

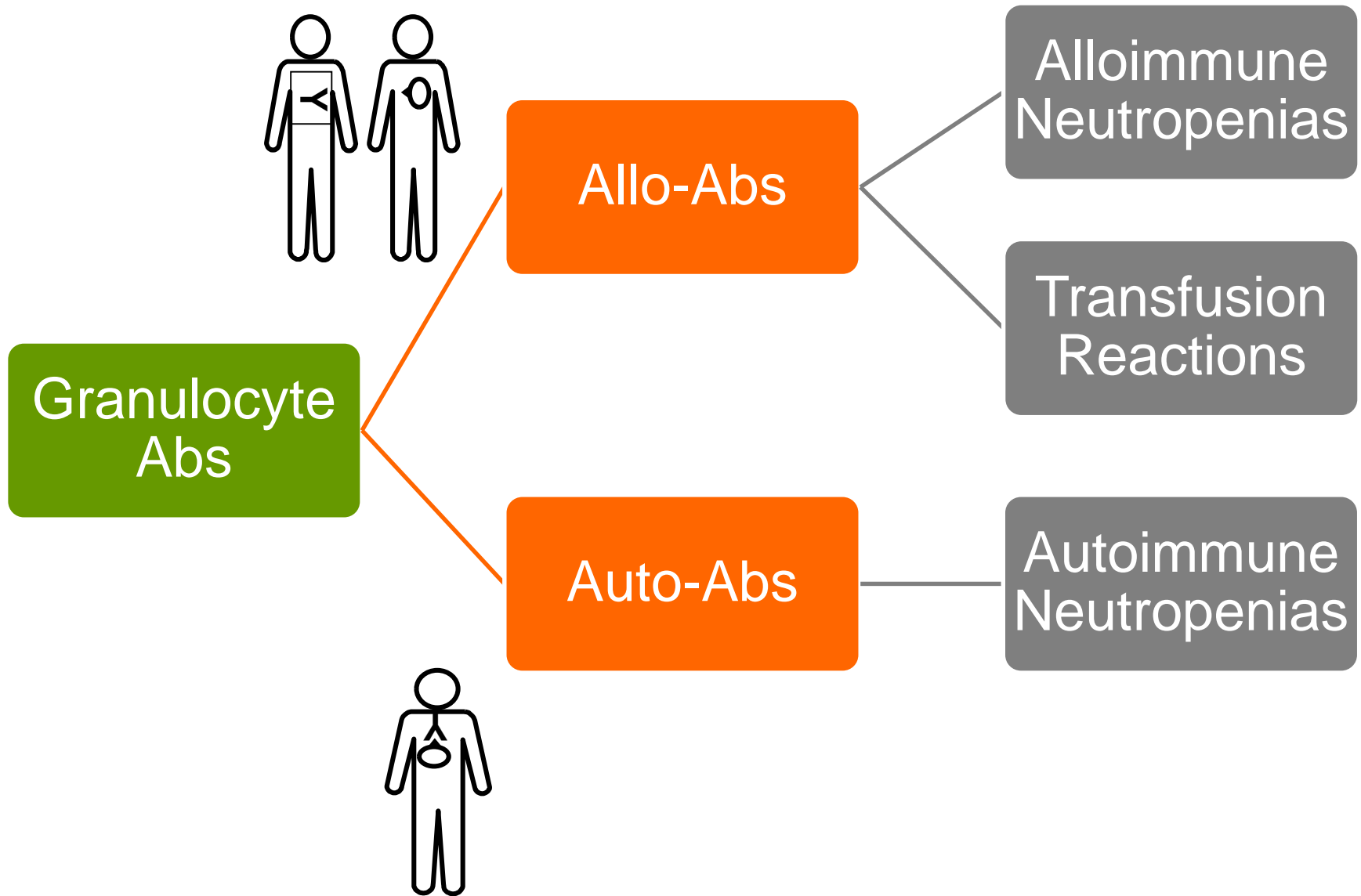
Granulocyte agglutination test

Granulocyte immunofluorescence test

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Granulocyte Antibody Detection

Direct Testing

- **Detection of neutrophil bound Abs**

Indirect Testing

- **Detection of circulating Abs**

Difficulties in Direct Testing

- The low numbers of autologous neutrophils consist a major obstacle of direct testing.
- High concentration of immune complexes in patient serum along with with activated autologous neutrophils ⇒ non-specific IgG binding
- Therefore a positive direct test can not be considered proof that anti granulocyte As are indeed present

Granulocyte Antibody Screening

- The detection of neutrophil-reactive antibodies usually involves testing serum or plasma with a panel of test neutrophils using the granulocyte indirect immunofluorescence test (GIFT) and the granulocyte agglutination test (GAT)
- The combination of these assays appears to be the best approach for neutrophil antibody testing according to the 2nd International Granulocyte Workshop
- Initial testing may be done using a small random panel of un-typed, normal neutrophils.
- The specificity of any samples with positive reactions can then be characterized using a typed (phenotyped or genotyped) neutrophil panel.

Bux J et al., Transfusion 1997
Feng YL et al., ISBT Science Series 2011
Flesch B., ISBT Science Series 2020

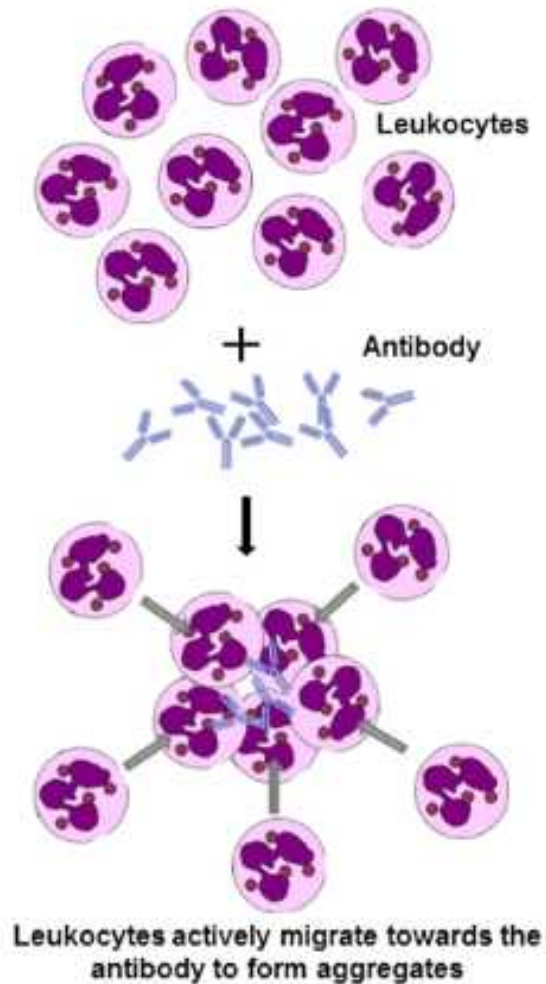
Difficulties in antibody detection and identification

- Granulocytes are fragile cells:
 - They need to be freshly isolated for Ab testing
 - They need to be gently manipulated during isolation to avoid activation
- Modes of Ab binding
 - F(ab)₂ binding
 - FcR
 - Non-specific binding
 - Internalized Ig
- Differentiation between granulocyte-specific and anti-HLA antibodies

Time from venipuncture to cell isolation Impact on granulocyte-reactive antibody testing

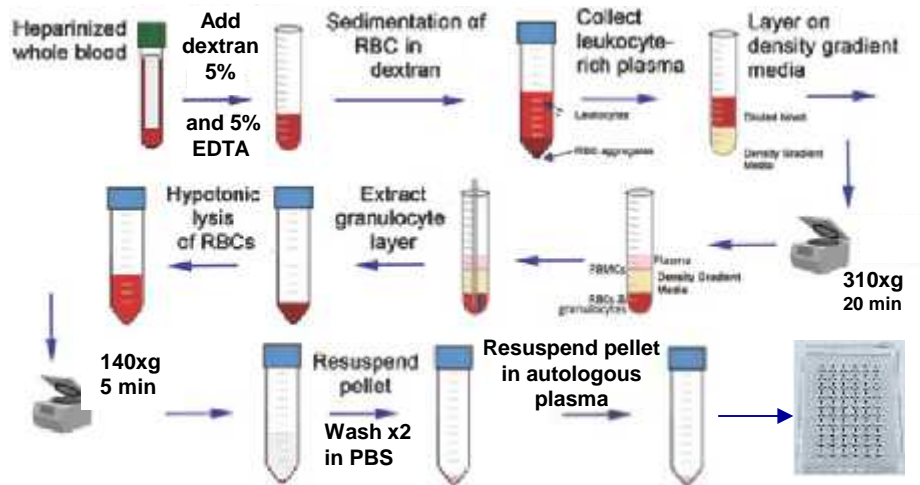
- Because of the short life span and the fragility of granulocytes, it is generally recommended to perform cell isolation and antibody testing immediately after blood donation.
- According to a recent study though a delay of up to 4 hours between venipuncture and neutrophil isolation does not impact on the accuracy of immunofluorescence, whereas agglutination is not influenced even if neutrophil isolation takes place 24 hours following blood donation

Granulocyte agglutination test (GAT)



- *Lalezari et al* in 1960 were the first to use GAT to detect potent leukoagglutinins in the maternal serum in a family with multiple cases of neonatal neutropenia
- It is based on the intrinsic property of granulocytes to migrate towards each other and aggregate in the presence of activating corresponding antibodies

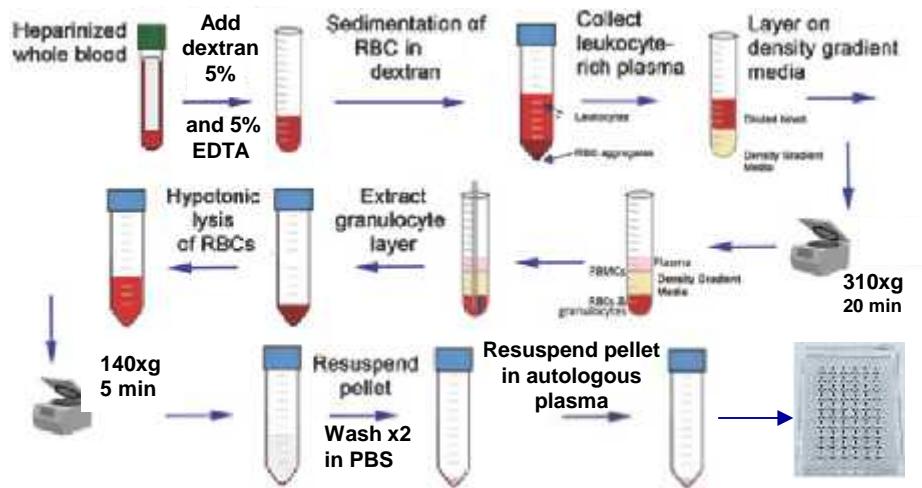
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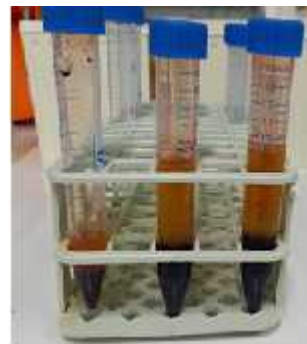
Reil A et al., Methods Mol Biol. 2015
Photo: Courtesy of Dr. Mavroudi I.

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- Incubate at 37°C for 30 min
- Transfer supernatant on top of 2.5ml Ficoll-Hypaque then centrifuge at 310xg for 20 min
- Collect 1 ml plasma
- Discard remaining supernatant
- Add 2ml of NH₄Cl to the pellet (RBCs+PMNs) in order to lyse RBCs
- Incubate at 0°C for 5min
- Wash cells twice in PBS and spin down for 5 min at 140xg
- Resuspend pellet with autologous plasma & adjust concentration at 5x10³ cells/µl

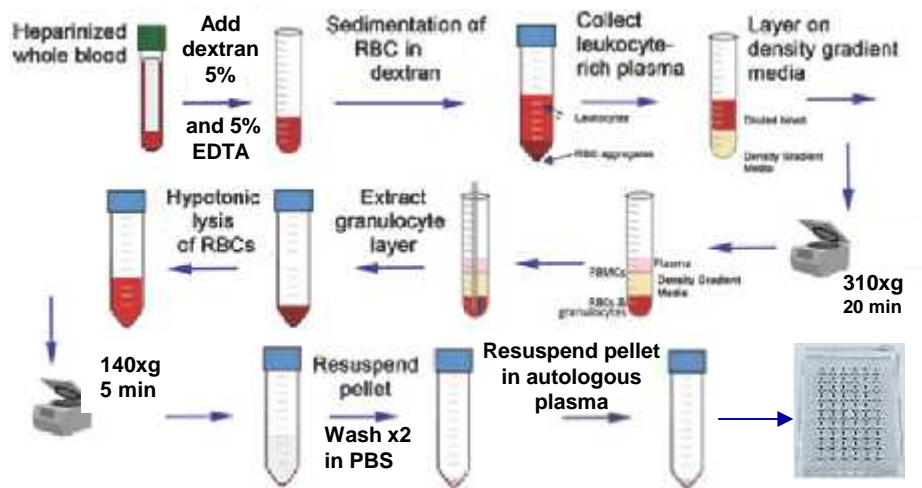
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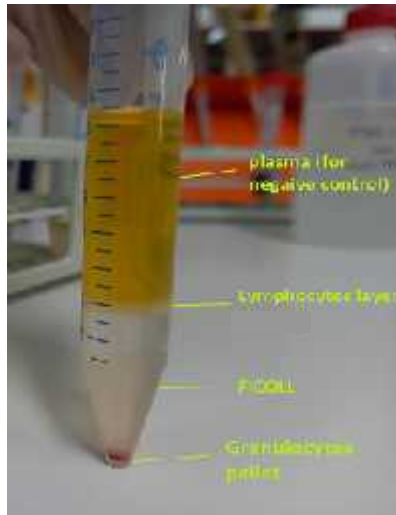
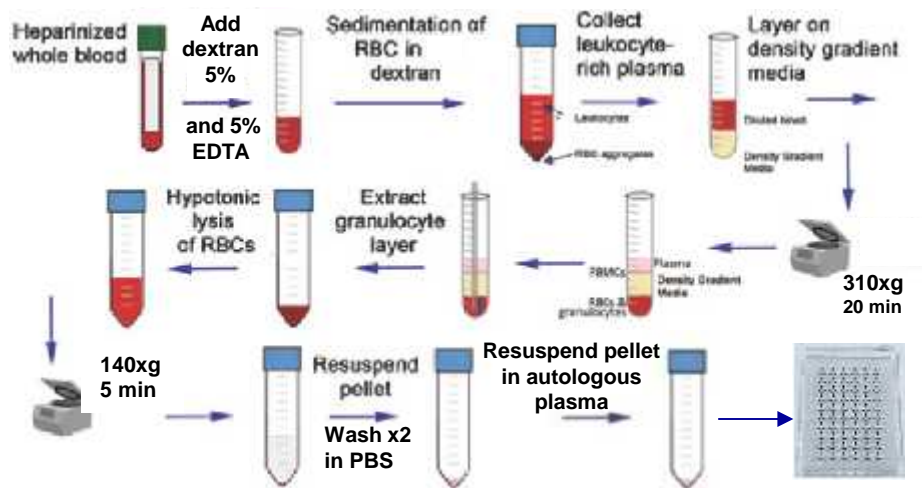
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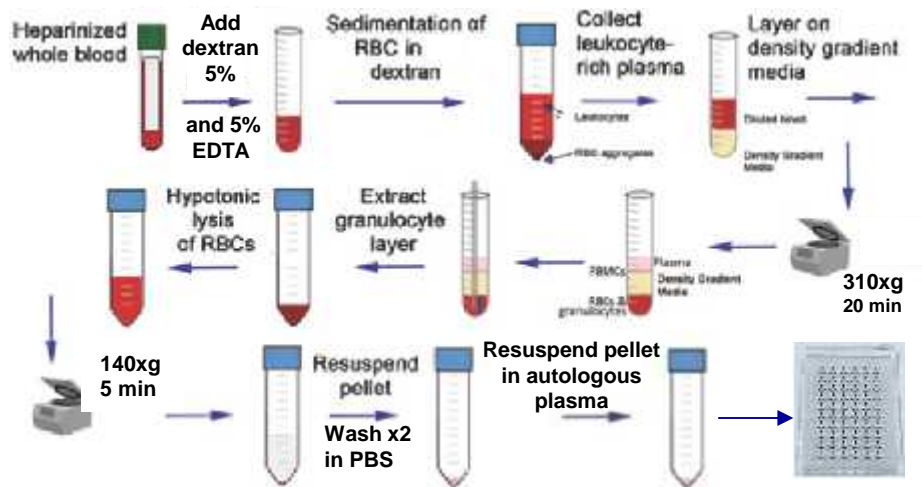


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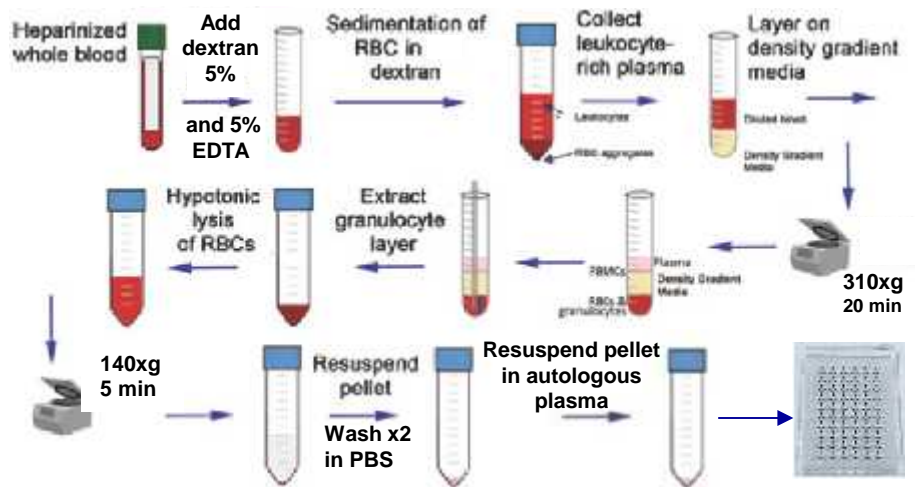
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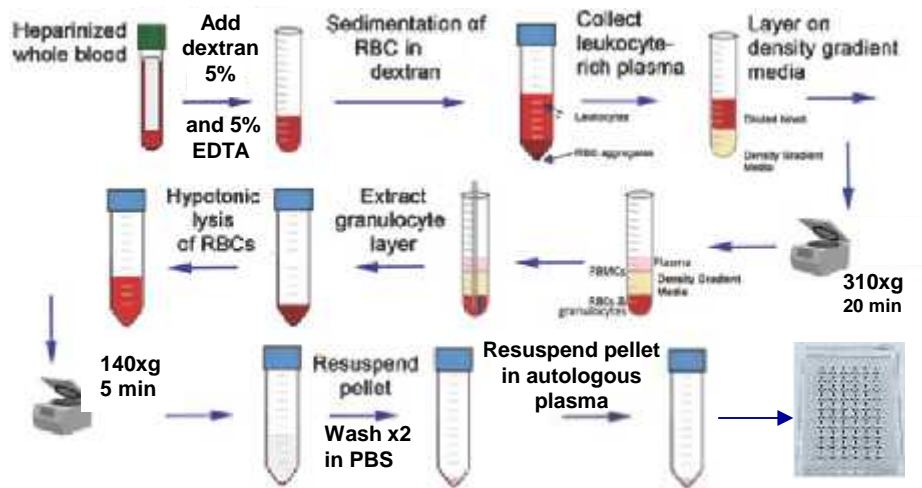


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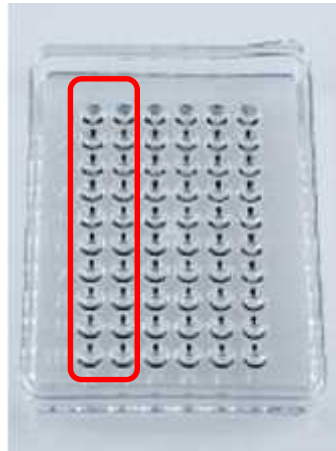


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Granulocyte agglutination test (GAT)



+
-
sample 1
sample 2
sample 3
sample 4
sample 5
sample 6
sample 7
sample 8



- To prevent evaporation during incubation, pipette one drop of paraffin oil into each well of a terrasaki plate
- Perform all tests in duplicate.
- Pipette 2 μL granulocyte suspension (cell concentration $5 \times 10^3/\mu\text{l}$) per well
- Add 6 μl of patient serum to each well
- Incubate for 4-6 h at 30 °C and evaluate using an inverted microscope

Granulocyte agglutination test (GAT)



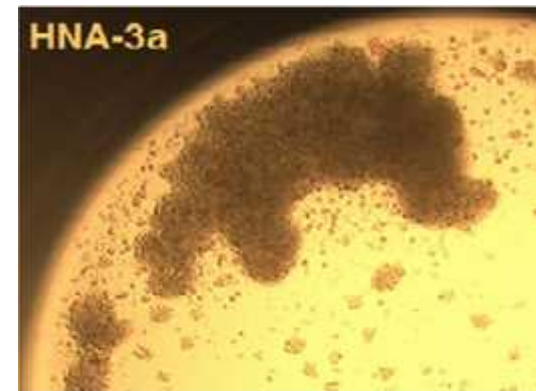
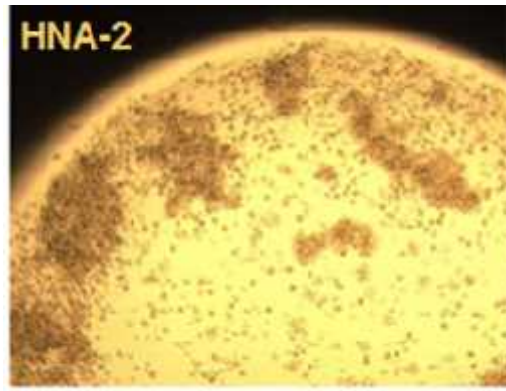
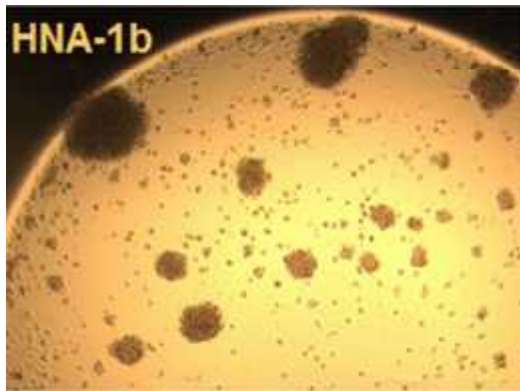
Granulocyte
aggregates

-

+

Granulocyte agglutination test (GAT)

- Because neutrophil activation is an active process, test cells for the GAT cannot be treated by PFA
- GAT is the method of choice for the detection of HNA-3a antibodies which exhibit high aggregating capacity
- GAT also detects HNA-1a, -1b, -1c, HNA-2, HNA-3b and anti-HLA-A2 Abs
- Antibodies without aggregating capacity will produce negative results
- In case of a positive result, the antibody specificity may be deduced by experienced personnel according to the typing of the donor and the shape of the agglutinates

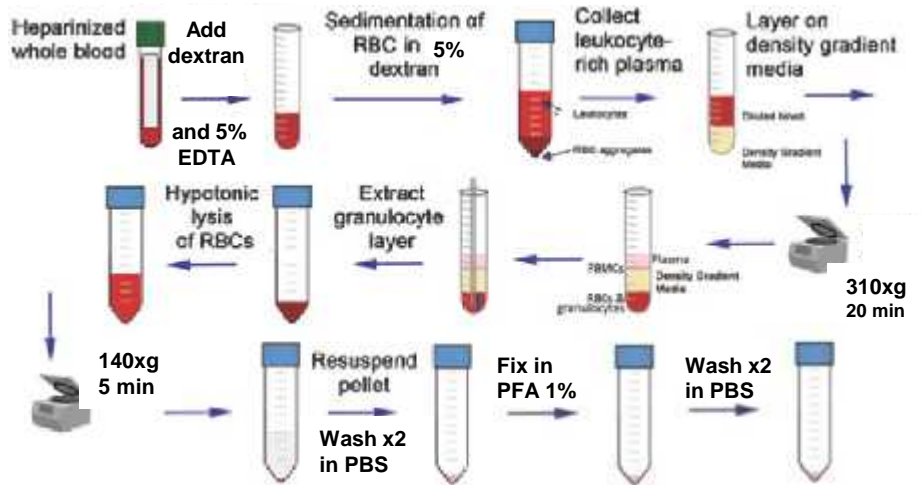


Granulocyte immunofluorescence test (GIFT)

- GIFT was developed in the late 1970s
- It is based on the detection of the fluorescence staining of granulocyte antigens by fluorescence-labelled antibodies
- Almost all HNA antibodies are reactive in the GIFT
- The GIFT is generally more sensitive than GAT with the exception of HNA3 antibodies that are only weakly reactive

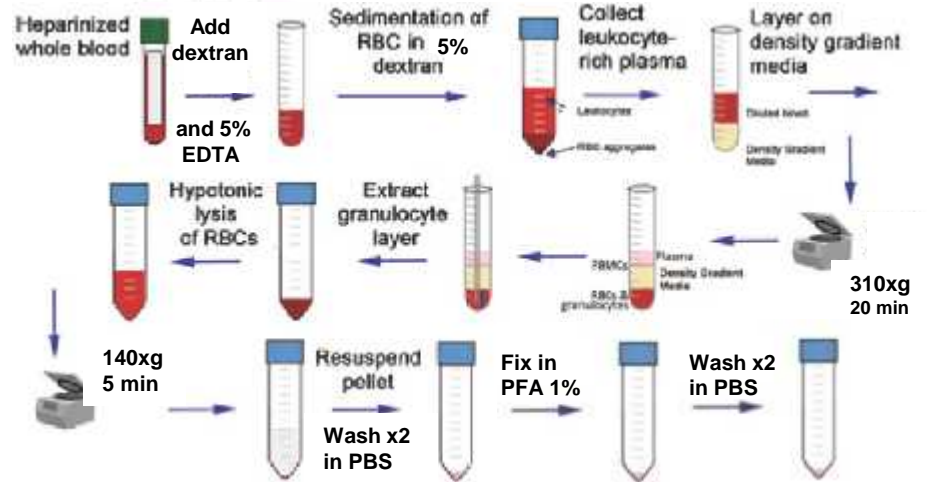
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- Wash cells twice in PBS and spin down for 5 min at 140xg
- Fix cells for 5min at RT in 1% PFA
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- Discard the supernatant, resuspend the pellet with PBS buffer, and adjust neutrophil concentration at 5x10³ cells/μl



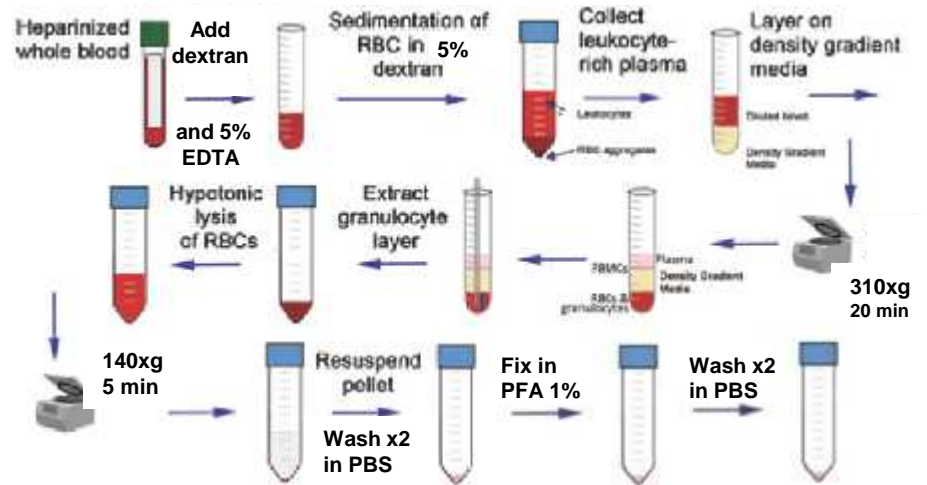
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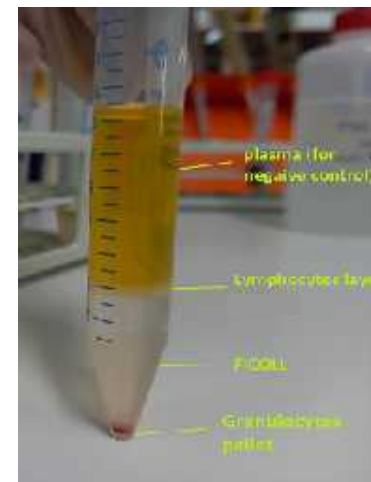
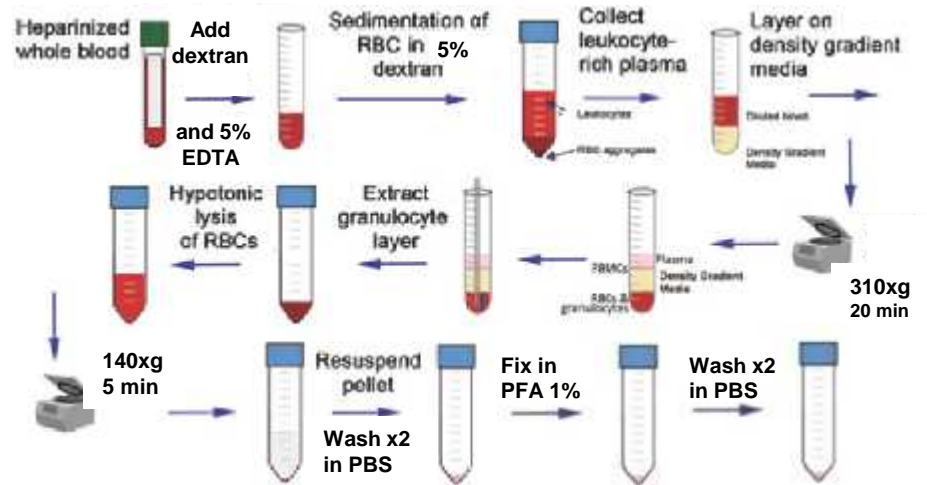
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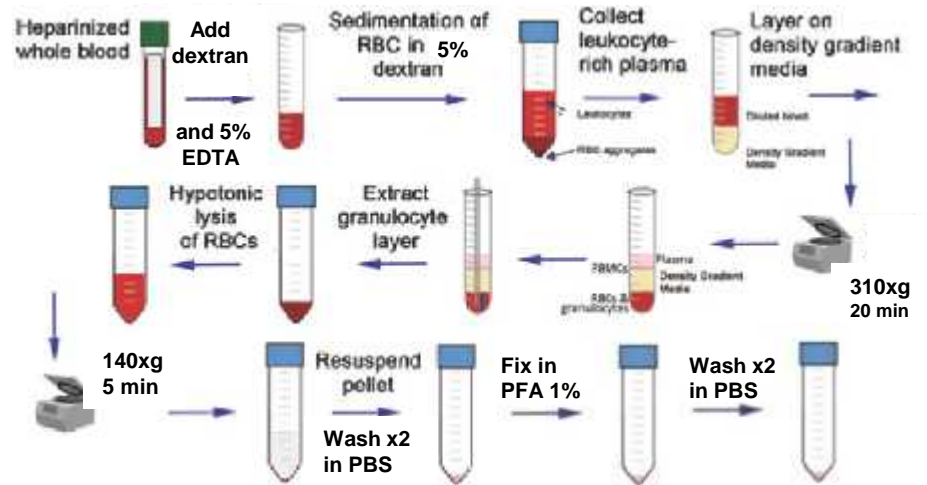
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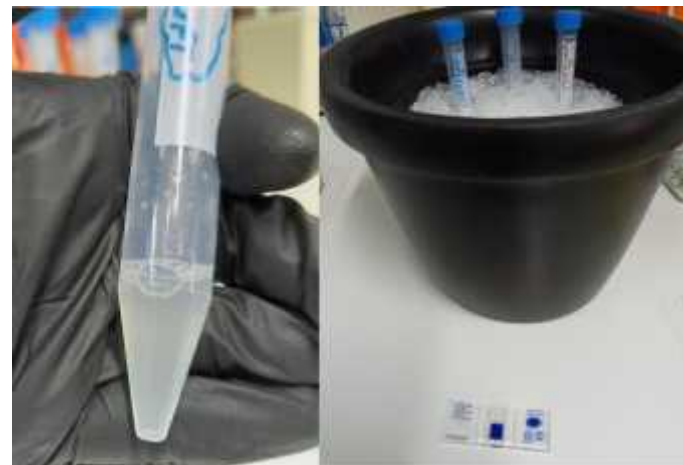
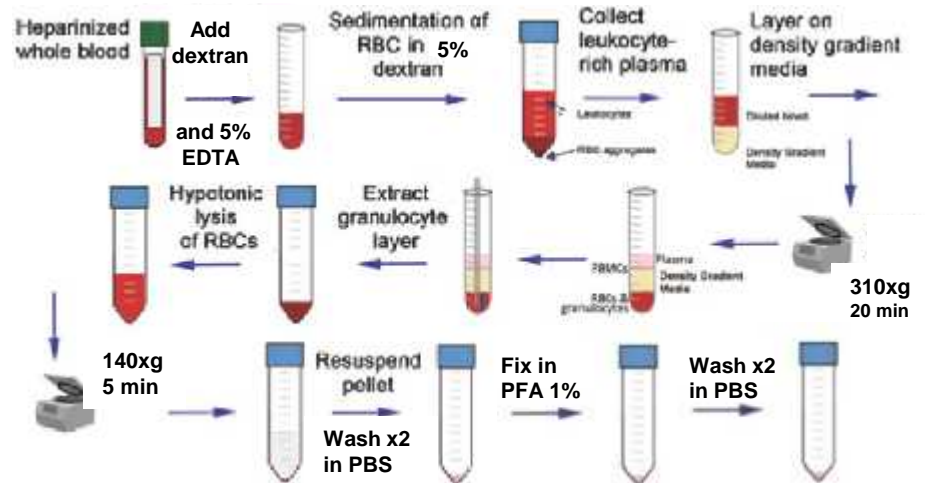
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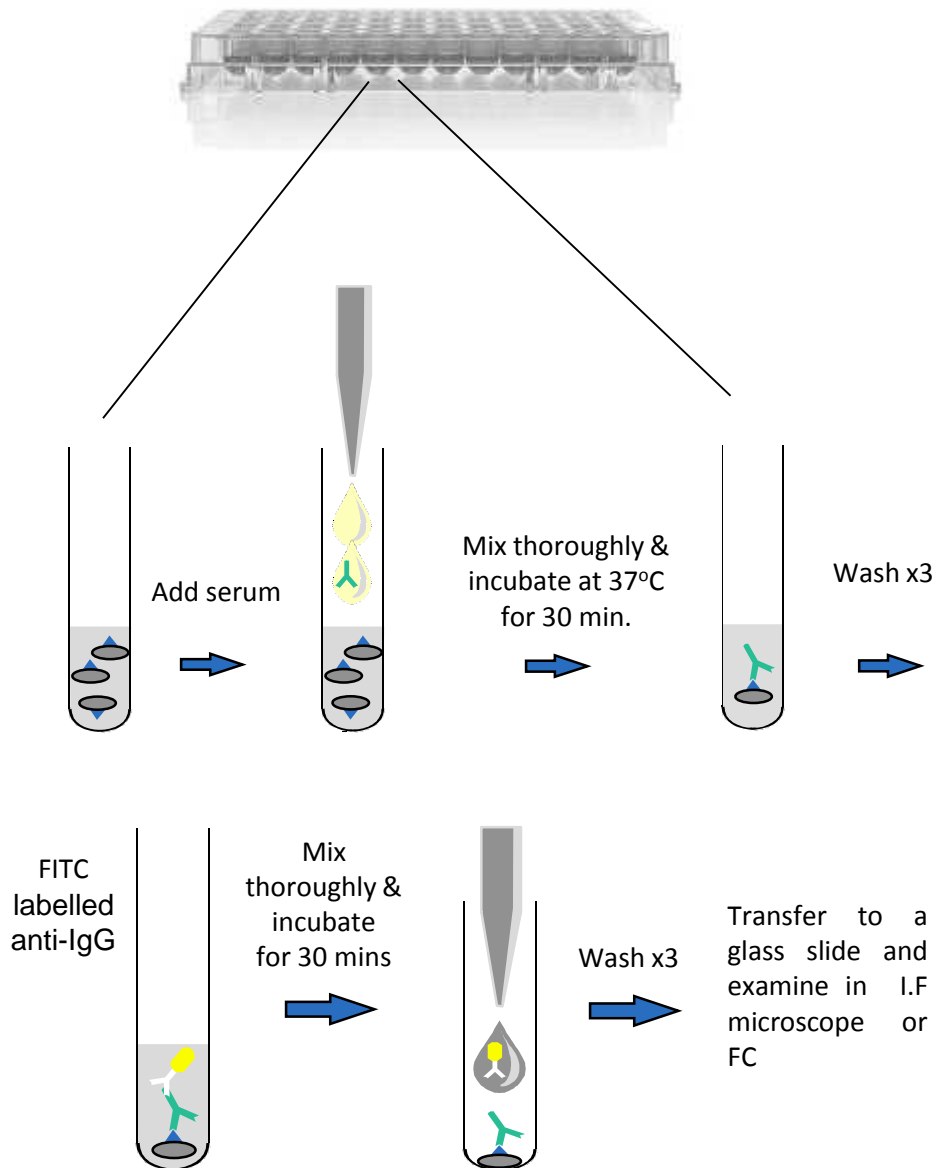
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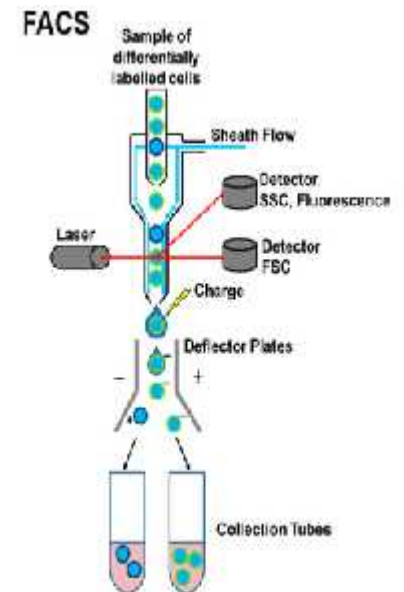
Granulocyte immunofluorescence test (GIFT)

- 40 μ l of a cell suspension of 5000/ μ l are transferred to U-bottom Elisa plates
- 40 μ l of patient's serum are added and mixed manually with the cell suspension and incubated with the cell suspension for 30 min at 37°C
- Cells are washed thrice with PBS and spun down for 1 min at 275xg. Supernatant is discarded and cells are resuspended by vortex
- Cells are incubated with 40 μ l of FITC-conjugated anti-IgG (1:50) for 30 min at RT in the dark

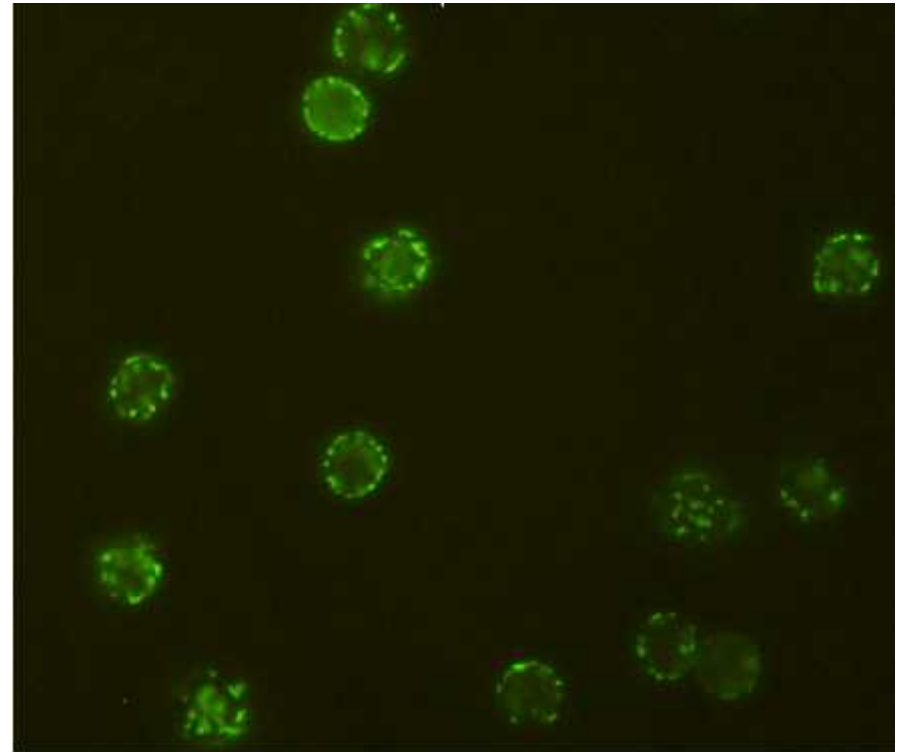
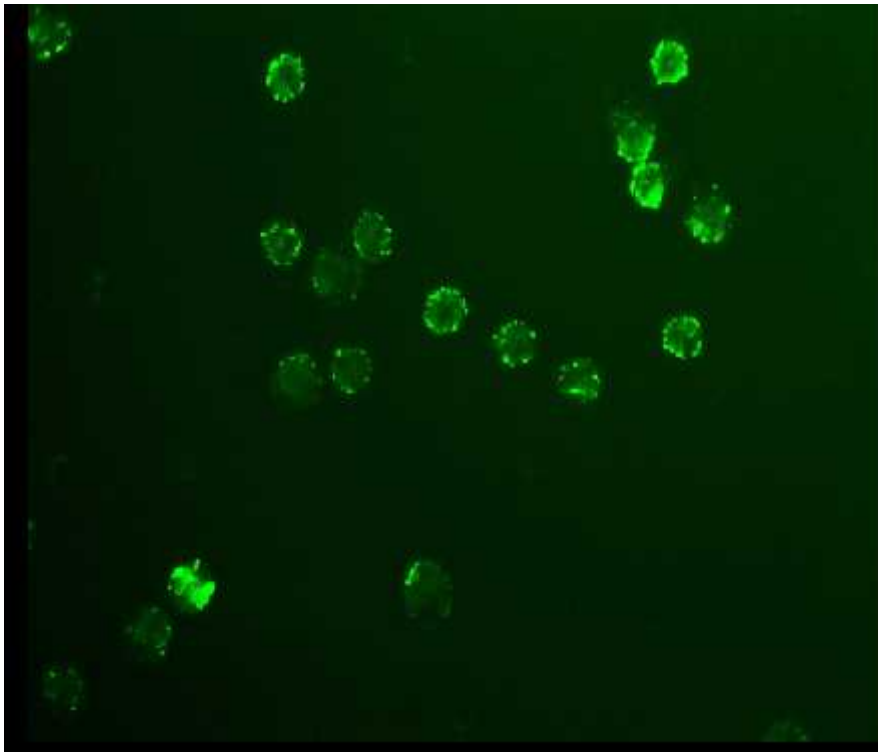


Granulocyte immunofluorescence test (GIFT)

- Cells are washed thrice with PBS and resuspended in one drop of PBS-Glycerol (3:1)
- The suspension is transferred to a glass slide, mounted with a cover slip and examined with an IF microscope or FC

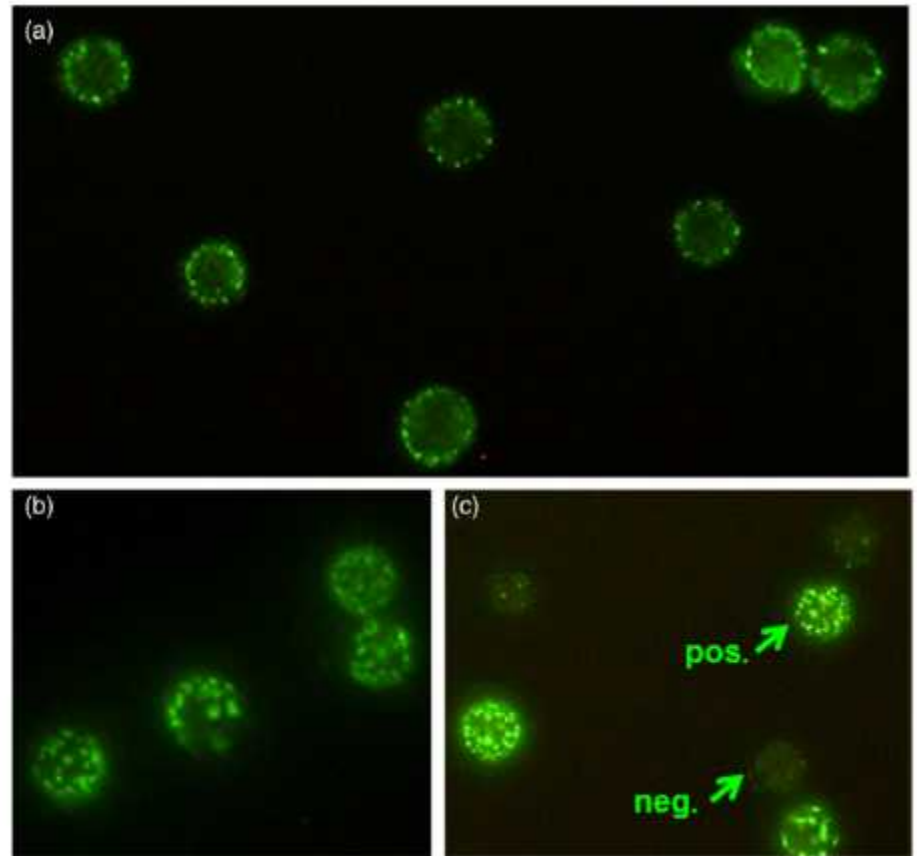


GIFT- Fluorescence Microscopy



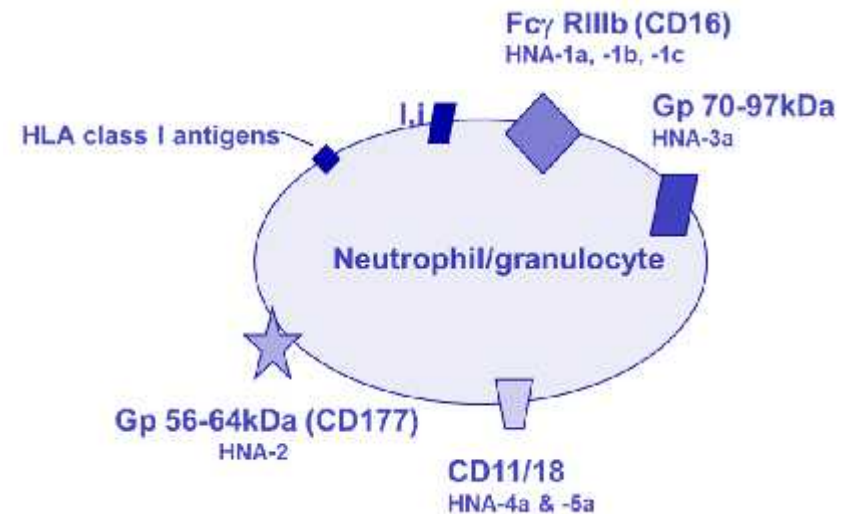
GIFT- Fluorescence Microscopy

- Specific fluorescence patterns may be associated with certain HNA-specificities
- A rather fine granular membrane fluorescence (a) indicates HNA-3, HNA-4 and HLA class I antibodies
- A more coarse granular fluorescence is typical for HNA-1 and HNA-2 Abs
- HNA-2 is expressed only on a proportion of neutrophils that may vary between 5 and nearly 100% and is characteristic for each individual



Lymphocyte Immubofluorescence Test

- Because both GIFT and GAT use intact test granulocytes, contaminating HLA Abs can interfere with the detection of specific granulocyte Abs
- Therefore, sera reactive in GIFT and GAT must be screened for HLA Abs
- Lymphocyte immunofluorescence test (LIFT) is performed in parallel with GIFT to detect anti-HLA class I Abs
- LIFT also detects anti-HNA-3 Abs



Bux J. Transfus Med Rev. 1996

Flesch B., ISBT Science Series 2020

