

*Commonly used
Laboratory Tests used to Evaluate
and Monitor the Immune Status of
Individuals.*

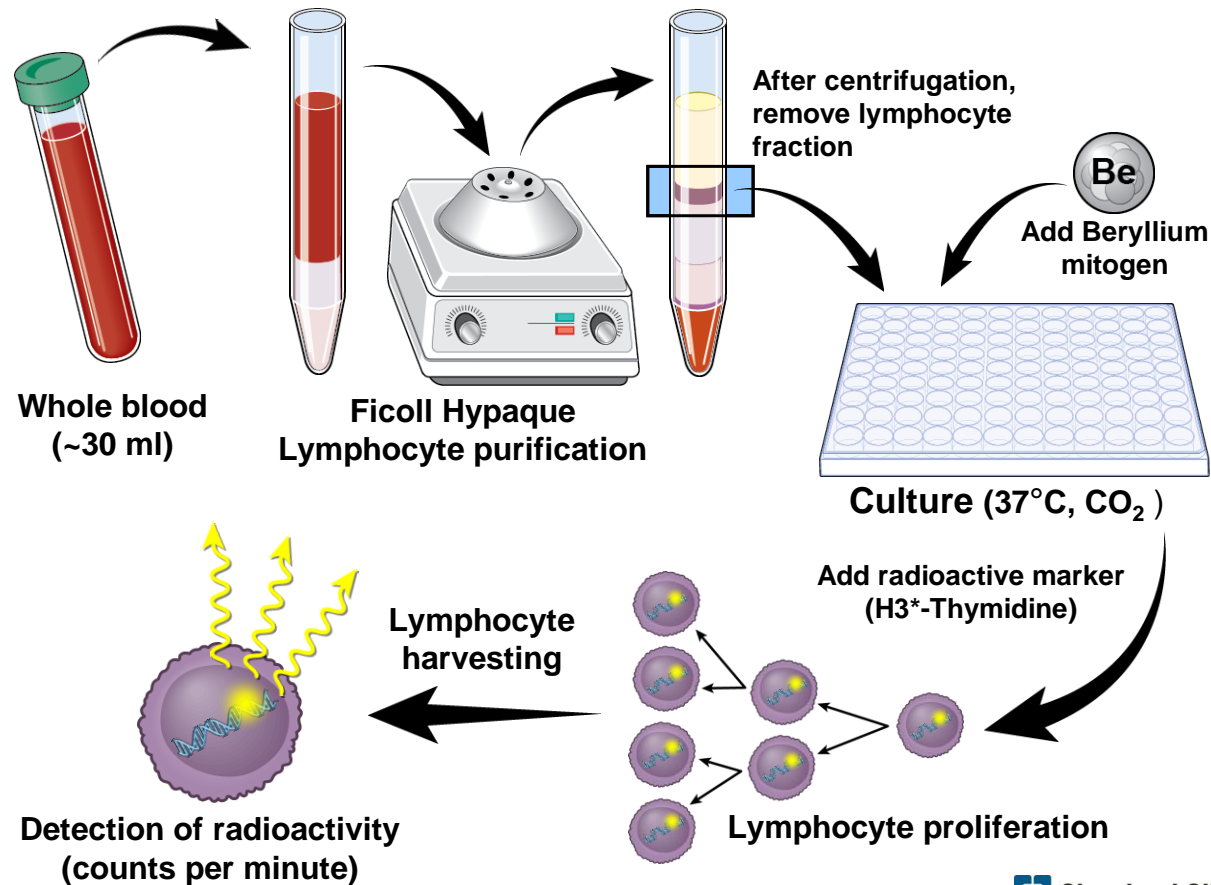


Cellular Immune Function Assays in the Clinical Laboratory

- Leukocyte transformation test-Mitogen screen (LTT-MS)
- The traditional lymphocyte proliferation test (LPT)
- Quantiferon TB gold test
- Immuknow Assay
- NBT (Neutrophil functional test)
- Flow cytometry Assays



Lymphocyte Proliferation Test and LTT-MS



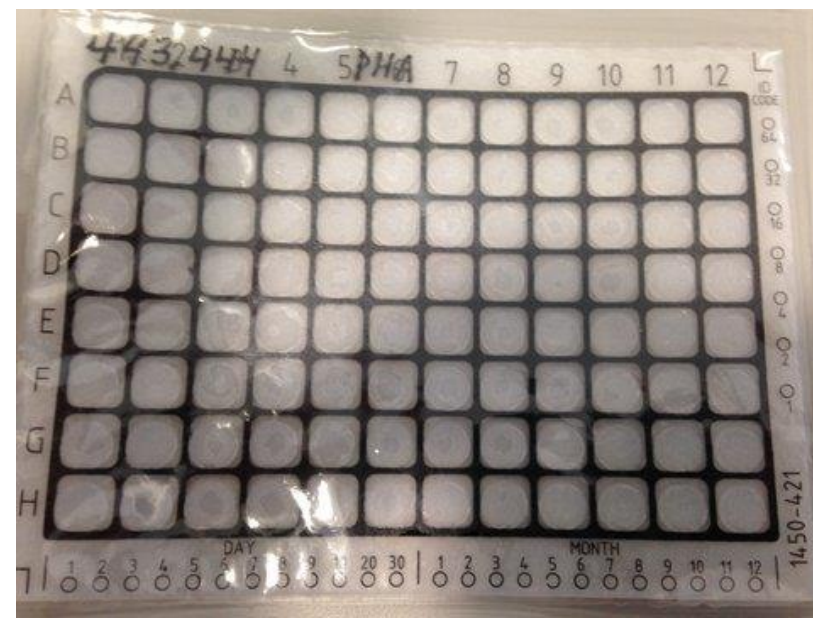
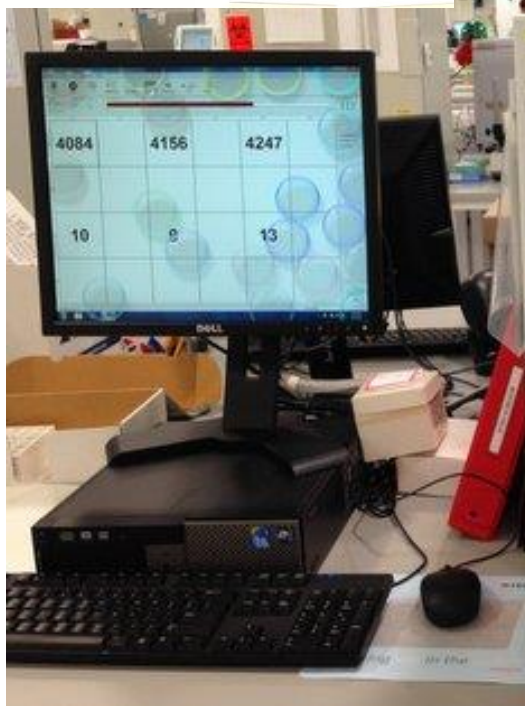


LTT with Mitogens in Peripheral Blood

RESULTS

The expected values for this test are:

Mitogen	Mean CPM	Lower Limit of Normal
PHA	320,627	$\geq 188,799$
PWM	131,826	$\geq 68,549$
CON A	169,825	$\geq 81,283$
SAC	11,940	$\geq 3,412$



LTT-MS

MITOGENS

- | | |
|---------------------------------|---------------|
| • PHA (Phytohemagglutinin) | T cells |
| • PWM (Pokeweed Mitogen) | T and B cells |
| • Con-A (Concanavalin A) | T cells |
| • SAC (S. aureus, Cowen Strain) | B cells |



QuantiFeron-TB Gold Plus

- All HCP had IGRA test as part of the pre-employment screening (since July, 2007)
- Cell Mediated Immunity
- 1 ml blood collected into each of the four tubes in the following sequence:
 - Nil/control (*grey*)
 - TB 1 antigen (*green*)
 - TB 2 antigen (*yellow*)
 - Mitogen (*purple*)



Interferon Gamma Release Assay (IGRA)

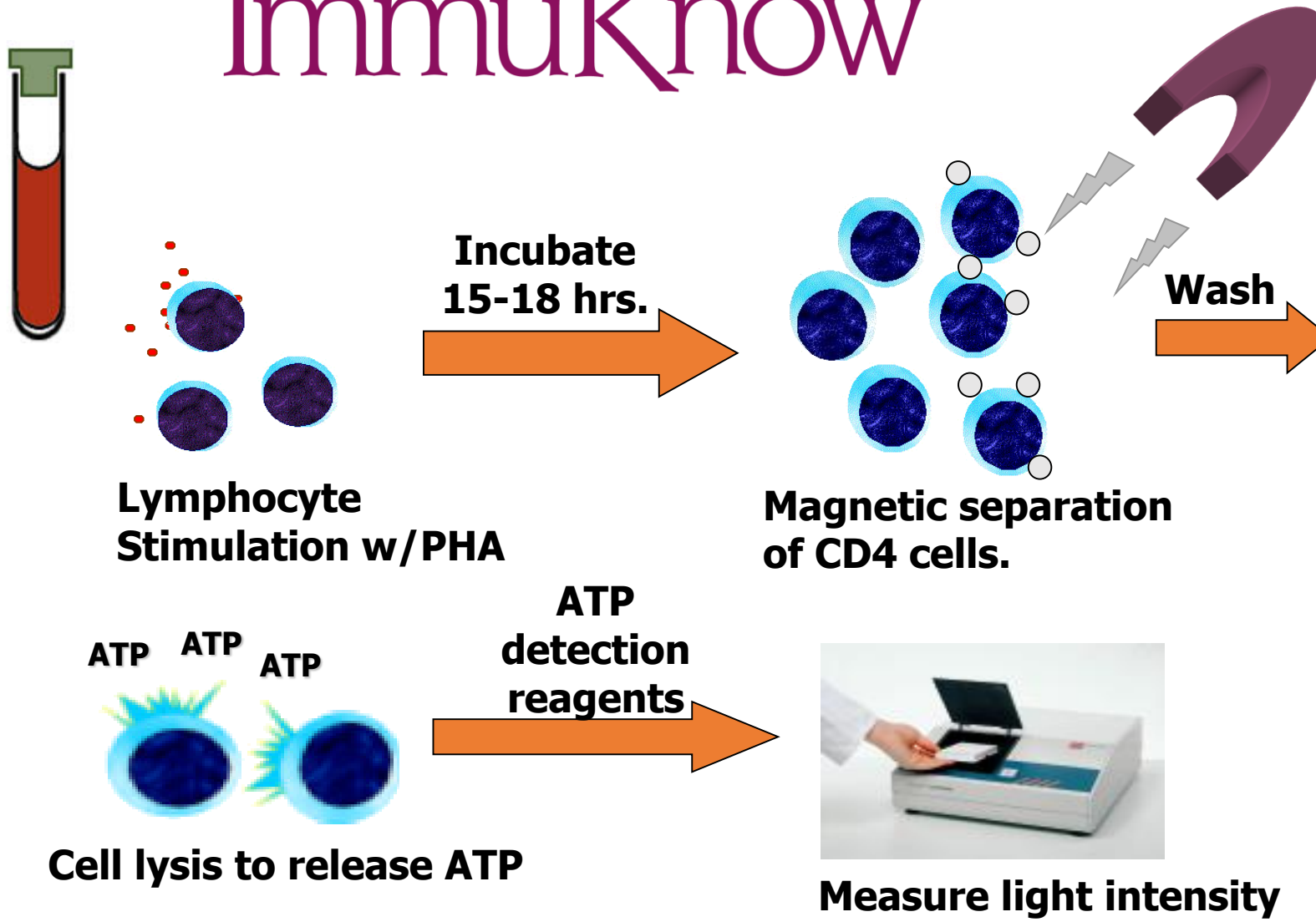


- **QuantiFERON TB Gold in-tube Test :**
 - **Nil control** - <8.0 IU/ml.
 - **TB antigens -ESAT-6 & CFP-10** (>0.35 IU/mL)
 - **PHA-Phytohemagglutinin (Mitogen)** (> 0.50 IU/mL)

A test is considered positive for an IFN- γ response to the TB Antigen tube that is significantly above the Nil IFN- γ IU/mL value (>25%).

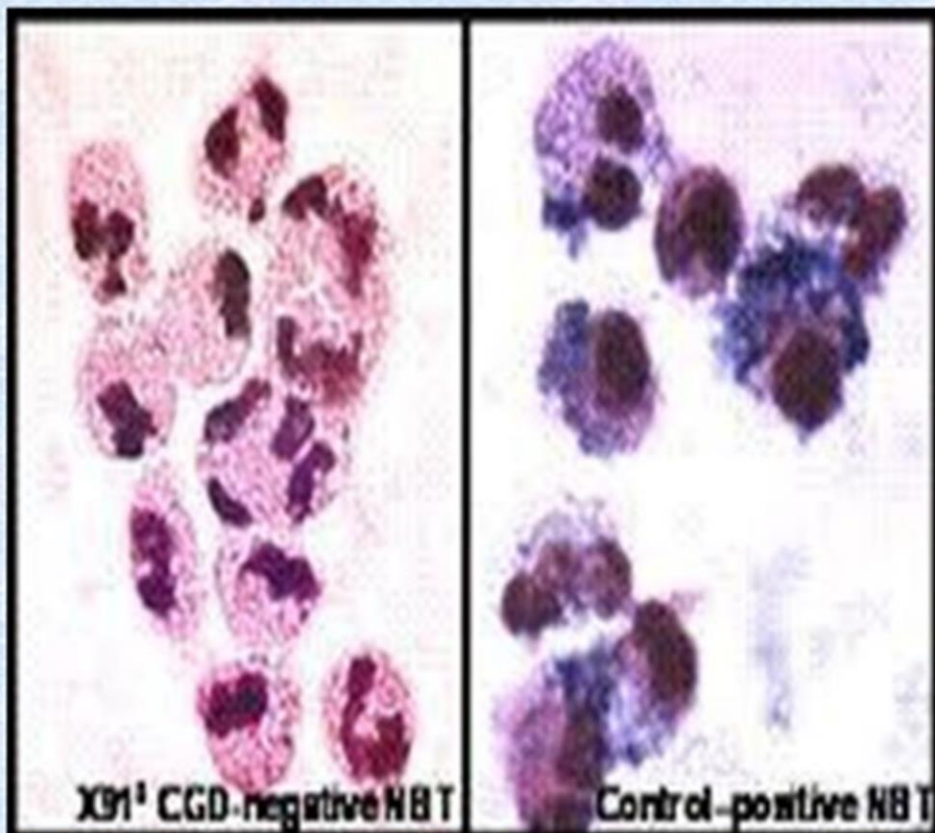


ImmunoKnow™



Chronic Granulomatous Disease (CGD)

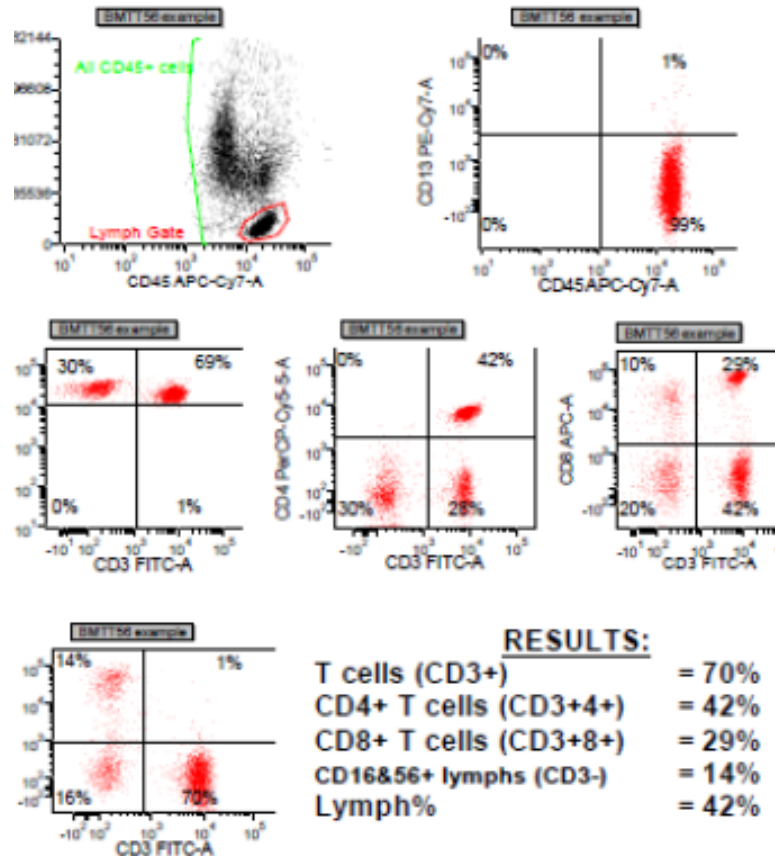
- **NITROBLUE TETRAZOLIUM (NBT) DYE TEST**
- Leukocytes in a test tube are incubated with the NBT dye, which turns blue if superoxide FRs are present, indicating that the respiratory (oxidative) burst is intact
- The NBT dye test is **negative in the X-linked type of CGD** (NBT dye is not converted to a blue dye), because the NADPH oxidase enzyme complex is dysfunctional
- NBT test is being replaced by more accurate flow cytometry using Dihydrorhodamine 123 fluorescence (DHR test)



Flow Cytometry – T cells Subsets

Cleveland Clinic
Flow Cytometry
BMTT56 Markers

CASE NUMBER:	
PATIENT NAME:	
PATIENT ID:	
ACQUISITION DATE:	16-OCT-2013



RESULTS:

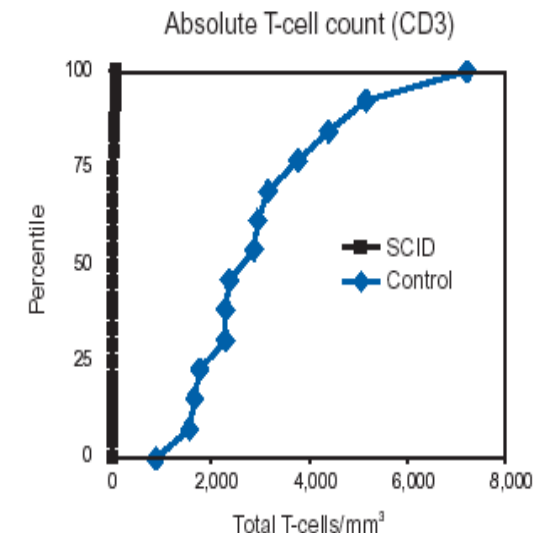
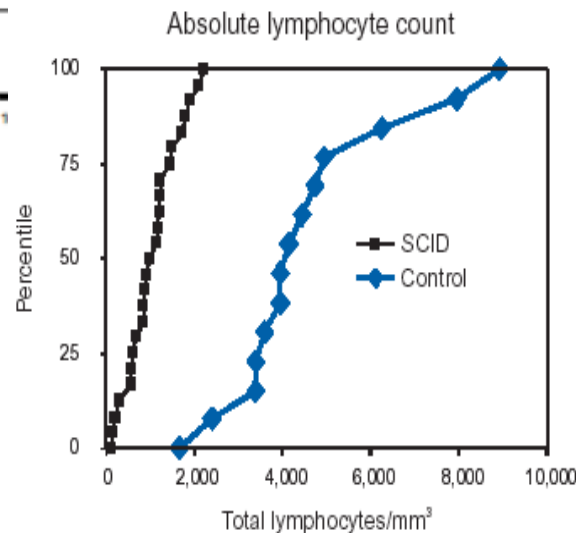
- T cells (CD3+) = 70%
- CD4+ T cells (CD3+4+) = 42%
- CD8+ T cells (CD3+8+) = 29%
- CD16&56+ lymphs (CD3-) = 14%
- Lymph% = 42%

Technologist / Date

Flow Cytometry Lab 216-444-0042
Instrument Serial# = V96300725



FIGURE 3. Absolute lymphocyte count distributions in severe combined immunodeficiency (SCID) — 25 newborns with SCID and 14 healthy newborns at birth evaluated at Duke University*



Immune Cell Function Tests

- **Measure** the Net State of Immune Function
- **Identify** Patients at Greater Risk
- **Manage** Treatment Strategies

