



Human Oral Keratinocytes (HOK)

Catalog #2610

Cell Specification

Oral keratinocytes act as the major barrier to physical, microbial, and chemical agents that may cause local cell injury. They are involved in the proinflammatory process through the production of cytokines either constitutively or after a variety of stimuli [1]. Consequently, oral keratinocytes may potentially participate in controlling oral infections through an inflammatory process involving different interleukins, such as IL-1 β and IL-18 [2]. Oral keratinocytes express a variety of differentiation markers, the expression of which is influenced by calcium-induced changes in the transcription of target genes [3]. Oral keratinocytes share major structural and functional features with the well-characterized dermal keratinocyte and are a good model to study basic keratinocyte biology, as well as, processes of immortalization and malignant transformation.

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

Recommended Medium

It is recommended to use Oral Keratinocyte Medium (OKM, Cat. #2611) for the culturing of HOK *in vitro*.

Product Use

HOK 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] Lundqvist C, Baranov V, Teglund S, Hammarstrom S, Hammarstrom ML. (1994) "Cytokine profile and ultrastructure of intraepithelial gamma delta T cells in chronically inflamed human gingiva suggest a cytotoxic effector function." *J. Immunol.* 153:2302-2312.
- [2] Rouabhia M, Ross G, Page N, Chakir J. (2002) "Interleukin-18 and Gamma Interferon Production by Oral Epithelial Cells in Response to Exposure to *Candida albicans* or Lipopolysaccharide Stimulation." *Infect. Immun.* 70:7073-7080.
- [3] Presland RB, Dale BA. (2000) "Epithelial structural proteins of the skin and oral cavity: function in health and disease." *Crit. Rev. Oral Biol. Med.* 11:383-408.

Instructions for culturing primary cells

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% CO₂ 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/cm², T-75 flask is recommended). To obtain a 2 µg/cm² 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 20 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 ($2\text{ }\mu\text{g}/\text{cm}^2$) 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 (Ca^{++} - and Mg^{++} -free, Cat. #0303) to **room temperature**. We do not recommend warming reagents and medium in a 37°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°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.