

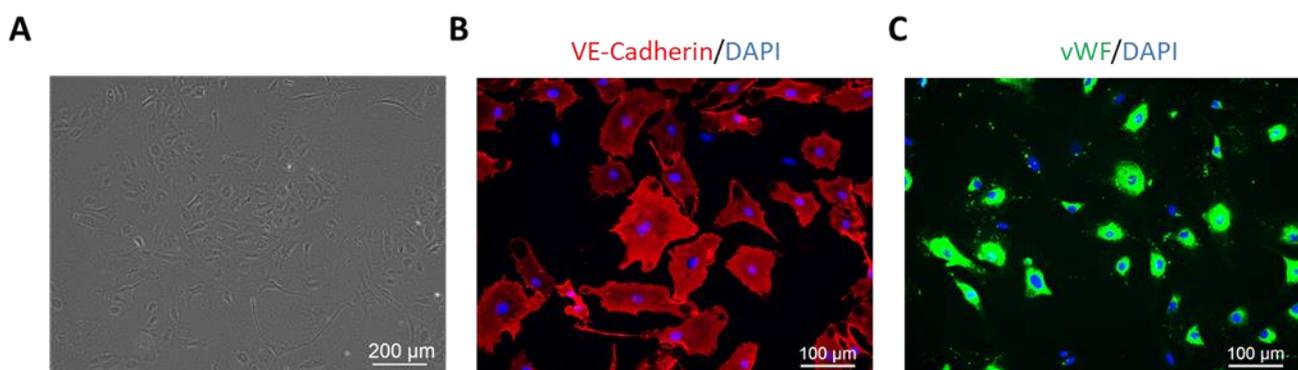
## Human Glomerular Microvascular Endothelial Cells (HGMEC)

|                       |                     |                            |                        |
|-----------------------|---------------------|----------------------------|------------------------|
| <b>Catalog Number</b> | 10HU-061            | <b>Cell Number</b>         | 0.5 million cells/vial |
| <b>Species</b>        | <i>Homo sapiens</i> | <b>Storage Temperature</b> | Liquid Nitrogen        |

### Description

Human Glomerular Microvascular Endothelial Cells (HGMEC) are highly specialized cells with fenestrae and a charged luminal glycocalyx layer, which contribute to the filtration barrier [1,2]. They have a unique constellation of structural features (including absence of diaphragm but retention of a basal lamina), and perform a vital physiological function in allowing filtration of the blood in the glomerulus [3,4]. The study of human HGMEC can enable complete understanding of glomerular filtration, glomerular disease, response to glomerular injury, and the potential for therapeutic manipulations in these contexts.

iXCells Biotechnologies provides high quality HGMEC, which are isolated from human kidneys and cryopreserved at P0 after purification, with  $\geq 0.5$  million cells in each vial. HGMEC are characterized by immunofluorescence with antibodies specific to vWF/Factor VIII and CD31 (PECAM), and by the formation of microtubular structures in vitro. They are negative for HIV-1, HBV, HCV, mycoplasma, bacteria, yeast, and fungi. HGMEC can proliferate in Endothelial Cell Growth Medium (Cat# MD-0010), but they are not recommended for further expansion, because the purity of the endothelial population may decrease.



**Figure 1.** Human Glomerular Microvascular Endothelial Cells (HGMEC). (A) Phase contrast image of HGMEC. (B & C) Immunofluorescence staining with antibodies against VE-Cadherin (B) and vWF/Factor VIII (C).

## Product Details

|                   |   |
|-------------------|---|
| Tissue            | Human kidney glomerular, Normal               |
| Package Size      | 0.5 million cells/vial                        |
| Passage Number    | P2  |
| Shipped           | Cryopreserved                                 |
| Storage           | Liquid nitrogen                               |
| Growth Properties | Adherent                                      |
| Media             | Endothelial Cell Growth Medium (Cat# MD-0010) |

## Protocols

### Thawing of Frozen Cells

1. Upon receipt of the frozen cells, it is recommended to thaw the cells and initiate the culture immediately in order to retain the highest cell viability.
2. To thaw the cells, put the vial in 37°C water bath with gentle agitation for ~1-2 minutes. Keep the cap out of water to minimize the risk of contamination.
3. Pipette the cells into a 15 mL conical tube with 5 mL fresh **Endothelial Cell Growth Medium** (Cat# MD-0010).
4. Centrifuge at 1,000 rpm (~220 g) for 5 minutes under room temperature.
5. Remove the supernatant and resuspend the cells in desired volume of Endothelial Cell Growth Medium.
6. Culture the cell in T75 flask or the desired culture vessel. Change the medium every other day until cells reach 80-90% confluence. We recommend seeding at  $5 \times 10^3$  cells/cm<sup>2</sup>.

**Safety Precaution:** *it is highly recommended that protective gloves and clothing should be used when handling frozen vials.*

### Standard Culture Procedure

1. When cells reach ~80-90% confluence, remove the medium, and wash once with sterile PBS (5 mL/T75 flask).
2. Add ~2.5 mL of 0.05% Trypsin-EDTA to the flask and incubate for ~3 minutes at 37°C. Neutralize the enzyme by adding 2-3 volumes of cell culture medium.
3. Centrifuge at 1,000 rpm (~220 g) for 5 minutes and resuspend the cells in desired volume of medium.
4. Seed in the new culture vessels at  $5 \times 10^3$  cells/cm<sup>2</sup>. Change the medium every other day until cells reach 80-90% confluence.

## Reference

- [1] Ilse Sofia Daehn (2018) Glomerular Endothelial Cell Stress and Cross-Talk With Podocytes in Early Diabetic Kidney Disease. *Front Med (Lausanne)*, 5: 76.
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- [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] Simon C. Satchell and Filip Braet. (2009) Glomerular endothelial cell fenestrations: an integral component of the glomerular filtration barrier. *Am J Physiol Renal Physiol*. 296(5): F947–F956

## Disclaimers

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