人 T/B/NK 细胞流式检测试剂盒

Human T/B/NK subset Kit (CD3 FITC/CD16+56 PE/CD45 PerCP/ CD19 APC/CD4 PE-Cy7/CD8 APC-Cy7)

Catalog No.：BFK004

Size：25T / 50T / 100T

Storage: Store between 2°C and 8°C for one year. Avoid repeated freeze/thaw cycles.

Materials Provided：

Cat No.	Product	**25T**	**50T**	**100T**
BFK003-1	FITC anti-human CD3	0.25ml	0.5ml	1ml
BFK003-2	PE anti-human CD56	0.25ml	0.5ml	1ml
BFK003-3	PE anti-human CD16	0.25ml	0.5ml	1ml
BFK003-4	PerCP anti-human CD45	0.25ml	0.5ml	1ml
BFK003-5	APC anti-human CD19	0.25ml	0.5ml	1ml
BFK004-1	PE-Cy7 anti-human CD4	0.25ml	0.5ml	1ml
BFK004-2	APC-Cy7 anti-human CD8a	0.25ml	0.5ml	1ml
BFK003-6	FITC mouse IgG1, κ Isotype Control	0.1ml	0.1ml	0.1ml
BFK003-7	PE mouse IgG1, κ Isotype Control	0.1ml	0.1ml	0.1ml
BFK003-8	PerCP mouse IgG2a Isotype Control	0.1ml	0.1ml	0.1ml
BFK003-9	APC mouse IgG1 Isotype Control	0.1ml	0.1ml	0.1ml
BFK004-3	PE-Cy7 mouse IgG2a Isotype Control	0.1ml	0.1ml	0.1ml
BFK004-4	APC-Cy7 mouse IgG1, κ Isotype Control	0.1ml	0.1ml	0.1ml

Description：

Total T lymphocyte percentages can be used to characterize some forms of immunodeficiency and autoimmune diseases. Determining percentages of CD4+ and CD8+ lymphocytes can be useful in monitoring the immune status of patients with immune deficiency diseases, autoimmune diseases, or immune reactions. The relative percentage of the CD4+ subset has been reported to be depressed

and the relative percentage of the CD8+ subset to be elevated in many patients .

Helper/inducer T lymphocytes are a subset of T (CD3+) lymphocytes that also express the CD4 antigen. Suppressor/cytotoxic T lymphocytes express the CD8 antigen and are principally a subset of T (CD3+) lymphocytes. The CD4+/CD8+ lymphocyte ratio can be quantified as the ratio of CD4 FITC–positive lymphocytes to CD8 PE–positive lymphocytes. The most common method that has been used to determine the CD4/CD8 ratio has been a single twocolor reagent containing CD4 and CD8 antibodies. The CD4+/CD8+ ratio has been used to evaluate the immune status of patients with autoimmune disorders or those suspected of developing immune disorders.

The conventional helper/suppressor ratio (CD4/CD8) does not distinguish between T- and NK-lymphocyte CD8 antigen expression, or between helper/inducer T lymphocytes and monocytes that express the CD4 antigen in low copy numbers. The reagent combinations provided in the kit allow the CD3+CD4+ helper/inducer T lymphocytes and CD3+CD8+ suppressor/cytotoxic T lymphocytes to be identified and enumerated separately from contaminating CD3– CD4+ monocytes and CD3–CD8+ NK lymphocytes.22 Instead of using a single reagent containing CD4 and CD8.

NK lymphocytes, identified as being CD3–, CD16+ and/or CD56+ have been shown to mediate cytotoxicity against certain tumors and virus-infected target cells.

CD19 is involved in B cell development.B Cells which is characterized by CD3–, CD19+ .

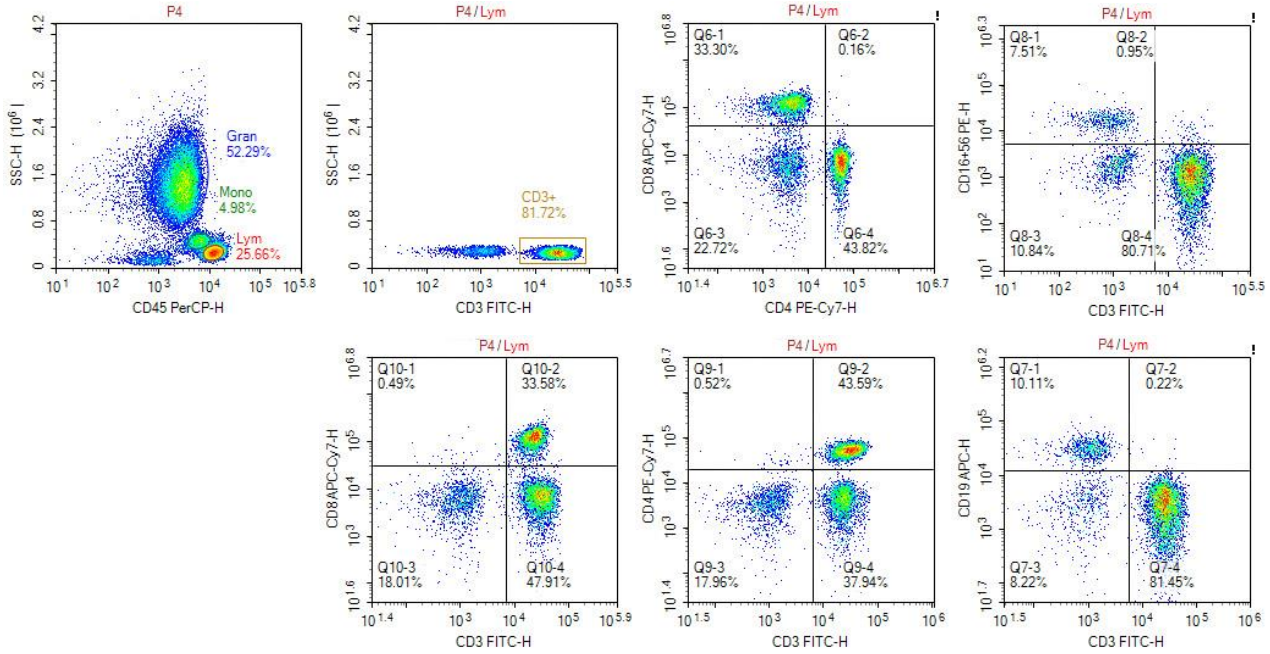
Experimental Methods:

(The following is a general protocol, optimization is required for best results of your experiment. Please contact us by email or by phone for further technical support.)

1. Take 100μl peripheral blood anticoagulated by EDTA and add to the bottom of 5ml tube;
2. Add 10μl FITC anti-human CD3,10μl PE anti-human CD56,10μl PE anti-human CD16,10μl PerCP anti-human CD45,10μl PE-Cy7 anti-human CD4,10μl APC anti-human CD19 and 10μl APC-Cy7 anti-human CD8a to the bottom of flow tube mixing with the peripheral blood, incubate for 20 minutes at room temperature away from light;
3. Add 2ml 1×RBC lysis buffer, incubate for 10 minutes away from light after mixing, dissolve red blood cells (recommended: Red Blood Cell Lysis Buffer, 10× (C03-05002));
4. Sample tube is set to 1000 rpm centrifugation for 5 minutes, discard the supernatant;
5. Add 2ml PBS to resuspend the cells, then 1000 rpm centrifugation for 5 minutes, discard the supernatant;

6. Add 0.5ml PBS to resuspend the cells and detect by flow cytometry (sample should be determined on the day on the machine and can also be added fixation overnight at 4℃ then measured).

Experimantal Data:



Human healthy peripheral blood were stained with CD3 FITC/CD16+56 PE/CD45 PerCP/CD4 PE-Cy7/CD19 APC/CD8 APC Cy7.