100 μL of sample (up to 10⁶ cells) and mix properly in the vortex.
- Incubate in the dark for 15 minutes at room temperature (20-25°C) or for 30 minutes at 4°C.
- Add 2 ml of the lysing solution, mix in the vortex and incubate in the dark for 10 minutes or until the sample is lysed.
- Centrifuge at 540g for five minutes and carefully withdraw the supernatant by suction so as not to touch the cell pellet. Leave 50 µl of non-aspirated liquid.
- 6. Resuspend pellet.
- 7. Add 2 ml of PBS (please see materials required but not provided).
- Centrifuge at 540g for five minutes and carefully withdraw the supernatant by suction so as not to touch the cell pellet. Leave 50 µl of non-aspirated liquid.
- 9. Resuspend the pellet in 0.3 ml of PBS.

Acquire on a flow cytometer or store in the dark at 2° C -8°C until the analysis is carried out. Samples should be acquired within the 3 hour after lysis.

FLOW CYTOMETRY ANALYSIS

Collect the fluorescence attributed to monoclonal antibody CDI5 and determine the percentage of stainend cells.

It is necessary to use an isotype control conjugated with the same fluorochrome, of the same type of immunoglobulin heavy chain and concentration as that of the CD15, so as to evaluate and correct the unspecific binding of leucocytes (*please see materials required but not provided*). Set an analysis region to eliminate fluorescence background noise and to include positively stained cells. Below is an example diagram of stained cells:

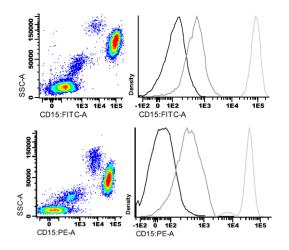


Fig. 1: On the left, a biparametric diagram of the average fluorescence intensity of human peripheral blood stained with CDI5+ and its internal complexity (SSC). Right, a diagram of the same specimen in histogram format.

LIMITATIONS OF THE PROCEDURE

- Incubation of antibody with cells for other than the recommended procedures may result in a reduction or loss of antigenic determinants from the cell surface.
- The values obtained from normal individuals may vary from laboratory to laboratory; it is therefore suggested that each laboratory should establish its own normal reference range.
- Abnormal cells or cell lines may show a higher antigen density than normal cells. In some cases, this could require the use of a greater quantity of monoclonal antibody than is indicated in the procedures for sample preparation.
- 4. In whole blood samples, red blood cells found in abnormal samples, as well as nucleated red cells (from both normal and abnormal specimens) may be resistant to lysis. Longer periods of red blood cell lysing may be needed in order to avoid the inclusion of unlysed cells in the lymphocyte gated region.
- 5. Blood samples should not be refrigerated for an extensive period (more than 24 hours), since the number of viable cells will gradually decrease, and this may have an effect on the analysis. In order to obtain the best values, they should be
- 6. kept at room temperature immediately prior to incubation with the monoclonal antibody.
- Accurate results with flow cytometric procedures depend on correct alignment and calibration of the lasers, as well as correct gate settings.

REFERENCE VALUES

Abnormal results in the percentage of cells expressing the antigen or in its levels of expression may be due to pathological conditions. It is advisable to know the normal antigen expression patterns in order to ensure a proper interpretation of the results^{9,10,11}

The values obtained from healthy individuals may vary from laboratory to laboratory; it is therefore suggested that each laboratory should establish its own normal reference range.

CHARACTERISTICS

SPECIFICITY

The CDI5 antigen is the X-hapten on lacto-N-fucose pentaosyl III, which is expressed on circulating granulocytes or tissue granulocytes as well as neutrophils and eosinophils. The CDI5 antibody recognizes the carbohydrate structure 3-fucosyl-Nacetyl-lactosamine. It specifically labels neutrophils, eosinophils and monoblastoid precursor cells of the mveloid lineage.

HLDA: 5th International Workshops on Human Leucocyte Differentiation, WS Code MA063

Blood samples were obtained from healthy normal donors and were stained with Immunostep CDI5 monoclonal antibody. Cells contained in the lymphocyte, monocyte and granulocyte regions were selected for analysis. Blood samples were processed by a leukocyte method, with a direct immunofluorescence staining for flow cytometric analysis.

To evaluate the reagent's Specificity (cross-reactivity with other cell populations), 10 blood samples from healthy donors were studied, stained with an adequate isotype control and the MAb to study. The percentage of lymphocytes, monocytes and granulocytes stained with the mentioned MAb was evaluated. The results obtained for CD15 PE are shown in the following table:

		Lymphocytes	Monocytes	Granulocytes
Ν	Valid	10	10	10
	Missing	0	0	0
Me	an	9,3000	65,0340	99,2660
Median		9,2750	63,3100	99,9350
Мо	de	3,76 (a)	46,44 (a)	99,98 (a)
Std Dev	/iation	3,02855	11,06578	1,92416
Variance		9,17209	122,45147	3,70238
Rar	nge	12,00	34,39	6,18

(a)Multiple modes exist. The smallest value is shown

SENSIBILITY

Sensitivity of the Immunostep CDI5 monoclonal antibody was determined by staining a positive cell line (U937) and a negative cell line (Ramos). Cells were mixed in different proportions with a constant final number of 1 x 106 cells to achieve different cell ratios from 0% positive cells to 100%.

Thereafter cells were incubated with the antibody according to the recommended amount for 15 minutes. Finally the cells were washed according to standard protocol. A linear regression between the expected values and the observed values was calculated.

To determine the consistency of the conjugated monoclonal antibody as opposed to small variations (but deliberate). It provides an indication of its reliability during its normal use.

	Model Summary ^b						
	R	R Square	Adjusted R Square	Std. Error of the Estimate			
FITC	0,99ª	0,99	0,99	2,791			
PE	1,00 (a)	1,00	1,00	0,00			
	a. Predictors: (Constant), % Expected						

a. Predictors: (Constant), % Expected b. Dependent Variable: % Obtained

The results show an excellent correlation between the results obtained and expected based on the dilution used. CD15 sensibility was demonstrated from 1×10^5 to 1×10^6 cells in 1×10^6 total cells.

<u>REPRODUCIBILITY</u>

Reproducibility for the Immunostep CDI5 -conjugated monoclonal antibodies was determined by performing IO replicated determinations of each antibody in each of three CDI5+ ranges, high, medium and low. Thus, a total of 30 determinations were performed for each form of CDI5. In this manner, reproducibility was demonstrated throughout the entire measuring range.

The IO determinations for each range were performed by the staining, processing and analysis of IO separate samples. Lymphocytes were selected for the analysis of percent cells stained in each of the three ranges.

To perform this study, anticoagulated blood was obtained from a normal donor expressing a high percentage of CDI5+ cells. Mid-range and low range samples were obtained by mixing known CDI5- cells in appropriate ratios, while maintaining the same total cell concentration for the three ranges.

The study was performed in each of three independent laboratories, in the manner that each laboratory obtained, stained and analyzed separate blood samples.

	Ν	Minimum	Maximum	Mean	Std. Deviation	
High	10	80,30	82,16	81,6140	,64426	
Medium	10	69,09	72,36	70,1270	,99143	
Low	10	63,87	68,88	67,4360	1,39547	
Valid N (listwise)	10	PE				
High	10	57,78	59,42	58,6870	0,14406	
Medium	10	54,99	55,92	55,4400	0,10360	
Low	10	70,00	71,49	70,7490	0,13937	
Valid N (listwise)	10	FITC				

The results demonstrate high reproducibility of measurements independent of the values of total leukocytes.

ACCURACY or REPEATABILITY

To determine the repeatability of staining with this product, 5 different samples were stained with two different lots of this reagent. For each sample two different values were obtained: the mean fluorescence intensity (MFI) and the percentage of positive cells. The mean of the standard deviation of each sample for the MFI and the percentage of positive were calculated. The results of the analysis are shown in the following chart:

	M1	M2	M3	M4	M5
% positive	64,02	52,02	55,49	54,32	68,13
Std. Deviation % positive	0,38	0,151	0,17	0,39	0,06
MFI	1206,50	698,50	1757,00	659,01	846,00
Std. Deviation MFI	89,806	14,43	8,76	62,00	53,75
Valid N (listwise)	2	2	2	2	2

	Average Mean	Average Std. Deviation	Average %CV
% positive	58,7970	0.2336	0,40
IMF	1033,4043	45,7526	5,15
Valid N (listwise)	10	10	10

*Note: Data analyzed with SPSS for Windows 21

WARRANTY

Warranted only to conform to the quantity and contents stated on the label or in the product labelling at the time of delivery to the customer. Immunostep disclaims hereby other warranties. Immunostep's sole liability is limited to either the replacement of the products or refund of the purchase price.

REFERENCES

- Orfao A, Chillon MC, Bortoluci AM, Lopez-Berges MC, Garcia-Sanz R, Gonzalez M, Tabernero MD, Garcia-Marcos MA, Rasillo AI, Hernandez-Rivas J, San Miguel JF. The flow cytometric pattern of CD34, CD15 and CD13 expression in acute myeloblastic leukemia is highly characteristic of the presence of PML-RARalpha gene rearrangements. Haematologica. 1999 May;84(5):405-12.
- 2. Civin, C. L., J. Mirro, and M. L. Banquerigo. 1981. Blood 57: 842.
- Majdic, O., K. Liszka, D. Lutz, and W. Knapp. 1981. Blood 58:1127.
- Huang, L. C., C. I. Civin, J. L. Magnani, J. H. ShaFITCr, and V. Ginsberg. 1983. Blood 61: 1020.
 Howie, A. J., G. Brown, A. G. Fisher, and M. Khan.
- 1984. J. Clin. Pathol. 37: 555.
- Skubitz, K. M., J. R. Mendiola, and M. S. Collett. 1988. J. Immunol.141: 4318.
- Procedures for the collection of diagnostic blood specimens by venipuncture- approved standard; Fifthedition (2003). Wayne PA: National Committee for Clinical Laboratory Standards; Document H3-A5.
- Standard Procedures for the Collection of Diagnostic Blood Specimens", publicado por el National Committee for Clinical Laboratory Standards (NCCLS)
- Quality assurance and immunophenotyping of lymphocytes; approved guideline (1998). Wayne PA: National Committee for Clinical Laboratory Standards; Document H42-A.

- Kotylo PK et al. Reference ranges for lymphocyte subsets in pediatric patients. Am J Clin Pathol 100:111-5 (1993)
- Reichert et al. Lymphocyte subset reference ranges in adult Caucasians. Clin Immunol Immunopathol 60:190-208 (1991)

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