

# Anti-Human CD13 (WM15)

Fluorochrome	Reference	Test
FITC	I3F2-I00T	100 test
PE	I3PE2-I00T	100 test



## PRODUCT DESCRIPTION

**Other Names:** Aminopeptidase N, Alanyl aminopeptidase, Aminopeptidase M, Microsomal aminopeptidase, Myeloid plasma membrane glycoprotein CD13, gp150.

**Description:** The anti-CD13 monoclonal antibody derives from human AML cells

**Clone:** WM15

**HLDA:** HLDA: 5th International Workshops on Human Leucocyte Differentiation, WS Code MAI91.

**Isotype:** Mouse IgG1, kappa

**Reactivity:** Human

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

**Purification:** Affinity chromatography.

**Composition:** Mouse anti-human CD13 monoclonal antibody conjugated with a fluorochrome and in an aqueous solution which contains stabilising protein and 0.09% sodium azide (NaN<sub>3</sub>).

Fluorochrome	Reagent provided	Concentration (µg/ml)
FITC (fluorescein isothiocyanate)	100 µg in 2 ml	50
PE (R-Phycoerythrin)	50 µg in 2 ml	25

## RECOMMENDED USAGE

Immunostep's CD13, clone WM15, is a monoclonal antibody intended for *in vitro* diagnostic use in the identification and enumeration of human sample leucocytes that express CD13 using flow cytometry.

## CLINICAL RELEVANCE

This antibody is used as a marker for acute myeloid leukemia and plays a role in tumour invasion. In case of human coronavirus 229E (HCoV-229E) infection, serves as receptor for HCoV-229E spike glycoprotein. Mediates as well human cytomegalovirus (HCMV) infection<sup>1-8</sup>.

## PRINCIPLES OF THE TEST

The anti-CD13 monoclonal antibody binds to the surface of cells that express the CD13 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 °C and 8 °C. DO NOT FREEZE. The antibody is stable until the expiry date stated on the vial label if kept at 2°C-8°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](mailto:tech@immunostep.com)

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

## RECOMMENDATIONS AND WARNINGS

- 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](http://www.immunostep.com)
- Avoid microbial contamination of the reagent.
- Protect from light. Use dim light during handling, incubation with cells and prior to analysis.
- Never mouth pipette.
- In the case of contact with skin, wash in plenty of water.
- The samples should be handled in the same way as those capable of transmitting infection. Appropriate handling procedures should be guaranteed.
- Do not use after the expiry date indicated on the vial.
- Deviations from the recommended procedure could invalidate the analysis results.
- FOR *IN VITRO* DIAGNOSTIC USE.
- 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)<sup>9,10</sup>. 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

- Isotype controls:

Fluorochrome	Isotype control	Immunostep Reference
FITC	Mouse IgG1	ICIGGIF-100UG
PE		ICIGGIPE-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 10<sup>6</sup> 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.
- Resuspend pellet.
- 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.
- 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 CD13 and determine the percentage of stained 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 CD13, 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:

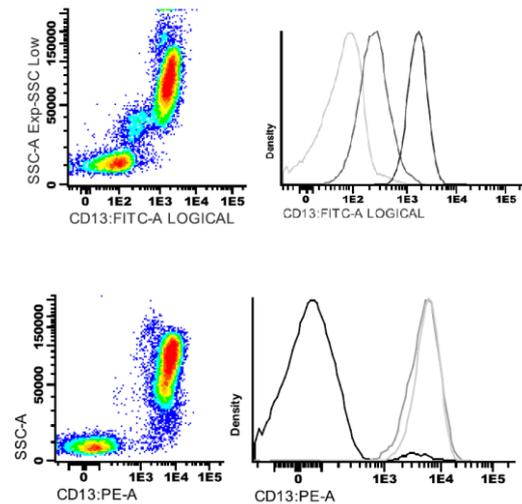


Fig. 1: On the left, a biparametric diagram of the average fluorescence intensity of peripheral blood stained with CD13+ and its internal complexity (SSC). Right, a diagram of the same specimen in histogram format.

## 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.
- 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.
- 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 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<sup>11-13</sup>

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

Anti CD13 clone MW15, was included in the fifth International Workshops on Human Leucocyte Differentiation Antigens, WS Code MA191.

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.

Blood samples obtained from healthy normal donors of Caucasian were stained with Immunostep CD13 monoclonal antibody. Non-specific fluorescence identified by the conjugated isotype control IgG1 was analysed. Cells contained in the T and B lymphocytes, monocytes, platelets and erythrocytes regions were selected for analysis. Blood samples were processed by a Staining Cell Surface Antigens for Flow Cytometry Protocol.

The results obtained are shown in the following table:

Statistics						
PE		% Isotype control	% T Lymphocytes	% B Lymphocytes	% Platelets	% Erythrocytes
N	Valid	10	10	10	10	10
	Missing	0	0	0	0	0
Mean		0,09	,011	0,04	0,06	0,08
Std. Deviat.		0,05	0,00	0,02	0,03	0,08
Minimum		0,02	0,00	0,02	0,01	0,01
Maximum		0,16	0,02	0,10	0,09	0,30
FITC		% Isotype control	% T Lymphocytes	% B Lymphocytes	% Platelets	% Erythrocytes
N		10	10	10	10	10
Mean		0,28	0,01	0,01	0,01	0,05
Std. Deviat.		0,17	0,01	0,01	0,01	0,05
Minimum		0,10	0,00	0,00	0,00	0,00
Maximum		0,73	0,03	0,04	0,04	0,17

### SENSIBILITY

Sensibility of the Immunostep CD13 monoclonal antibody was determined by staining as positive population U937 cell line and as negative population Jurkat cell line. Cells were mixed in different proportions with a constant final number of  $1 \times 10^6$  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<sup>b</sup>

FITC				
R	R Square	Adjusted R Square	Std. Error of the Estimate	Linear regression
1,000 <sup>a</sup>	1,000	1,000	0,70731	$y = 1.006x - 0,649$
PE				
R	R Square	Adjusted R Square	Std. Error of the Estimate	Linear regression
0,996 <sup>a</sup>	0,993	0,992	3,12516	$y = 0,997x - 3,928$

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. CD13 sensibility was demonstrated from  $1 \times 10^5$  to  $1 \times 10^6$  cells in  $1 \times 10^6$  total cells.

### REPRODUCIBILITY

Reproducibility for the Immunostep CD13 conjugated monoclonal antibodies was determined by performing 10 replicated determinations of three leukocyte ranges: high, medium and low. One sample of each range was used. Thus, a total of 10 determinations were performed for each type of range. Thereby reproducibility was demonstrated throughout the entire measuring range.

The 10 determinations for each range were performed by the staining, processing and analysis of 3 separate samples. Cells CD13+ were selected for the analysis of percentage cells stained in each measure.

To perform this study, anti-coagulated blood was obtained from normal donors expressing a different percentage of leukocytes.

Statistics						
FITC			Percentage			
			High	Medium	Low	
Value	N	Valid	10	10	10	
		Missing	0	0	0	
	Mean		74,29	68,12	93,83	
	Std. Deviation		0,36	2,11	0,19	
	Minimum		73,64	62,62	93,36	
	Maximum		74,77	69,32	94,05	
PE			Percentage			
			High	Medium	Low	
Value	N	Valid	10	10	10	
		Missing	0	0	0	
	Mean		75,29	69,65	94,37	
	Std. Deviation		0,43	0,39	0,35	
	Minimum		74,57	69,06	93,91	
	Maximum		75,81	70,18	94,94	

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

#### REPEATABILITY

To determine the repeatability of staining with this product, 10 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:

<b>FITC</b>	Average Mean	Average Std. Deviation	Average %CV
% positive	50,70	1,34	2,65
IMF	52,60	1,85	3,52
Valid N (listwise)	10	10	10
<b>PE</b>	Average Mean	Average Std. Deviation	Average %CV
% positive	59,74	1,34	2,25
IMF	209,57	9,03	4,31
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**

- Cui WI, Zhang D, Cunningham MT, Tilzer L. Leukemia-associated aberrant immunophenotype in patients with acute myeloid leukemia: changes at refractory disease or first relapse and clinicopathological findings. *Int J Lab Hematol*. 2014 Mar 6.
- Favaloro EJ, et al. Further characterisation of myeloid antigens (pg 169,95 gp 150 and gp67): investigation of epitopic heterogeneity and non-haematopoietic distribution using panels of monoclonal antibodies belonging to CD11b, CD13 and CD33. *Br. J. Haematol*. 69: 163-171 (1988).
- Favaloro EJ *et al.* CD13 (GP150; aminopeptidase-N): predominant functional activity in blood is localized to plasma and is not cell-surface associated. *Exp Hematol* 21:1695-701 (1993).
- Favaloro EJ *et al.* The hepatobiliary disease marker serum alanine aminopeptidase predominantly comprises an isoform of the haematological myeloid differentiation antigen and leukaemia marker CD-13/gp150. *Clin Chim Acta* 220:81-90 (1993).
- Thalhammer-Scherrer R, Mitterbauer G, Simonitsch I, Jaeger U, Lechner K, Schneider B, et al. The immunophenotype of 325 adult acute leukemias. Relationship to morphologic and molecular classification and proposal for a minimal screening program highly predictive for lineage discrimination. *Am J Clin Pathol* 2002;117:380-9.
- Turni L, Shaw S, Watson B, Mason D. CD guide. In: Mason D, André P, Bensussan A, Buckley C, Civin C, Clark E, et al., editors. *Leucocyte typing VII. White cell differentiation antigens. Proceedings of the 7<sup>th</sup> International Workshop and Conference*; 2000 Jun 19-23; Harrogate, United Kingdom. New York: Oxford University Press Inc.; 2002. p. 761.
- Riemann D, Kehlen A, Langner J. CD13 – not just a marker in leukemia typing. *Immunology Today* 1999;20:83-8.
- Ashmun RA, Holmes KV, Shapiro LH, Favaloro EJ, Razak K, de Crom RPG, et al. M3. CD13 (aminopeptidase N) cluster workshop report. In: Schlossman SF, Boumsell L, Gilks W, Harlan JM, Kishimoto T, Morimoto C, et al., editors. *Leucocyte typing V. White cell differentiation antigens. Proceedings of the Fifth International Workshop and Conference*; 1993 Nov 3-7; Boston, USA. Oxford, New York, Tokyo: Oxford University Press; 1995. Volume 1. p. 771-5.
- Procedures for the collection of diagnostic blood specimens by venipuncture- approved standard; Fifth edition (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)

#### **MANUFACTURED BY**



#### **Immunostep S.L**

Avda. Universidad de Coimbra, s/n  
Cancer Research Center (CIC)  
Campus Miguel de Unamuno  
37007 Salamanca (Spain)  
Tel. (+34) 923 294 827  
[www.immunostep.com](http://www.immunostep.com)

## SURVEILLANCE AND NOTIFICATION

In accordance with Annex I, Section 20.4.1(n) of Regulation (EU) 2017/746, the user is obliged to report any serious incident related to the use of the product.

- **To the Manufacturer:** Please contact our Surveillance Department at [vigilancia@immunostep.com](mailto:vigilancia@immunostep.com)
- **To the Competent Authority:** Report via the official channels of the Member State.

## EXPLANATION OF SYMBOLS



CE labeling



*In vitro* diagnostic device



Manufacturer



Pay attention to