

**READY-TO-ASSAY™ CALCIUM-OPTIMIZED CELLS  
HUMAN RECOMBINANT CXCR3 CHEMOKINE RECEPTOR**

<b>CATALOG NUMBER:</b>	HTS003F	<b>QUANTITY:</b>	1 vial, 1 mL
<b>LOT NUMBER:</b>		<b>CONCENTRATION:</b>	1 x 10 <sup>7</sup> viable cells/mL

**BACKGROUND:** Millipore's Ready-To-Assay Calcium-Optimized Cells are GPCR-expressing cell lines that are designed for simple, rapid calcium assays with no requirement for culturing cells. The user simply thaws the cells with maximal viability, dispenses into assay plates, and assays for calcium response the next day.

The Ready-To-Assay cells are derived from ChemiScreen™ calcium-optimized stable cell lines, which express the GPCR target of interest at high levels on the cell surface, in a host cell line containing high levels of the promiscuous Gα15 protein to couple the receptor to the calcium signaling pathway. The Ready-To-Assay cells are prepared by chemical treatment at a concentration optimized for effective growth arrest while maintaining high viability (>80%) after thawing and overnight plating. Pharmacological functionality of the Ready-To-Assay cells is identical to that of the originating GPCR cell line.

CXCR3 is a 7-TM GPCR that is selective for the CXC chemokines IP10, I-TAC and MIG (Loetscher *et al.*, 1996). Binding of IP10 and MIG to CXCR3 induces Ca<sup>2+</sup> mobilization, chemotaxis and inflammatory responses of T lymphocytes, and also act as potent inhibitors of angiogenesis. CXCR3 is highly expressed in IL-2-activated T lymphocytes in vitro (Loetscher *et al.*, 1996), and in T lymphocytes present in inflamed tissues in rheumatoid arthritis and multiple sclerosis (Balashoy *et al.*, 1999; Qin *et al.*, 1998). In vivo, neutralization of CXCR3 inhibits experimentally induced type I diabetes (Frigerio *et al.*, 2002), peritonitis (Xie *et al.*, 2003), and post-lung transplantation bronchiolitis obliterans syndrome (Belperio *et al.*, 2002). Millipore's cloned human CXCR3-expressing cells are made in the Chem-1 host, an adherent cell line. The untreated CXCR3-Chem-1 cell line and the Ready-To-Assay CXCR3 cells have equivalent EC50s for IP10.

**APPLICATIONS:** Calcium flux assay

**SPECIFICATIONS:**

	EC50 for IP10 nM	Maximum Signal (RFU)	Z'
Ready-To-Assay Cells	4.98 nM	2604	0.71
Continuous Passage Cells	2.47 nM	3142	0.55

**HOST CELLS:** Chem-1, an adherent cell line expressing the promiscuous G-protein, Gα15.

**TRANSFECTION:** Full-length human cDNA encoding CXCR3 (Accession Number: X95876)

**PLATING MEDIA:**  
DMEM with 4.5 g/L glucose and 4 mM glutamine (Millipore SLM-020-A)  
10% heat-inactivated FBS

1x Nonessential amino acids (from 100x stock, Millipore TMS-001-C)  
10mM HEPES (from 1 M HEPES, Millipore TMS-003-C)  
100 U/mL Pen-Strep (from 100x stock, Millipore TMS-AB2-C)

**PRESENTATION:**

Cells are frozen at  $1 \times 10^7$  cells/mL in DMEM/20% fetal bovine serum/100 U/ml penicillin and streptomycin/10% DMSO.

**STORAGE:**

Place cells in liquid nitrogen immediately upon receipt. Maintain frozen in liquid nitrogen for up to 5 years.

**ASSAY PROTOCOL:**

- 1) Thaw cells rapidly by removing from liquid nitrogen and immediately immersing in a 37°C water bath. Immediately after ice has thawed, sterilize the exterior of the vial with 70% ethanol.
- 2) Transfer contents of the vial to a sterile 15 mL conical tube. Add 10 mL prewarmed plating media to the cells and mix gently to resuspend cells. Centrifuge at 200 x g. Remove all but 0.5 mL media.
- 3) Resuspend cells to  $0.5 \times 10^6$  cells/mL in plating media. Dispense the cell suspension into a 96-well assay plate at 200  $\mu$ L per well to obtain a density of approximately  $1 \times 10^5$  cells/well.
- 4) Place the assay plate in a humidified 37°C incubator with 5% CO<sub>2</sub>.
- 5) The cells may be assayed 16-24 hours after plating. It is recommended to wash the cells with assay buffer at least once prior to addition of loading dye.

**REFERENCES:**

Loetscher M, *et al.* (1996) Chemokine receptor specific for IP10 and mig: structure, function, and expression in activated T-lymphocytes. *J Exp Med.* 184: 963-9.

Balashov, KE, *et al.* (1999) CCR5 (+) and CXCR3 (+) T cells are increased in multiple sclerosis and their ligands MIP-1 $\alpha$  and IP-10 are expressed in demyelinating brain lesions. *Proc. Natl. Acad. Sci. USA* 96: 6873-8.

Qin, S, *et al.* (1998) The chemokine receptors CXCR3 and CCR5 mark subsets of T cells associated with certain inflammatory reactions. *J. Clin. Invest.* 101: 746-54.

Frigerio, S, *et al.* (2002) Beta cells are responsible for CXCR3-mediated T-cell infiltration in insulinitis. *Nat. Med.* 8: 1414-20.

Xie, JH, *et al.* (2003) Antibody-mediated blockade of the CXCR3 chemokine receptor results in diminished recruitment of T helper 1 cells into sites of inflammation. *J. Leukoc. Biol.* 73: 771-7-80.

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