



**CD36-FITC**

Ref: CYT-36F



*For In Vitro Diagnostic use*

#### **INTENDED USE**

CD36-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 CD36 antigen by flow cytometry.

#### **SUMMARY AND EXPLANATION**

The CYT-36F MAb reacts with an 88kDa single chain glycoprotein expressed by platelets and monocytes/macrophages <sup>(1-3)</sup>. The molecule is the receptor for thrombospondin and also acts as a receptor on endothelium for malaria parasitized RBCs. CD36 is expressed early during erythroid maturation, but is not specific to erythroid cells, since it is also positive in precursor cells of the monocytic and megakaryocytic lineages <sup>(4)</sup>. Analysis of the expression of this antigen is useful for the characterization of myelodysplastic syndromes and some AML <sup>(5, 6)</sup>.

#### **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 present 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>(7, 8)</sup>.

#### **REAGENT COMPOSITION**

Purified monoclonal CD36 antibody conjugated with fluorescein isothiocyanate (FITC), supplied in phosphate buffered saline with 0,1% sodium azide.

Clone: SMΦ

Isotype: IgM

Purification: Affinity chromatography

Amount per 1 ml vial: 200 tests (5 µl MAb to 10<sup>6</sup> cells)

Reagent is 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 spillage.

#### **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>(9)</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**

CD36-FITC sufficient for 200 determinations (5 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

Freshly obtained peripheral blood or bone marrow should be stored at 18-22°C for periods no longer than 24 hours.

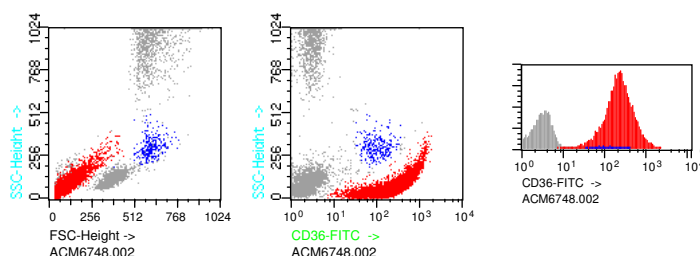
- Whole blood sample must be taken aseptically by means of a venipuncture<sup>(10, 11)</sup> in a sterilized tube for blood collection containing an appropriate anticoagulant (use of EDTA is recommended). The analysis requires one hundred (100) µl of the whole blood sample per tube, assuming a normal 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. 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/µL.
1. Mix 100µl of the sample with 5µl of CD36-FITC. To evaluate the non-specific binding of the reagent, 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.

The following figures show representative flow cytometry data on peripheral blood (healthy individual) stained with the antibody: CD36 is expressed on platelets (shown on red color) and on monocytes/macrophages (shown on blue color).



### 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 CD36+ 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>(1-6)</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 CD36+ cell counts. Based on the results obtained in CYTOGNOS and with a merely informative character, the percentage of CD36+ monocytes/macrophages regarding the total of monocytes/macrophages obtained by CF in healthy individuals was around 82.22-92.45%, and the percentage of CD36+ platelets regarding the total of platelets was around 93.69-98.43%.

**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) and 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 platelet counts were evaluated. In the following table are shown the mean absolute count of CD36+ platelets, the standard deviation and the coefficient of variation obtained for each of the three levels studied:

TOTAL PLATELET LEVEL	NUMBER OF REPEATED MEASURES	MEAN ABSOLUTE COUNT OF CD36+ PLATELETS	STANDARD DEVIATION (SD)	COEFFICIENT OF VARIATION (%CV)
High	10	356274	5192	1.45
Medium	10	252657	2291	0.91
Low	10	69415	1032	1.49

**Specificity:**

The CD36 antigen is expressed by platelets, monocytes, endothelial cells and some human tumor cell lines but not on lymphocytes and granulocytes. It is a very early marker of erythroid differentiation. 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	96.89	1.03	3.24	88.61	3.65
Range	93.69 - 98.43	0.56 - 1.69	1.78 - 4.62	82.22 - 92.45	2.22 - 4.62

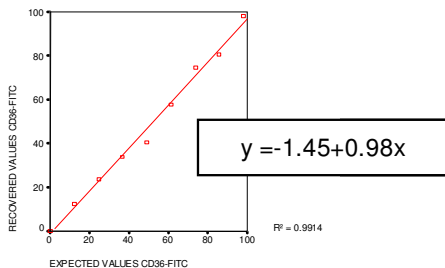
**Accuracy**

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
157.93	29.37	18.60%

**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.



**REFERENCES**








1. Greenwalt DE et al. Membrane glycoprotein CD36: a review of its role in adherence, signal transduction and transfusion medicine. Blood 80 (5): 1105-15 (1992).
2. von dem Borne AEG, Modderman PW, Admiraal LG, Nieuwenhuis HK. Joint report of the platelet section. Platelet antibodies, the overall results. In: Knapp W et al editors. Leucocyte typing IV. White cell differentiation antigens. Proceedings of the 4<sup>th</sup> International Workshop and Conference. Viena, Austria. Oxford University Press 951-970 (1989).
3. Silverstein RL, La Salla J, Pearce SF. CD36 sluster workshop report. In Schlossman SF et al, editors. Leucocyte typing V. White cell differentiation antigens. Proceedings of the 5<sup>th</sup> International Workshop and Conference. Boston, USA. Oxford University Press 1269-1274 (1994).
4. Orfao A, Ortuño F, d Santiago M, Lopez A, San Miguel J. Immunophenotyping of acute leukemias and myelodysplastic syndromes. Cytometry 58A: 62-71 (2004).

5. Maynadie M et al. Immunophenotypic clustering of myelodysplastic syndromes. Blood 100 (7): 2349-56 (2002).
6. Haematologic and immunophenotypic profile of Acute Myeloid Leukemia: an experience of Tata Memorial Hospital. Indian Journal of Cancer 49 (2): 71-76 (2003).
7. 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)
8. 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)
9. Protection of Laboratory Workers from occupationally acquired infections. Second edition; approved guideline (2001). Villanova PA: National Committee for Clinical Laboratory Standards; Document M29-A2.
10. 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.
11. 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.

#### **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

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