



## Human Renal Glomerular Endothelial Cells (HRGEC)

Catalog Number: 4000

### Cell Specification

Renal glomerular endothelial cells (GEC) are a specialized microvascular cell type involved in the regulation of glomerular ultrafiltration. They form the inner part of the filtration barrier and are involved in pathophysiological processes in the glomerulum [1]. They constitutively synthesize bio-active molecules, to which this basal activity can be chronically augmented by various inflammatory and thrombotic agents [2]. GEC injury exerts significant influences on the progression and repair process of glomerular disease. When the glomerular lesion is severe, angiogenesis is prevented due to endothelial cell injury, with subsequent sclerosis taking place in the impaired region [3]. These glomerular endothelial cell injuries inevitably affect mesangial and epithelial cells and presumably modify the progression of renal disease by reciprocally interacting with them [4]. Because of difficulties associated with the culture, cloning and propagation, the biological properties of these cells remain largely unknown.

HRGEC from ScienCell Research Laboratories are isolated from human kidneys. HRGEC are cryopreserved immediately after purification and delivered frozen. Each vial contains  $>5 \times 10^5$  cells in 1 ml volume. HRGEC are characterized by immunofluorescent method with antibodies to vWF/Factor VIII and CD31 (P-CAM), and by the formation of microtubular structure *in vitro*. HRGEC are negative for HIV-1, HBV, HCV, mycoplasma, bacteria, yeast and fungi. HRGEC are guaranteed to expand beyond 15 population doublings at the conditions specified by ScienCell Research Laboratories.

### Recommended Medium

It is recommended to use Endothelial Cell Medium (ECM, Cat. No. 1001) for the culturing of HRGEC *in vitro*.

### Product Use

HRGEC are for research use only. They are not approved for human or animal use, or for application in *in vitro* diagnostic procedures.

### Storage

Transfer cells directly and immediately from dry ice to liquid nitrogen upon receiving and keep the cells in liquid nitrogen until cell culture is needed for experiments.

### Shipping

Dry ice.

### Reference

- [1] Nangaku, M., Shankland, S. J., Couser, W. G. and Johnson, R. J. (1998) A new model of renal microvascular injury. *Curr Opin Nephrol Hypertens* 7(4):457-62.
- [2] Kester, M., Nowinski, R. J., Holthofer, H., Marsden, P. A. and Dunn, M. J. (1994) Characterization of platelet-activating factor synthesis in glomerular endothelial cell lines. *Kidney Int* 46(5):1404-12.
- [3] Lee, L. K., Meyer, T. W., Pollock, A. S. and Lovett, D. H. (1995) Endothelial cell injury initiates glomerular sclerosis in the rat remnant kidney. *J Clin Invest* 96(2):953-64.

- [4] Yamanaka, N. and Shimizu, A. (1999) Role of glomerular endothelial damage in progressive renal disease.  
*Kidney Blood Press Res* 22(1-2):13-20.

## Instruction for culturing cells

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Caution: Cryopreserved cells are very delicate. Thaw the vial in a 37°C waterbath and return them to culture as quickly as possible with minimal handling!

### Set up culture after receiving the ordering:

1. Prepare a fibronectin coated flask (2  $\mu\text{g}/\text{cm}^2$ , T-75 flask is recommended). Add 5 ml of sterile Dulbecco's phosphate buffered saline,  $\text{Ca}^{++}$  and  $\text{Mg}^{++}$  free (ScienCell, Cat. No. 0303) to a T-75 flask and then add 150  $\mu\text{l}$  of fibronectin stock solution (ScienCell, Cat. No. 8428). Leave the flask in incubator overnight.
2. Prepare complete medium: decontaminate the external surfaces of medium and medium supplements with 70% ethanol and transfer them to sterile field. Aseptically open each supplement tube and add them to the basal medium with a pipette. Rinse each tube with medium to recover the entire volume.
3. Aspirate fibronectin solution and add 20 ml of complete medium to the flask. Leave the flask in the hood and go to thaw the cells. The fibronectin solution can be used twice.
4. Place the vial in a 37°C waterbath, hold and rotate the vial gently until the contents are completely thawed. Remove the vial from the waterbath immediately, wipe it dry, rinse the vial with 70% ethanol and transfer it to a sterile field. Remove the cap, being careful not to touch the interior threads with fingers. Using a 1 ml eppendorf pipette gently re-suspend the contents of the vial.
5. Dispense the contents of the vial into the equilibrated, fibronectin coated culture vessels. A seeding density of 5,000 cells/ $\text{cm}^2$  is recommended.  
*Note: Dilution and centrifugation of cells after thawing are not recommended since these actions are more harmful to the cells than the effect of DMSO residue in the culture. It is also important that endothelial cells are plated in fibronectin coated flask that promotes cell attachment and growth.*
6. Replace the cap or cover, and gently rock the vessel to distribute the cells evenly. Loosen cap if necessary to permit gas exchange.
7. Return the culture vessels to the incubator.
8. For best result, do not disturb the culture for at least 16 hours after the culture has been initiated. Change the growth medium the next day to remove the residual DMSO and unattached cells, then every other day thereafter. A healthy culture will display cobblestone or spindle shaped morphology, non-granular cytoplasm and the cell number will be double after two to three days in culture.

### Maintenance of Culture:

1. Change the medium to fresh supplemented medium the next morning after establishing a culture from cryopreserved cells.
2. Change the medium every three days thereafter, until the culture is approximately 70% confluent.
3. Once the culture reaches 70% confluence, change medium every other day until the culture is approximately 90% confluent.

### **Subculture:**

1. Subculture the cells when they are over 90% confluent.
2. Prepare fibronectin coated flasks ( $2 \mu\text{g}/\text{cm}^2$ ) one day before subculture.
3. Warm medium, trypsin/EDTA solution (T/E, cat. no. 0103), trypsin neutralization solution (TNS, cat. no. 0113), and DPBS to **room temperature**. We do not recommend warming the reagents and medium at  $37^\circ\text{C}$  waterbath prior to use.
4. Rinse the cells with DPBS.
5. Add 10 ml of DPBS first and then 2 ml of trypsin/EDTA solution into flask (in the case of T-75 flask); gently rock the flask to make sure cells are covered by trypsin/EDTA solution; incubate the flask at  $37^\circ\text{C}$  incubator for 1 to 2 minutes or until cells are completely rounded up (monitored with inverted microscope). During incubation, prepare a 50 ml conical centrifuge tube with 5 ml of fetal bovine serum (FBS, cat. no. 0500); transfer trypsin/EDTA solution from the flask to the 50 ml centrifuge tube (a few percent of cells may detached); continue incubate the flask at  $37^\circ\text{C}$  for 1 minutes (no solution in the flask at this moment); at the end of trypsinisation, one hand hold one side of flask and the other hand gently tap the other side of the flask to detach cells from attachment; check the flask under inverted microscope to make sure all cells are detached, add 5 ml of trypsin neutralization solution to the flask and transfer detached cells to the 50 ml centrifuge tube; add another 5 ml of TNS to harvest the residue cells and transfer it to the 50 ml centrifuge tube. Examine the flask under inverted microscope to make sure the cell harvesting is successful by looking at the number of cells left behind. There should be less than 5%.

*Note: Use ScienCell Research Laboratories' trypsin/EDTA solution that is optimized to minimize the killing of the cells by over trypsinization.*

6. Centrifuge the 50 ml centrifuge tube (harvested cell suspension) at 1000 rpm (*Beckman Coulter Allegra 6R centrifuge or similar*) for 5 min; re-suspend cells in growth medium.
7. Count cells and plate cells in a new, fibronectin coated flask with cell density as recommended.

*Caution: Handling human derived products is potentially biohazardous. Although each cell strain testes negative for HIV, HBV and HCV DNA, diagnostic tests are not necessarily 100% accurate, therefore, proper precautions*

*must be taken to avoid inadvertent exposure. Always wear gloves and safety glasses when working these materials. Never mouth pipette. We recommend following the universal procedures for handling products of human origin as the minimum precaution against contamination [1].*

[1]. Grizzle, W. E., and Polt, S. S. (1988) Guidelines to avoid personal contamination by infective agents in research laboratories that use human tissues. *J Tissue Culture Methods*. 11(4).