



**CD15-FITC**

Ref: CYT-15F4



*For In Vitro Diagnostic use*

#### **INTENDED USE**

CD15-FITC is a monoclonal antibody (MAb) labelled with fluorescein isothiocyanate (FITC) designed for use as a direct immunofluorescence reagent in the identification and enumeration of cells which express the CD15 antigen by flow cytometry. The CD15 MAb is applied for the initial evaluation of acute myeloid leukemia (AML) and myelodysplastic syndromes (MDS) together with a panel of other antibodies. Interpretation of results must be made within the context of the patient's clinical history and other diagnostic tests by a certified professional.

#### **SUMMARY AND EXPLANATION**

Flow Cytometry is a powerful tool for the analytical and quantitative characterization of cells which provides rapid, quantitative and multiparametric analysis of heterogeneous cell populations on a cell-by-cell basis. Flow cytometry is performed on cells in liquid suspension that have been incubated with fluorescently-labeled antibodies directed against specific cellular proteins. The relative fluorescence intensity of the positive cells indicates the amount of antibody bound to specific binding sites on the cells, and therefore provides a relative measure of antigen expression.

Leukocytes are named according to structure as being either granulocytes or agranulocytes, and according to the function as either phagocytes or immunocyte. The granulocytes, which include neutrophils, basophils and eosinophils, are all phagocytes. Of the agranulocytes, the monocytes and macrophages are phagocytes whereas the lymphocytes are immunocytes. The granulocytes have granules in their cytoplasm, which contain enzymes which are capable of killing microorganisms and destroying debris ingested by the process of phagocytosis.

The CYT-15F4 MAb was included in the Fifth International Workshop and Conference on Leukocyte cell differentiation antigens and studied by a number of laboratories confirmed its reactivity with the CD15 antigen <sup>(1)</sup>. The CYT-15F4 MAb recognizes the human myelomonocytic antigen, lacto-N-fucopentose III. The CD15 antigen is expressed mainly on mature granulocytes and monocytes but also on immature bone marrow cells and on leukemic cells of the myelo-monocytic lineage. Additionally, CD15 is expressed in rare cases of acute lymphoblastic leukemias (ALL), and on adenocarcinoma cells and immature epithelial cells. Anti-CD15 is considered essential for the initial evaluation of acute myeloid leukemias together with a panel of other antibodies <sup>(2, 3)</sup>

CD15 MAbs with IgM isotype can lead to decrease the relative number of neutrophils, increasing the percentage of other blood cells subpopulations and reducing the prognostic value of this parameter. MAb with IgM isotype has the ability of polymerizing in pentamers, inducing cell aggregation and affecting the number of events detected by flow cytometry. The CYT-15F4 MAb, with IgG3 isotype, provides an innovative tool for the CD15+ cells identification, avoiding aggregation and providing accuracy in the determination of cell subpopulations relative number.

#### **PRINCIPLES OF THE PROCEDURE**

Flow cytometry (FC) is an innovative technology by means of which different cell characteristics are simultaneously analyzed on a single cell basis. This is achieved by means of hydrodynamic focusing of cells that pass aligned one by one in front of a set of light detectors; at the same time they are illuminated by a laser beam. The interaction of the cells with the laser beam generates signals of two different kinds: those generated by dispersed light (FSC/SSC), which mainly reflects the size of the cell and its internal complexity, and those related to the emission of light by the fluorochromes present in the cell. These signals become electric impulses which are amplified and registered as digital signals to be processed by a computer.

When the reagent is added to the sample, the fluorochrome-labelled MAb presents in the reagent bind specifically to the antigens they are directed against, allowing the detection by FC of the cell populations carried by the antigen.

The erythrocyte population, which could hinder the detection of the target population, is eliminated by the use of a red blood cell lysing solution previous to acquire the sample on the cytometer. The use of Quicklysis™ (CYT-QL-1) erythrocyte lysing solution is recommended, since it requires no further washing step and contains no fixative, therefore minimizing the handling of the sample and avoiding the cell loss associated to the centrifuge process. <sup>(4, 5)</sup>

The CD15+ cells count is generally expressed as a percentage of the total amount of leucocytes present in the sample which can itself be determined by FC based on its typical pattern of FSC/SSC (size/granularity or complexity). Because each flow cytometer has different operating characteristics each laboratory must determine its optimal operating procedure.

#### **REAGENT COMPOSITION**

Purified monoclonal CD15 Antibody conjugated with fluorescein isothiocyanate (FITC), supplied in phosphate buffered saline with 0,1% sodium azide.

Clone: MCS-1

Isotype: IgG3

Purification: Affinity chromatography

Amount per 1 ml vial: 100 tests (10 µl MAb to 10<sup>6</sup> cells)

Reagents are not considered sterile.

#### **STORAGE CONDITIONS**

The reagent is stable until the expiration date shown on the label, when stored at 2-8° C. The reagent should not be frozen or exposed to direct light during storage or during incubation with cells. Keep the reagent vial dry. Once opened, the vial must be stored in a vertical position to avoid any possible leakage.

#### **WARNINGS AND RECOMMENDATIONS**

1. For in vitro diagnostic use.
2. This product is supplied ready to use. If it is altered by dilution or addition of other components, it will be invalidated for in vitro diagnostic use.
3. The reagent is stable until the expiration date shown on the label if it is properly stored. Do not use after the expiration date shown on the label. If the reagents are stored in conditions different from those recommended, such conditions must be validated by the user.
4. Alteration in the appearance of the reagent, such as the precipitation or discoloration indicates instability or deterioration. In such cases, the reagent should not be used.

5. It contains 0.1% sodium azide (CAS-Nr. 26628-22-8) as a preservative, but even so care should be taken to avoid microbial contamination of reagent or incorrect results may occur.
  - Sodium azide (NaN<sub>3</sub>) is harmful if swallowed (R22), if swallowed, seek medical advice immediately and show this container or label (S46).
  - Wear suitable protecting clothing (S36).
  - Contact with acids liberates very toxic gas (R32).
  - Azide compounds should be flushed with large volumes of water during disposal to avoid deposits in metal drains where explosive conditions may develop.
6. All patient specimens and materials with which they come into contact are considered biohazards and should be handled as if capable of transmitting infection<sup>(6)</sup>, and disposed according to the legal precautions established for this type of product. Also recommended is handling of the product with appropriate protective gloves and clothing, and its use by personnel sufficiently qualified for the procedures described. Avoid contact of samples with skin and mucous membranes. After contact with skin, wash immediately with plenty of water.
7. Use of the reagent with incubation times or temperatures different from those recommended may cause erroneous results. Any such changes must be validated by the user.

## PROCEDURE

### Material included

CD15-FITC sufficient for 100 determinations (10 µl MAb to 10<sup>6</sup> cells).

### Material required but not included

- 488 nm ion argon laser-equipped flow cytometer and appropriate computer hardware and software.
- Test tubes suitable for obtaining samples in the flow cytometer used. Usually tubes with a rounded bottom for 6 mL, 12x 75 mm are used.
- Automatic pipette (100µL) and tips.
- Micropipette with tips.
- Chronometer
- Vortex Mixer
- Isotypic control reagent
- Quicklysis™ lysing solution
- Wash buffer as phosphate buffered saline (PBS) containing 0,1% sodium azide.

### Preparation

Whole blood sample must be taken aseptically by means of a venipuncture<sup>(7, 8)</sup> in a sterilized tube for blood collection containing an appropriate anticoagulant (use of EDTA is recommended). The analysis requires one hundred (100) µl of the whole blood sample per tube, assuming a normal range of approximately 4 to 10 x 10<sup>3</sup> leucocytes per µl. For samples with a high white blood cell count, dilute samples with PBS to obtain a concentration of cells approximately equal to 1 x 10<sup>4</sup> cells/µL. Store the blood samples at 18-22°C until they are to be tested. It is advisable to test blood samples within the 24 hours after their extraction. Hemolyzed samples or samples with suspended cell aggregates should be rejected.

Bone marrow sample should be pass 3 or 4 times through a syringe in order to disaggregate cell clumps. Perform a white blood cell count of the sample and dilute samples with PBS to obtain a concentration of cells approximately equal to 1 x 10<sup>4</sup> cells/µ.

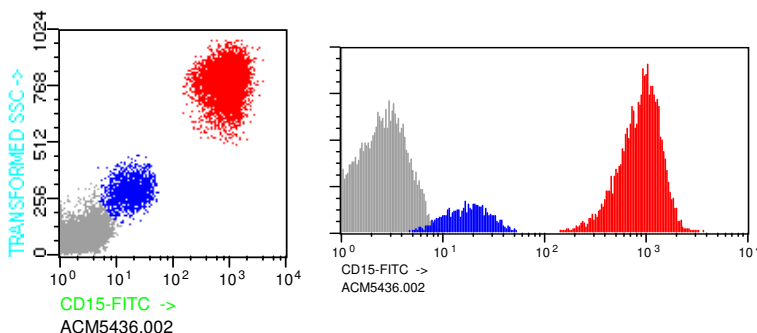
1. Mix 100µl of the sample with 10µl of CD15-FITC.  
To evaluate the non-specific binding of the antibody, an appropriated isotype control tube can be prepared.
2. Incubate for 10 minutes at room temperature in the dark.
3. Add 2 ml of Quicklysis™\* erythrocyte lysing solution and incubate the sample for 10 minutes at room temperature in the dark.
4. Acquire directly on the flow cytometer within the first four hours of finishing the sample preparation. If the samples are not acquired immediately after preparation, they should be stored at 2-8°C in the dark. Calibration of the instrument must be done according to the manufacturer's advice. Before acquiring samples, adjust the threshold or discriminator to minimize debris and ensure populations of interest are included. Before acquiring the sample on the flow cytometer, mix the cells on the vortex at low speed to reduce aggregation.

\*Note: The use of other lysing solutions may require the elimination of the lysed red blood cells. Follow the manufacturer's recommended protocol of the lysing solution used.

### Flow cytometry analysis

Check that the cytometer is correctly aligned and standardized for light dispersion (FSC/SSC on linear scale) and fluorescent intensity (FL1, FL2, FL3 FL4 on logarithmic scale) and that the right color compensation has been set following the instructions of the cytometer manufacturer.

Visually inspect the CD15 vs SSC dot plot: the neutrophil and eosinophil populations should appear as a compact CD15++ cluster with high SSC and the monocyte population should appear as a compact CD15+ cluster with intermediate SSC. The following figure shows representative flow cytometry data on peripheral blood (healthy individual) stained with the antibody. Neutrophils and eosinophils (CD15++) are shown on red color. monocytes (CD15+) are shown on blue color, and unstained populations (CD15-) are shown on grey color.



The results are commonly reported as a percentage of the total of leucocytes count present in the sample.

## LIMITATIONS

- Blood samples should be stored at 18-22°C and be tested within the 24 hours after they are obtained.
- It is advisable to acquire stained samples on the cytometer as soon as possible to optimize the results. Nonviable cells may stain nonspecifically. Prolonged exposure of whole blood samples to lytic reagents may cause white cell destruction and loss of cells from the target population.
- When using whole blood procedures, all red blood cells may not lyse under following conditions: nucleated red blood cells, abnormal protein concentration or hemoglobinopathies. This may cause falsely decreased results due to unlysed red blood cells being counted as leukocytes.
- Results obtained by flow cytometry may be erroneous if the cytometer laser is misaligned or the gates are improperly set
- Each laboratory should establish a normal range for CD15+ cells using its own test conditions. The data for the reagent's performance have been obtained from whole blood samples collected with EDTA as anticoagulant. The reagent's performance may be affected by the use of other anticoagulants.
- Certain patients may present special problems due to altered or very low number of certain cellular population.
- Cells separated from whole blood by means of density gradients may not have the same relative concentrations of cells as unseparated blood. This may be relatively insignificant for samples from individuals with normal white blood cell counts. In leukopenic patients, the selective loss of specific subsets may affect the accuracy of the determination.
- It is important to understand the normal pattern of expression of this antigen and its relation to the expression of other relevant antigens to carry out an adequate analysis<sup>(9-11)</sup>.
- Abnormal states of health are not always represented by abnormal percentages of certain leukocyte populations. An individual who may be in an abnormal state of health may show the same leukocyte percentages as a healthy person. For this reason, it is advisable to use the test results in combination with other clinical and diagnosis data.

## EXPECTED VALUES

Each laboratory should establish its own normal reference ranges for CD15+ cells counts, since leucocyte normal values may be influenced by age, sex and race<sup>(12)</sup>. Based on the results obtained in CYTOGNOS and with a merely informative character, the percentage of neutrophils and monocytes regarding the total of leucocytes obtained by CF in peripheral blood samples from healthy individuals were around 49.58-78.17% and 4.17-16.23% respectively.

## QUALITY CONTROL

- To obtain optimum results it is advisable to verify the precision of pipettes and that the cytometer is correctly calibrated.
- The fluorochromes fluorescein isothiocyanate (FITC), R-phycoerythrin (PE), R-phycoerythrin-cyanine 5 (PECy5), allophycocyanin (APC) emit in different wavelengths but show a certain spectral overlapping which must be corrected by means of electronic compensation if combinations of different monoclonal antibodies are used conjugated with these fluorochromes. The optimum levels of compensation can be established by analysis in a dot-plot diagram of cells from healthy individuals stained with mutually exclusive monoclonal antibodies conjugated with the fluorochromes to be used in the test.
- To evaluate the non-specific binding of the antibody, an appropriated isotype control tube can be prepared.

## PERFORMANCE CHARACTERISTICS

### Reproducibility:

10 repeated measures from three peripheral blood samples representing high, medium and low leucocyte counts were evaluated. In the following table are shown the mean % of CD15+ cells of the total leucocyte count, the standard deviation and the coefficient of variation obtained for each of the three levels studied:

TOTAL LEUCOCYTES LEVEL	NUMBER OF REPEATED MEASURES	MEAN % OF CELLS CD15+	STANDARD DEVIATION (SD)	COEFFICIENT OF VARIATION (%CV)
High	10	83.58	0.18	0.21%
Medium	10	63.72	0.43	0.67%
Low	10	52.95	0.33	0.62%

### Specificity:

The CD15 antigen is found on the cell surface of eosinophils and neutrophils, it is present at low density on circulating monocytes. In lymphoid tissue CD15 reacts with Reed-Stemberg cells of Hodgkin's disease and granulocytes. However, the CD15 antigen is not present on peripheral blood lymphocytes. To evaluate the reagent's cross-reactivity with other cell populations, a study was carried out on 10 blood samples from healthy donors, stained with an adequate isotype control and the MAb to study. The percentage of platelets, erythrocytes, lymphocytes, monocytes and granulocytes stained with the mentioned MAb was evaluated. The results obtained are shown in the following table:

	PLATELETS	RED BLOOD CELLS	LYMPHOCYTES	MONOCYTES	GRANULOCYTES
% Obtained	1.87	0.71	0.20	98.25	99.79
Range	(0.26-3.87)	(0.08-2.10)	(0.03-0.55)	(96.20-99.58)	(99.30-100)

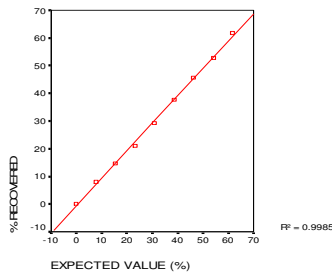
### Accuracy

The results for 10 different samples stained with 2 different lots of the same reagent were compared. Each pair of data for the same sample was analyzed, obtaining the mean fluorescence intensity (MFI) and the standard deviation from which a grouped % CV was calculated. The results of the analysis are shown in the following chart:

MEAN MFI	SD	GROUPED %CV
272.98	20.24	7.41%

### Linearity

Dilutions of a peripheral blood sample were made to check the concentration scale of stained cells obtained. The results show an excellent correlation level between the results obtained and expected based on the dilution used.



$$Y = -0.572 + 0.991x$$








## REFERENCES

1. Ball ED. M5. CD15 cluster workshop report. In: Schlossman SF, Boumsell L, Gilks W, Harlan JM, Kishimoto T, Morimoto C, Ritz J, et al. editors. Leucocyte typing V. White cell differentiation antigens. Proceedings of Fifth International Workshop and conference held in Boston, USA 3-7 november, 1993. Volume One. Oxford University Press (1995).
2. Bahia DMM, Yamamoto M, Chauffaille MLF, Kimura EYS, Bordin JO, et al. Aberrant phenotypes in acute myeloid leukemia: a high frequency and clinical significance. Haematologica.86: 801-806 (2001)
3. van Gongen JJM, Adriaansen HJ. Immunobiology of leukemia. In Henderson ES, Lister TA, Greaves MF editors. Leukemia. WB Saunders Company (1996)
4. Menéndez P, et al. Comparison between a lyse-and-then-wash method and a lyse-non-wash technique for the enumeration of CD34+ hematopoietic progenitor cells. Cytometry (Comm. Clin. Cytometry) 34: 264-271 (1998)
5. GratamaJW, Menéndez P, Kraan J, Orfao A. Loss of CD34+ hematopoietic progenitor cells due to washing can be reduced by the use of fixative-free erythrocyte lysing reagents. J Immunol. Methods 239: 13-23 (2000)
6. Protection of Laboratory Workers from occupationally acquired infections. Second edition; approved guideline (2001). Villanova PA: National Committee for Clinical Laboratory Standards; Document M29-A2.
7. 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.
8. Clinical applications of flow cytometry: Quality assurance and immunophenotyping of lymphocytes; approved guideline (1998). Wayne PA: National Committee for Clinical Laboratory Standards; Document H42-A.
9. Braylan RC, Orfao A, Borowitz MJ, Davis BH. Optimal number of reagents required to evaluate hematolymphoid neoplasias: results of an international consensus meeting. Cytometry 46: 23-7 (2001)
10. Jennings CD, Foon KA. Recent advances in flow cytometry: application to the diagnosis of hematologic malignancy. Blood 90(8): 2863-2892 (1997)
11. Orfao A, Ortuño F, de Santiago M, López A, San Miguel J. Immunophenotyping of acute leucemias and myelodysplastic syndromes. Cytometry Part A 58A: 62-71 (2004)
12. Reichert et al. Lymphocyte subset reference ranges in adult Caucasians. Clin Immunol Immunopathol 60:190-208 (1991)

## WARRANTY

This product is warranted only to conform to the quantity and contents stated on the label. There are no warranties that extend beyond the description on the label of the product. Cytognos's sole liability is limited to either replacement of the product or refund of the purchase price.

## EXPLANATION OF SYMBOLS

	Use by (use by YYYY-MM)
	Storage temperature limitation
	Consult instruction for use
	<i>In vitro</i> diagnostic medical device
	Batch code
	Code number
	Manufacturer

## PRODUCED BY

### CYTOGNOS SL

Polígono La Serna, Nave 9  
37900 Santa Marta de Tormes  
Salamanca (España)  
Phone: + 34-923-125067  
Fax: + 34-923-125128

Ordering information: [admin@cytognos.com](mailto:admin@cytognos.com)  
Technical information: [support@cytognos.com](mailto:support@cytognos.com)  
[www.cytognos.com](http://www.cytognos.com)