



## Human Epidermal Keratinocytes-neonatal (HEK)

Catalog #2100

### Cell Specification

The epidermal layer of the skin provides an essential function as a protective barrier against insults from the external environment. The predominant cell type in the epidermis is keratinocytes and they are located in the stratified squamous epithelia. Keratinocytes are named after keratin, which is the most abundant protein in this cell. Progenitors of keratinocytes reside and divide in the basal layer of the epidermis. They then differentiate, migrate towards the surface of epidermis, and eventually withdraw from the cell cycle permanently. Keratinocyte proliferation, differentiation, and programmed cell death are complex and carefully choreographed processes [1]. Apart from their protective functions, keratinocytes express adhesion molecules and cytokines, further suggesting an implication in skin innate immunity, tissue homeostasis, wound healing, cancer development, and skin-based gene-therapy [2, 3].

HEK from ScienCell Research Laboratories are isolated from neonatal human skin. HEK are cryopreserved at passage one and delivered frozen. Each vial contains  $>5 \times 10^5$  cells in 1 ml volume. HEK are characterized by immunofluorescence with antibodies specific to cytokeratin-18 and cytokeratin-19. HEK are negative for HIV-1, HBV, HCV, mycoplasma, bacteria, yeast, and fungi. HEK are guaranteed to further expand for 15 population doublings under the conditions provided by ScienCell Research Laboratories.

### Recommended Medium

It is recommended to use Keratinocyte Medium (KM, Cat. #2101) for culturing HEK *in vitro*.

### Product Use

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

### Storage

Upon receiving, directly and immediately transfer the cells from dry ice to liquid nitrogen and keep the cells in liquid nitrogen until they are needed for experiments.

### Shipping

Dry ice.

### References

- [1] Eckert RL, Efimova T, Dashti SR, Balasubramanian S, Deucher A, Crish JF, Sturniolo M, Bone F. (2002) "Keratinocyte survival, differentiation, and death: many roads lead to mitogen-activated protein kinase." *J Invest Dermatol Symp Proc.* 7: 36-40.
- [2] Song PI, Park YM, Abraham T, Harten B, Zivony A, Neparidze N, Armstrong CA, Ansel JC. (2002) "Human keratinocytes express functional CD14 and toll-like receptor 4." *J Invest Dermatol.* 119: 424-32.
- [3] de Panfilis G, Semenza D, Lavazza A, Mulder AA, Mommaas AM, Pasolini G. (2002) "Keratinocytes constitutively express the CD95 ligand molecule on the plasma membrane: an in situ immunoelectron microscopy study on ultracyosections of normal human skin." *Br J Dermatol.* 147: 7-12.

## Instructions for culturing primary cells

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**Caution:** Cryopreserved primary cells are very delicate. Thaw the vial in a 37°C water bath and return the cells to culture as quickly as possible with minimal handling! Do not centrifuge the cells after thawing as this can damage the cells.

### Initiating the culture:

**Note:** ScienCell primary cells must be cultured in a 37°C, 5% CO<sub>2</sub> incubator. Cells are only warranted if ScienCell media and reagents are used and the recommended protocols are followed.

1. Prepare a poly-L-lysine-coated culture vessel (2 µg/cm<sup>2</sup>, T-75 flask is recommended). To obtain a 2 µg/cm<sup>2</sup> poly-L-lysine-coated culture vessel, add 10 ml of sterile water to a T-75 flask and then add 15 µl of poly-L-lysine stock solution (10 mg/ml, Cat. #0413). Leave the vessel in a 37°C incubator overnight (or for a minimum of one hour).
2. Prepare complete medium. Decontaminate the external surfaces of medium bottle and medium supplement tubes with 70% ethanol and transfer them to a sterile field. Aseptically transfer supplement to the basal medium with a pipette. Rinse the supplement tube with medium to recover the entire volume.
3. Rinse the poly-L-lysine-coated vessel twice with sterile water and then add 15 ml of complete medium. Leave the vessel in the sterile field and proceed to thaw the cryopreserved cells.
4. Place the frozen vial in a 37°C water bath. Hold and rotate the vial gently until the contents completely thaw. Promptly remove the vial from the water bath, wipe it down with 70% ethanol, and transfer it to the sterile field.
5. Carefully remove the cap without touching the interior threads. Gently resuspend and dispense the contents of the vial into the equilibrated, poly-L-lysine-coated culture vessel.

***Note: Dilution and centrifugation of cells after thawing are not recommended since these actions are more harmful to the cells than the effect of residual DMSO in the culture. It is also important that cells are plated in poly-L-lysine-coated culture vessels to promote cell attachment.***

6. Replace the cap or lid of the culture vessel and gently rock the vessel to distribute the cells evenly. Loosen cap, if necessary, to allow gas exchange.
7. Return the culture vessel to the incubator.
8. Do not disturb the culture for at least 16 hours after initiation. Refresh culture medium the next day to remove residual DMSO and unattached cells.

### Maintaining the culture:

1. Refresh supplemented culture 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% confluency, change medium every other day until the culture is approximately 90% confluent.

## Subculturing:

1. Subculture when the culture reaches 90% confluency.
2. Prepare poly-L-lysine-coated culture vessels ( $2 \mu\text{g}/\text{cm}^2$ ) one day before subculture.
3. Warm complete medium, trypsin/EDTA solution, 0.05% (T/E, Cat. #0183), T/E neutralization solution (TNS, Cat. #0113), and DPBS ( $\text{Ca}^{++}$ - and  $\text{Mg}^{++}$ -free, Cat. #0303) to **room temperature**. We do not recommend warming reagents and medium in a  $37^\circ\text{C}$  water bath prior to use.
4. Rinse the cells with DPBS.
5. Add 10 ml 0.05% T/E solution (Cat. #0183) into flask (in the case of a T-75 flask). Gently rock the flask to ensure complete coverage of cells by T/E solution. Use a microscope to monitor the change in cell morphology.

**Note:** We recommend using ScienCell 0.05% T/E solution which is optimized to minimize cell damage due to over trypsinization. If 0.25% T/E solution (Cat. #0103) is used, then 8 ml of DPBS and 2 ml of 0.25% T/E solution should be used.

6. During incubation, prepare a 50 ml conical centrifuge tube with 5 ml of fetal bovine serum (FBS, Cat. #0500).
7. Once the cells completely round up, transfer T/E solution from the flask to the 50 ml centrifuge tube (a small percent of cells may detach) and incubate the flask at  $37^\circ\text{C}$  for 2-3 minutes (no solution in the flask at this time).
8. At the end of incubation, tap the side of the flask to dislodge cells from the surface. Check under a microscope to make sure that all cells detach.
9. Add 5 ml of TNS solution to the flask and transfer detached cells to the 50 ml centrifuge tube. Rinse the flask with another 5 ml of TNS to collect the residual cells.
10. Examine the flask under a microscope for a successful cell harvest by looking at the number of cells being left behind; there should be less than 5%.
11. Centrifuge the 50 ml centrifuge tube at 1000 rpm for 5 minutes. Gently resuspend cells in culture medium.
12. Count and plate cells in a new poly-L-lysine-coated culture vessel with the recommended cell density. A seeding density of  $5,000 \text{ cells}/\text{cm}^2$  is recommended.

**Note:** We do not recommend cryopreservation of primary cells by the end user. Refreezing cells may damage them and affect cell performance. ScienCell does not guarantee primary cells cryopreserved by the end user.

*Caution: Handling human derived products is potentially biohazardous. Although each cell strain tests 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 with 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 WE, Polt S. (1988) "Guidelines to avoid personal contamination by infective agents in research laboratories that use human tissues." *J Tissue Cult Methods*. 11: 191-9.