



## **Polyclonal Anti Human Kappa Light Chains-FITC / Lambda Light Chains-PE / CD19-PerCP-Cyanine 5.5**

**Ref: CYT-KF2-LPE-19C8**

**RUO**

*For Research Use Only. Not for use in diagnostic procedures.*

### **INTENDED USE**

CYT-KF2-LPE-19C8 is a pre-mixed cocktail of 3 conjugated antibodies: Anti-Kappa Light Chains labelled with fluorescein isothiocyanate (FITC), Anti-Lambda Light Chains labelled with R-Phycoerythrin (PE) and Anti-CD19 labelled with Peridinin chlorophyll protein (PerCP) - Cyanine 5.5 tandem (PerCP-Cyanine 5.5). This reagent is designed for use as a direct immunofluorescence in the identification and enumeration of B cells which express Kappa and Lambda immunoglobulin Light Chains by Flow Cytometry (FC). Antibodies to Kappa and Lambda Light Chains are useful for the identification of clonal excess in B-cell lymphoproliferative disorders together with a panel of other antibodies <sup>(1)</sup>. Anti-Kappa Light Chains reacts with free Kappa chains as well as Kappa chains in intact immunoglobulin molecules. Anti-Lambda Light Chains reacts with free Lambda Chains as well as Lambda Chains in intact immunoglobulin molecules.

### **SUMMARY AND EXPLANATION**

FC 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. FC is performed on cells in liquid suspension that have been incubated with fluorescently-labelled 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.

Human lymphocytes may be classified in three main populations according to their biological function and their cell surface antigen expression: T lymphocytes, B lymphocytes and Natural Killer cells (NK). B lymphocytes are the producers of antibodies and mediate humoral immunity particularly effective against toxins, whole bacteria, and free viruses.

Most B cells, with the exception of pre-B progenitors, pre B cells, and mature plasma cells, express immunoglobulin on their surface. Each cell expresses only one Light Chain type. In normal peripheral blood and lymph nodes, there is a mixture of Kappa positive and Lambda positive cells, with two-thirds of the cells expressing Kappa and one-third expressing Lambda. Since lymphoid neoplasms are usually clonal expansions of a single cell, malignant cells uniformly express the same Light Chain isotype. Neoplastic B cell lymphoproliferative disorders can frequently be suspected on the basis of the demonstration of a marker predominance of cells expressing a single Light Chain type <sup>(1-4)</sup>.

### **PRINCIPLES OF THE PROCEDURE**

FC is an innovative technology by means of which different cell characteristics are simultaneously analysed 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 antibodies 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 an erythrocyte lysing solution containing fixatives previous to acquire the sample on the cytometer.

Kappa and Lambda immunoglobulin Light Chain count is generally expressed as a percentage of B cells present in the sample. Because each flow cytometer has different operating characteristics each laboratory must determine its optimal operating procedure.

### **REAGENT COMPOSITION**

CYT-KF2-LPE-19C8 is provided in phosphate buffered saline with  $\leq 0.09\%$  (m/v) sodium azide. It contains the following mixture of antibodies:

- Purified polyclonal antibody Anti-Kappa Light Chains, Goat F(ab')<sub>2</sub>, labelled with fluorescein isothiocyanate (FITC).
- Purified polyclonal antibody Anti-Lambda Light Chains, Goat F(ab')<sub>2</sub>, conjugated with R-Phycoerythrin (PE).
- Purified monoclonal CD19 Antibody conjugated with Peridinin chlorophyll protein (PerCP)-Cyanine 5.5 tandem (PerCP-Cyanine 5.5), clone HIB19, Isotype IgG1.

Amount per vial: 25 tests (15 $\mu$ L pAb 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<sup>o</sup> 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 Research Use Only. Not for use in diagnostic procedures.
2. This product is supplied ready to use. If it is altered by dilution or addition of other components, such conditions must be validated by the user.

3. The reagent is stable until the expiration date shown on the label if it is properly stored. Do not use it 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 0,09% (m/v) sodium azide (CAS-No. 26628-22-8) as a preservative, but even so care should be taken to avoid microbial contamination of reagent or incorrect results may occur.

**Indication(s) of danger:**

H302 Harmful if swallowed

**Safety advice:**

P264	Wash thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P301+P312	If swallowed, call a poison center or doctor/physician if you feel unwell.
P301+P330	If swallowed, rinse mouth.
P501	Dispose of contents/container in accordance with local/regional/national/international regulation.

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>(5)</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**

Polyclonal Anti Human Kappa Light Chains-FITC / Lambda Light Chains-PE / CD19-PerCP-Cyanine 5.5 are sufficient for 25 determinations (15µL PAb to 10<sup>6</sup> cells).

**Material required but not included**

- 488 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, 12x75 mm are used.
- 10 mL tubes to perform a bulk wash procedure.
- Automatic pipette (100µL) and tips.
- Micropipette with tips.
- Chronometer.
- Vortex Mixer.
- Centrifuge.
- Pasteur pipette or vacuum system.
- Isotype control reagent.
- Erythrocyte lysing solution.
- Wash buffer as phosphate buffered saline (PBS) + ≤0.09% (m/v) sodium azide.

**Standard preparation procedure**

Whole blood sample must be taken aseptically by means of a venipuncture<sup>(6, 7)</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.

Before staining samples of peripheral blood and bone marrow, the sample must be washed to remove the soluble serum proteins (step 1). In case of lymph node aspirates, fine needle aspiration or cerebrospinal fluid samples this previous step is not needed.

1. Spin down the vial before each use.
2. Add 50µL of the peripheral blood or bone marrow sample to each tube, add 4 mL of PBS pH 7.4 and centrifuge at 540g for 5 minutes, then aspirate the supernatant. Wash again using 4 mL of PBS pH 7.4 and centrifuge at 540g for 5 minutes. Aspirate the supernatant.
3. Mix 50µL of blood or bone marrow sample from the previous step with 15µL of CYT-KF2-LPE-19C8. In case of working with other body fluids with fewer cells, such as fine needle aspirations, cerebrospinal fluid, bronchoalveolar lavage, gastric lavage, etc, mix 200µL of sample with 15µL of CYT-KF2-LPE-19C8. To evaluate the non-specific binding of the antibody, an appropriated isotype control tube can be prepared.
4. Incubate for 15 minutes at room temperature in the dark.
5. Add 2 mL of Quicklysis<sup>TM\*</sup> erythrocyte lysing solution and incubate the sample for 10 minutes at room temperature in the dark.
6. 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 cytometer is correctly aligned and standardized for light dispersion and fluorescent intensity, and that the right color compensation has been set following the instructions of the cytometer manufacturer. Kappa and Lambda immunoglobulin Light Chain count is generally expressed as a percentage of B cells present in the sample. Cytognos recommends the use of the **analysis software**

**Infinicyt™**, which is capable of using pattern recognition and store analysis strategies to apply in batch to other samples using always the same criteria. You will find complete information about Infinicyt™ on the web site: [www.infinicyt.com](http://www.infinicyt.com).

#### **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. Non viable cells may stain non-specifically. 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 FC may be erroneous if the cytometer laser is misaligned or the gates are improperly set.
- Each laboratory should establish a normal range for B-cells bearing Kappa and Lambda Light Chains using its own test conditions.
- 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>(8)</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.

#### **EXPECTED VALUES**

Each laboratory should establish its own normal reference ranges for B cell (CD19+) counts, since such values may be influenced by age, sex and race <sup>(9)</sup>. In normal peripheral blood and lymph nodes, there is a mixture of Kappa positive and Lambda positive B cells, with two-thirds of the B cells expressing Kappa and one-third expressing Lambda <sup>(10)</sup>.

#### **QUALITY CONTROL**

- To obtain optimum results it is advisable to verify the precision of pipettes and that the cytometer is correctly calibrated.
- In multicolor panels fluorochromes emit in different wavelengths but show a certain spectral overlapping which must be corrected by means of electronic compensation. 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.
- This product has been manufactured in accordance with standards of production and quality system of the ISO 9001:2008 standard.

#### **REFERENCES**

1. 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)
2. Stetler-Stevenson M. Flow cytometry analysis of lymphomas and lymphoproliferative disorders. *Semin Hematol* 2001 Apr;38 (2):111-23.
3. Davis BH, Holden JT, Bene MC, Borowitz MJ, Braylan RC, Cornfield D, Gorczyca W, Lee R, Maiese R, Orfao A, Wells D, Wood BL, Stetler-Stevenson M. 2006-Bethesda. International Consensus recommendations on the flow cytometric immunophenotypic analysis of hematolymphoid neoplasia: Medical indications. *Cytometry Part B* 72B:S5-S13 (2007).
4. Jennings CD, Foon KA. Recent advances in flow cytometry: application to the diagnosis of hematologic malignancy. *Blood* 90(8): 2863-2892 (1997)
5. Protection of Laboratory Workers from occupationally acquired infections. Second edition; approved guideline (2001). Villanova PA: National Committee for Clinical Laboratory Standards; Document M29-A2.
6. 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.
7. 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.
8. Loken MR, Wells DA. Normal antigen expression in Hematopoiesis: basis for interpreting leukemia phenotypes. In *Immunophenotyping*. Wiley-Liss (2000).
9. Reichert T, DeBruyère M, Deneys V, Tötterman T, Lydyard P, Yuksel F, Chapel H, Jewell D, Van Hove L, Linden J. Lymphocyte subset reference ranges in adult Caucasians. *Clin Immunol Immunopathol* 60:190-208 (1991)
10. Deegan MJ, B Lymphocytes and plasma cells: their development and identification. In: Keren DF, editor. *Flow cytometry in clinical diagnosis*. Chicago: ASCP Press; p.1 139-163 (1989).

#### **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' sole liability is limited to either replacement of the product or refund of the purchase price.

## EXPLANATION OF SYMBOLS

	Use by (YYYY-MM)
	Catalogue number
	Batch code
	Keep out of sunlight
	Storage temperature limitation
	Consult instructions for use
	Manufacturer
	For research use only
	Contains sufficient for <n> tests
	Health hazard/Hazardous to the ozone layer

## 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)