

Hu-CD3/CD8

2 Color FCM Reagent: sc-3950



BACKGROUND

Human CD3/CD8: sc-3950 is a direct immunofluorescence reagent formatted to identify and determine the percentage of mature T cells and suppressor/cytotoxic T cells in erythrocyte-lysed whole blood, based on cell-surface antigen expression. T lymphocytes participate in antigen-specific cell-mediated immunity and regulate the secretion of immunoglobulin by B lymphocytes. CD3 identifies T lymphocytes and non-covalently associates with either α/β or γ/δ TCR, which recognizes antigens associated with the MHC (1). CD8 identifies suppressor/cytotoxic T lymphocytes (2,3) and binds class I MHC molecules, resulting in enhanced activation of resting T lymphocytes (4). Beginning at seroconversion and during the first stages of HIV infection, the number of CD8⁺ T lymphocytes increases, while the number of CD4⁺ T lymphocytes decreases (5). At the onset of AIDS, CD3⁺, CD4⁺ and CD8⁺ T lymphocyte levels decline, but in the late stages of AIDS, the remaining lymphocytes are CD8⁺ (5). CD3⁺CD8⁺ as well as CD3⁺CD4⁺ percentages are, therefore, useful in monitoring HIV and other forms of immunodeficiency and autoimmune disease (6,7).

Antigen Expression	Cell Type Identified
CD3 ⁺	Mature T Cells
CD3 ⁺ CD8 ⁺	Suppressor/Cytotoxic T Cells

STORAGE

Store at 4° C. Do not freeze. Stable for one year from the date of shipment. Protect reagents from prolonged exposure to light.

PRODUCT

Supplied in 1.0 ml of PBS containing 0.1% azide and 0.1% gelatin. Sufficient for 50 tests. This product has been titrated for optimal performance. Recommended use is 20 μ L per test (1×10^6 cells). **For research use only. Not for use in diagnostic procedures.**

INSTRUMENT

Human CD3/CD8: sc-3950 is recommended for use with either a single or dual laser Flow Cytometer fitted with appropriate acquisition and analysis software, such as the FACSCalibur™ Flow Cytometer fitted with CellQuest™ Software by Becton Dickinson.

The flow cytometer must be equipped with a 488 nm laser and must be capable of detecting light scatter (forward and side) and two-color fluorescence with emission detectable in two ranges: 515-545 nm, 562-607 nm.

Antigen	Clone	Isotype	Label*	Detection Range (nm)
CD3	UCH-T1	IgG ₁	FITC	515-545
CD8	HIT8a	IgG ₁	PE	562-607

*Fluorescent labels include FITC: Fluorescein isothiocyanate; PE: phycoerythrin

ISOTYPE CONTROL

sc-3950 CON (IgG₁ FITC/IgG₁ PE) is the isotype matched negative control for this system and is suitable for 50 tests.

REFERENCES

- Exley, M., Terhorst, C., and Wileman, T. 1991. Structure, assembly and intracellular transport of the T cell receptor for antigen. *Semin. Immunol.* 3: 283-297.
- Ledbetter, J.A., Evans, R.L., Lipinski, M., Cunningham-Rundles, C., Good, R.A., and Herzenberg, L.A. 1981. Evolutionary conservation of surface molecules that distinguish T-lymphocyte helper/inducer and T cytotoxic/suppressor subpopulations in mouse and man. *J. Exp. Med.* 153: 310-323.
- Evans, R.L., Wall, D.W., Platsoucas, C.D., *et al.* 1981. Thymus-dependent membrane antigens in man: Inhibition of cell-mediated lympholysis by monoclonal antibodies to the TH2 antigen. *Proc. Natl. Acad. Sci. USA* 78: 544-548.
- Gallagher, P.F., Fazekas de St. Groth, B., and Miller, J.F. 1989. CD4 and CD8 molecules can physically associate with the same T-cell receptor. *Proc. Natl. Acad. Sci. USA* 86: 10044-10048.
- Giorgi, J.V., Ho, H.N., Hirji, K., Chou, C.C., Hultin, L.E., O'Rourke, S., Park, L., Margolick, J.B., Ferbas, J., and Phair, J.P. 1994. CD8⁺ lymphocyte activation at human immunodeficiency virus type 1 seroconversion: development of HLA-DR⁺ CD38⁺CD8⁺ cells is associated with subsequent stable CD4⁺ cell levels. The Multicenter AIDS Cohort Study Group. *J. Infect. Dis.* 170: 775-781.
- Foucar, K. and Goeken, J.A. 1982. Clinical Applications of immunologic techniques to the diagnosis of lymphoproliferative and immunodeficiency disorders. *Lab. Med.* 13: 403-413.
- Smolen, J.S., Chused, T.M., Leiserson, W.M., Reeves, J.P., Alling, D., and Steinberg, A.D. 1982. Heterogeneity of immunoregulatory T-cell subsets in systemic lupus erythematosus. Correlation with clinical features. *Am. J. Med.* 72: 783-790.