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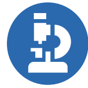
Diagnostik & molekulare Diagnostik

 Laborgeräte & Service

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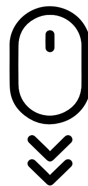

Lieferung & Zahlungsart

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Anti- Human CD16 (3G8)

Fluorochrome	Reference	Test
FITC	16F2-100T	100 test
PE	16PE2-100T	100 test

PRODUCT DESCRIPTION

Other Names: FcγRIII, FcgammaRIII
Description: The anti-CD16 monoclonal antibody derives from the hybridisation of mouse myeloma cells and spleen cells from mice immunised with human neutrophils. The antibody is formed by an IgG1 heavy chain and kappa light chain.
Clone: 3G8
HLDA: The anti-CD16 antibody, clone 3G8, was included in the fifth workshop on Human Leukocyte Differentiation Antigens, using Code NK80[1]
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 CD16 monoclonal antibody conjugated with a fluorochrome and in an aqueous solution which contains stabilising protein and 0.09% sodium azide (NaN3).

Fluorochrome	Reagent provided	Concentration (µg/ml)
FITC (Fluorescein isothiocyanate)	100 ug in 2 ml	50
PE (R-Phycoerythrin)	25 ug in 2 ml	12,5

RECOMMENDED USAGE

Immunostep's CD16, clone 3G8, is a monoclonal antibody intended for *in vitro* diagnostic use in the identification and enumeration of human sample granulocyte, NK cells, lymphocytes and macrophages by flow cytometry that express CD16[7,8].

CLINICAL RELEVANCE

This marker may be used on its own or in combination with other markers for the diagnosis or prognosis of some immunodeficiency diseases, autoimmune diseases, leukemias...[2,3,4]

PRINCIPLES OF THE TEST

The anti-CD16 monoclonal antibody binds to the surface of cells that express the CD16 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

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

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.
k) 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)[5,6]. 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	ICIGG1F-100UG
PE		ICIGG1PE-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:

1. 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).*
2. Add 100 µL of sample (up to 10^6 cells) and mix properly in the vortex.
3. Incubate in the dark for 15 minutes at room temperature (20-25°C) or for 30 minutes at 4°C.
4. 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.
5. 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).*
8. 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 CD16 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 CD16, so as to evaluate and correct the unspecific binding of lymphocytes *(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 peripheral blood stained applying the protocol described in point 6:

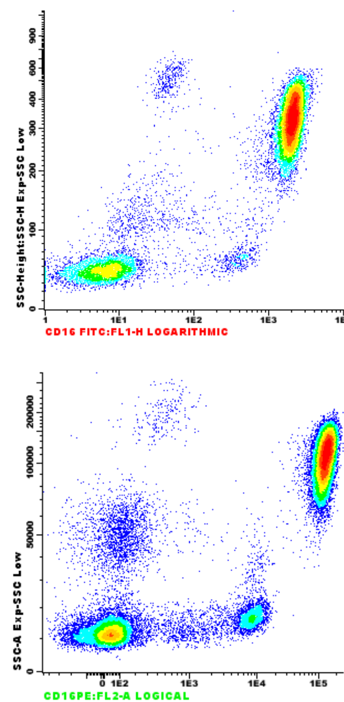

Fig. 1: Above, a biparametric diagram of the average fluorescence intensity of the CD16+ population and its internal complexity (SSC) in a peripheral blood specimen from a healthy donor. Below the same representation for FL2. The images belong to different samples and were acquired in different flow cytometers.

LIMITATIONS OF THE PROCEDURE

1. 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.
2. 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.
3. 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 kept at room temperature immediately prior to incubation with the monoclonal antibody.
6. 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[8,9].

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 anti-CD16 antibody, clone 3G8, was included in the Fifth Workshop on Human Leukocyte Differentiation Antigens (HDLA), using Code NK80[1].

The antibody is directed against the CD16 antigen, also known as FcgammaRIII, a low affinity IgG receptor. Human FcgammaRIII is expressed in two forms, FcgammaRIII-A and -B. FcgammaRIII-A is a transmembrane protein of monocytes, macrophages, NK cells and a subset of T cells. CD16b or FcgammaRIIB is a monomeric GPI-anchored protein that is expressed on neutrophils. Clone 3G8 recognizes both isoforms of CD16[1, 11].

In order to analyse specificity, 10 samples from healthy Caucasian donors were obtained. The samples were stained with CD16 FITC monoclonal antibodies and processed following the protocol described in point 6. Moreover, other specific antibodies from the populations analysed were used.

CD16 positive cells were selected from the lymphocytes, monocytes and neutrophils regions. Moreover, the percentage of positive cells in the CD16 FITC region was analysed for IgG1 isotype control conjugated with FITC.
The results obtained are shown in the following table:

Descriptive statistics

	Minumun	Maximum	Mean	Standard Deviation
% lymphocytes	20,67	54,74	37,8430	12,21438
% Monocytes	87,06	99,23	95,7160	3,65455
% Neutrophils	89,69	100,00	98,9620	3,25790
Valid N	10			

LINEARITY

For the linearity analysis, different dilutions of a positive population and a negative population were carried out, keeping the total number of cells constant, and the relation between the expected percentages and those obtained was analysed.
The results obtained are shown in the following table:

R	R Square	Std. Error of the Estimate	Linear regression
1	,998	1,66288	Y= 1,0025X - 0,326

REPEATABILITY AND PRECISION BETWEEN BATCHES

The repeatability of CD16 (clone 3G8) monoclonal antibodies was established by performing 10 replicates of 10 anticoagulated peripheral blood specimens from healthy donors with different lymphocyte ranges. Moreover, the level of precision between batches was assessed using three different batches of antibodies for each sample[8]. This makes a total of 300 determinations for analysing the antibody repeatability and its precision between batches. The results obtained are shown in the following table:

		Repeability		Between-Lot Precission	
	Parameter	Standard Deviation	% CV	Standard Deviation	% CV
FITC	Mean Fluorescence Intensity	3548,60	12,22	3500,31	12,20
FITC	% Positive cells	1,68	2,96	1,00	1,68
PE	Mean Fluorescence Intensity	17206,94	14,45	10946,52	13,93
PE	% Positive cells	6,31	1,24	0,13	0,21

REPRODUCIBILITY

In order to demonstrate reproducibility or inter-laboratory precision, five replicates of five different anticoagulated peripheral blood samples from healthy donors were stained and stabilized using cell stabiliser. The samples were acquired during a period of five days in three separate laboratories.

A total of 375 determinations were made to show the inter-laboratory precision of CD16, clone 3G8.

The test results are shown in the following grid:

	Between-Days Precission		Between-Lab Precission	
Parameter	SD	% CV	SD	% CV
% positive cells	5,92	14,73	3,37	8,39

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.

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