IMMUNOLÓGIAI ÉS BIOTECHNOLÓGIAI INTÉZET

7th practice: Immunoserology 1. precipitation, agglutination

Basic Immunology

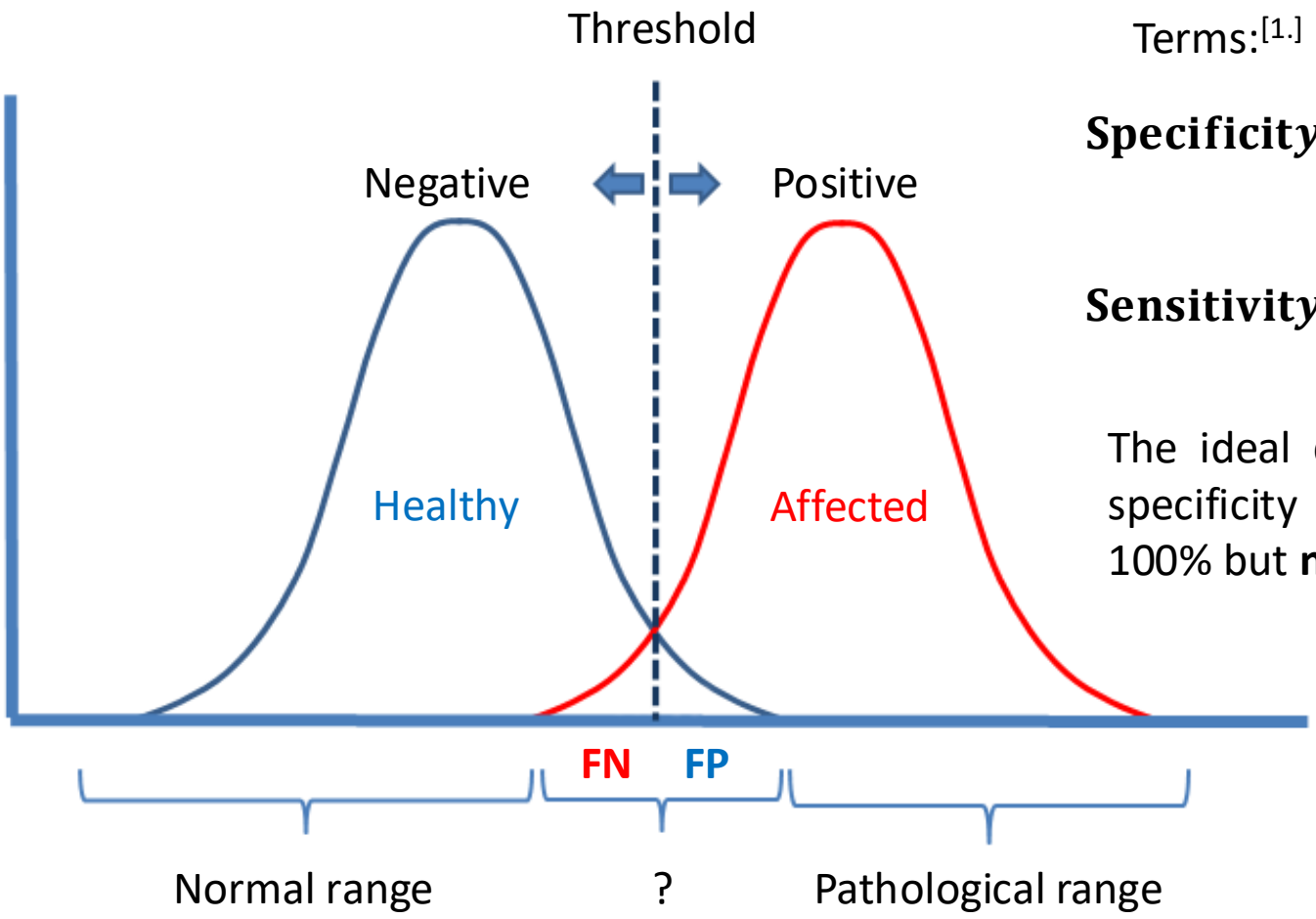
University of Pécs, Clinical Center
Department of Immunology and Biotechnology
Pécs

Definition of serology

- The scientific research of **blood serum** or other body fluids; in practice it usually refers to the identification of **antibodies** in the serum.
- Do you remember?
  - **Blood plasma**: supernatant of anticoagulated blood
  - **Blood serum**: supernatant of coagulated blood
- Also based on the **antigen-antibody reaction**. (both can be detected)
- Which methods does it include?
  - Methods based on **precipitation**
  - Methods based on **agglutination**
  - **Immunoassays** (ELISA, ELISPOT, radioimmunoassay, etc., see in next practice)
  - **Immunoblot techniques** (Western blot, Dot blot, see in next practice)
  - **Indirect immunofluorescence microscopy**
- Main clinical applications:
  - Diagnostics of **infectious diseases** (e.g. detection of antibodies produced against the pathogens)
  - Diagnostics of **autoimmune disorders** (detection of autoantibodies)
  - Diagnostics of **immunodeficiencies** (measuring the levels of immunoglobulins)
  - Checking **blood types**

Specificity, sensitivity

FN = False negative
FP = False positive



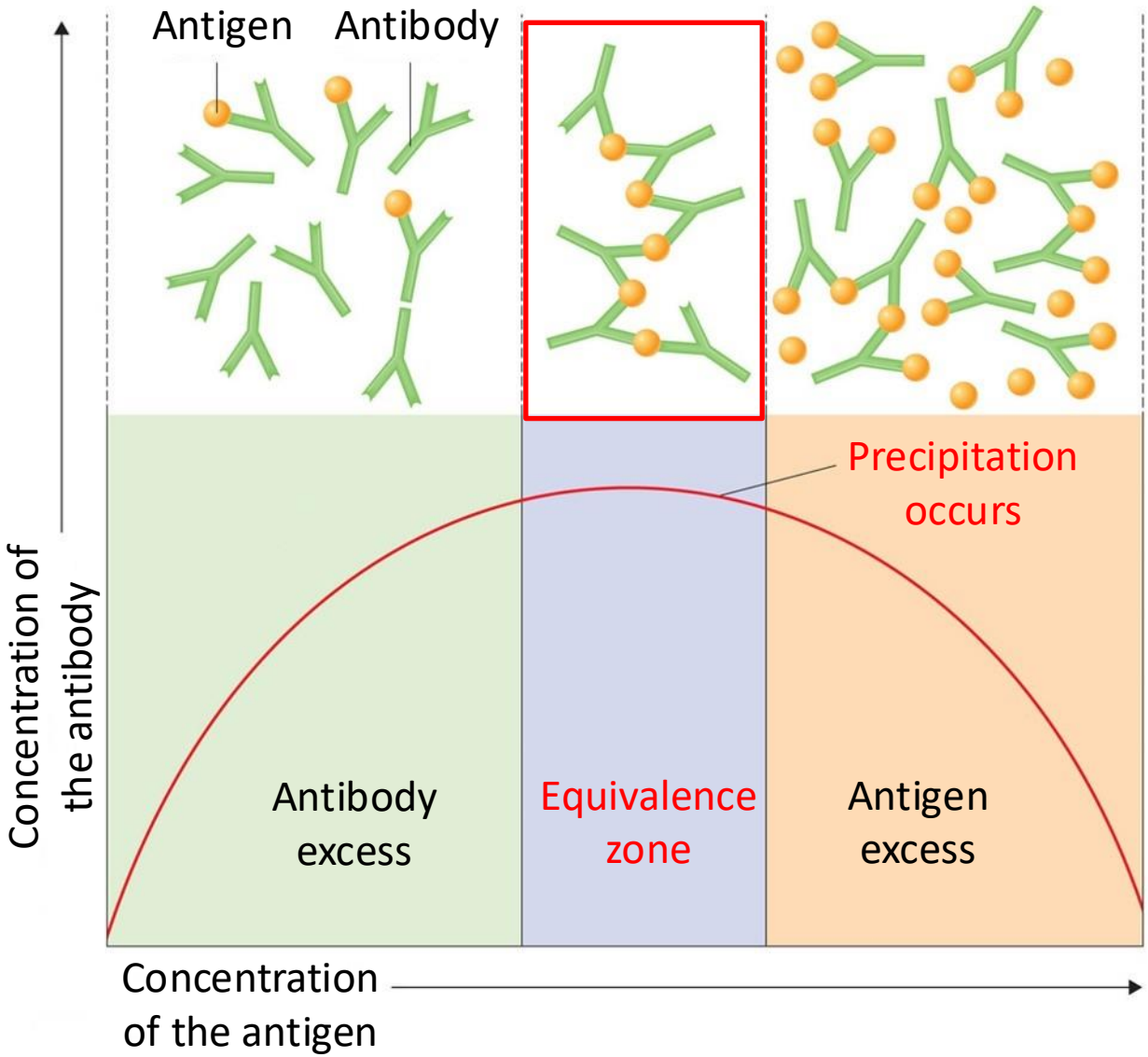
Terms:[1.]

$$\textbf{Specificity} = \frac{\text{Real negatives}}{\text{All negatives}}$$

$$\textbf{Sensitivity} = \frac{\text{Real positives}}{\text{All positives}}$$

The ideal diagnostic test has a specificity and sensitivity of 100% but **no such test exists**.

Precipitation



If the antigen and the recognizing antibody are in the same solution at appropriate ratio (equivalence zone) then they will form larger immunocomplexes.

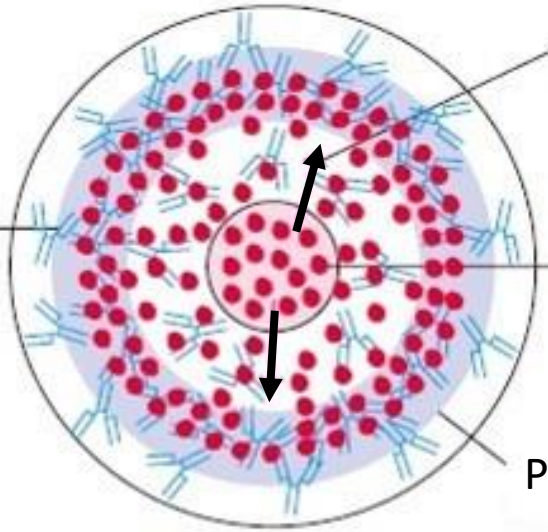
Solubility of these protein complexes decreases and they will precipitate.

Methods based on immunoprecipitation:

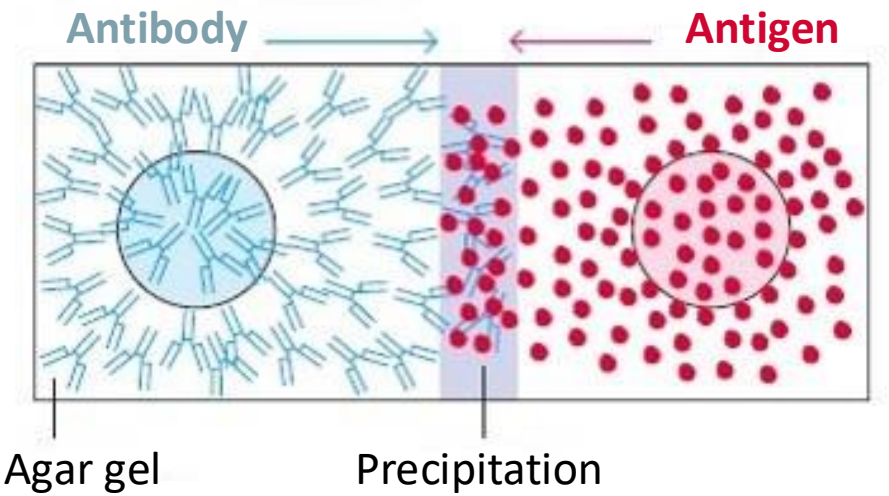
- **Immunodiffusion**
- **Immunoelectrophoresis**

Immunodiffusion I.

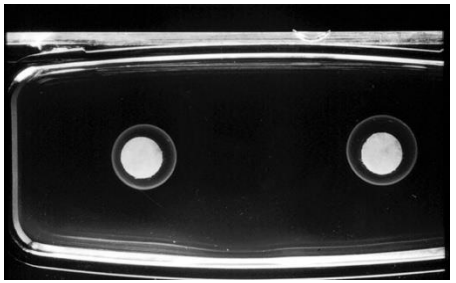
Radial immunodiffusion



Double immunodiffusion



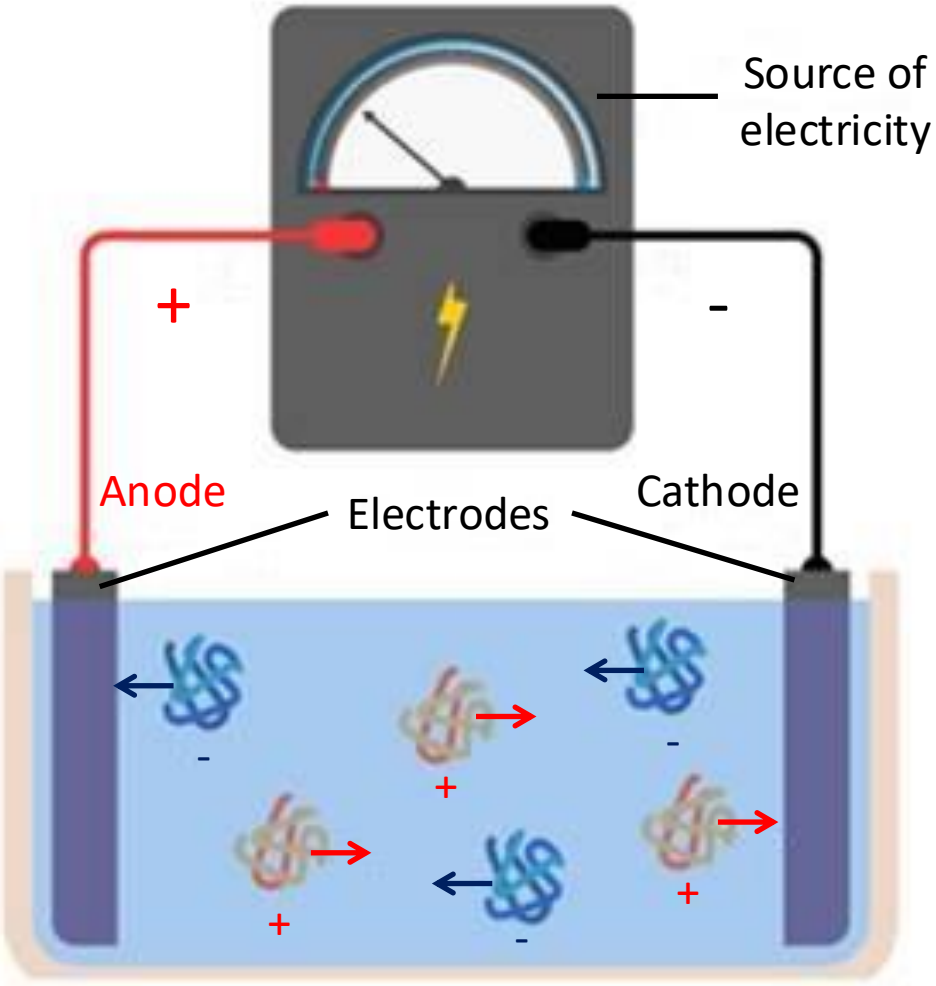
Mancini-type [2.]radial immunodiffusion:



Ouchterlony [3.] double immunodiffusion:

Simple, but **outdated** techniques.

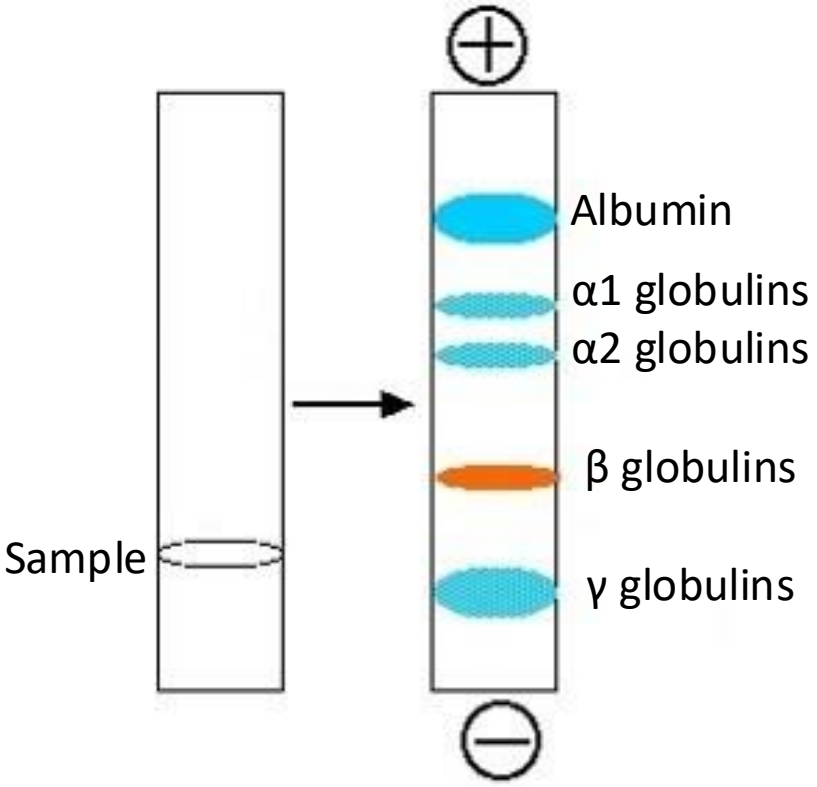
Protein electrophoresis



- Molecules with electric charges (including proteins) will migrate towards the opposite charge if put into an electric field.
- The speed of their migration depends on:
  - The resistance of the matrix (can be standardized)
  - The voltage applied (can be standardized)
  - The **size** and the **charge** of the proteins (the latter **depends on pH**)
- Proteins that migrate with different speeds can be physically **separated**.
- The matrix can be:
  - Solid (e.g. paper, nitrocellulose)
  - Semi-fluid (e.g. agarose or polyacrylamide gel)
  - Fluid

Serum protein electrophoresis

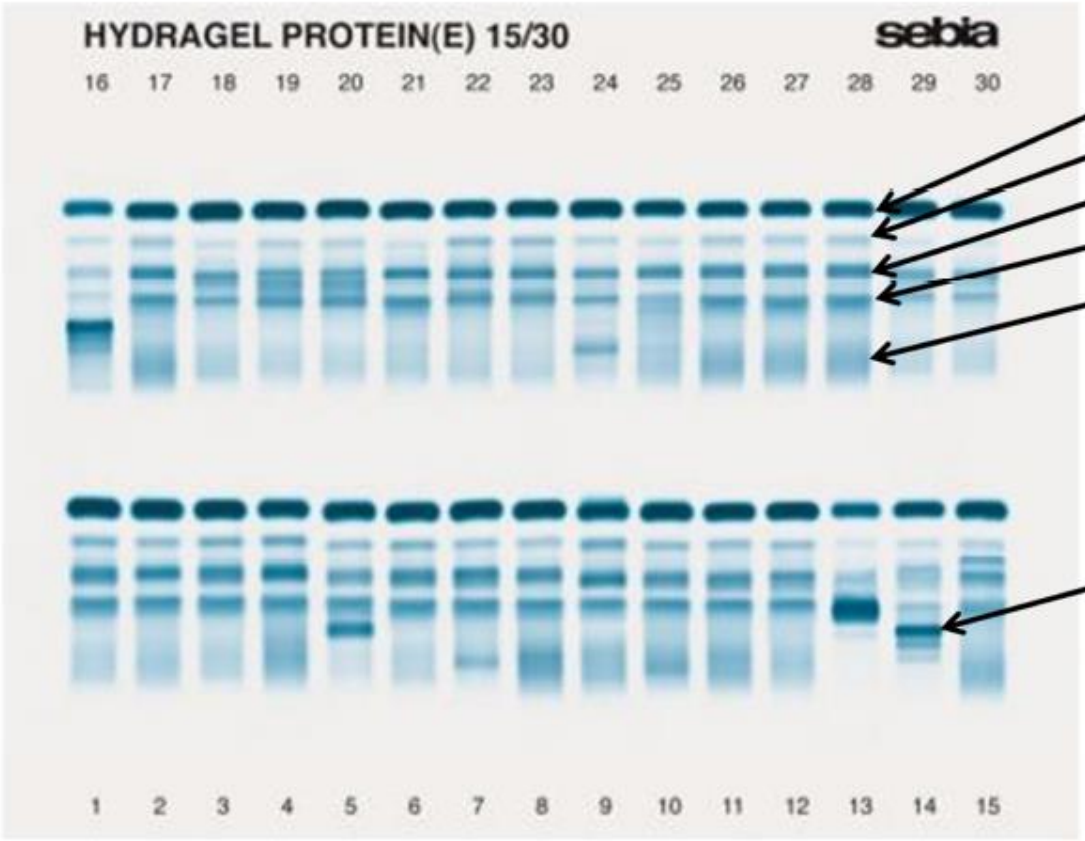
- The electrophoresis of the serum is performed under alkaline pH. The majority of the proteins in such conditions will migrate towards the positive electrode. The proteins can be detected by adding non-specific dyes.[4.]

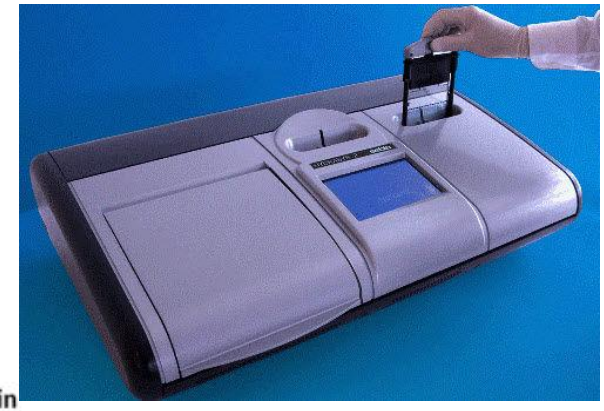


Arne Tiselius

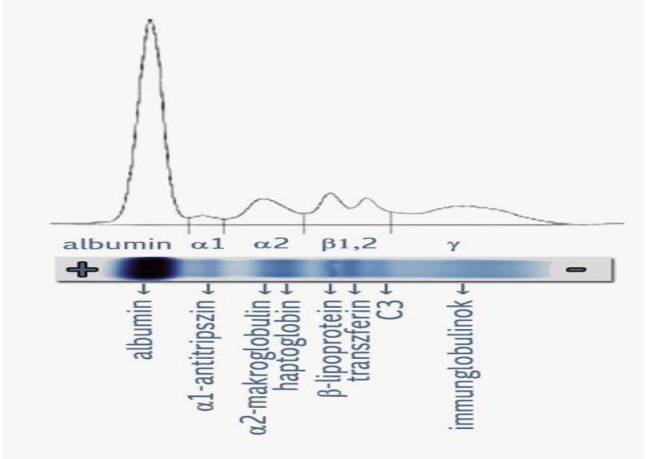
Was awarded the 1948 Nobel Prize in Chemistry:
„for his research on electrophoresis and adsorption analysis, especially for his discoveries concerning the complex nature of the serum proteins."[5.]

Interpretation of the Electrophoretic Pattern

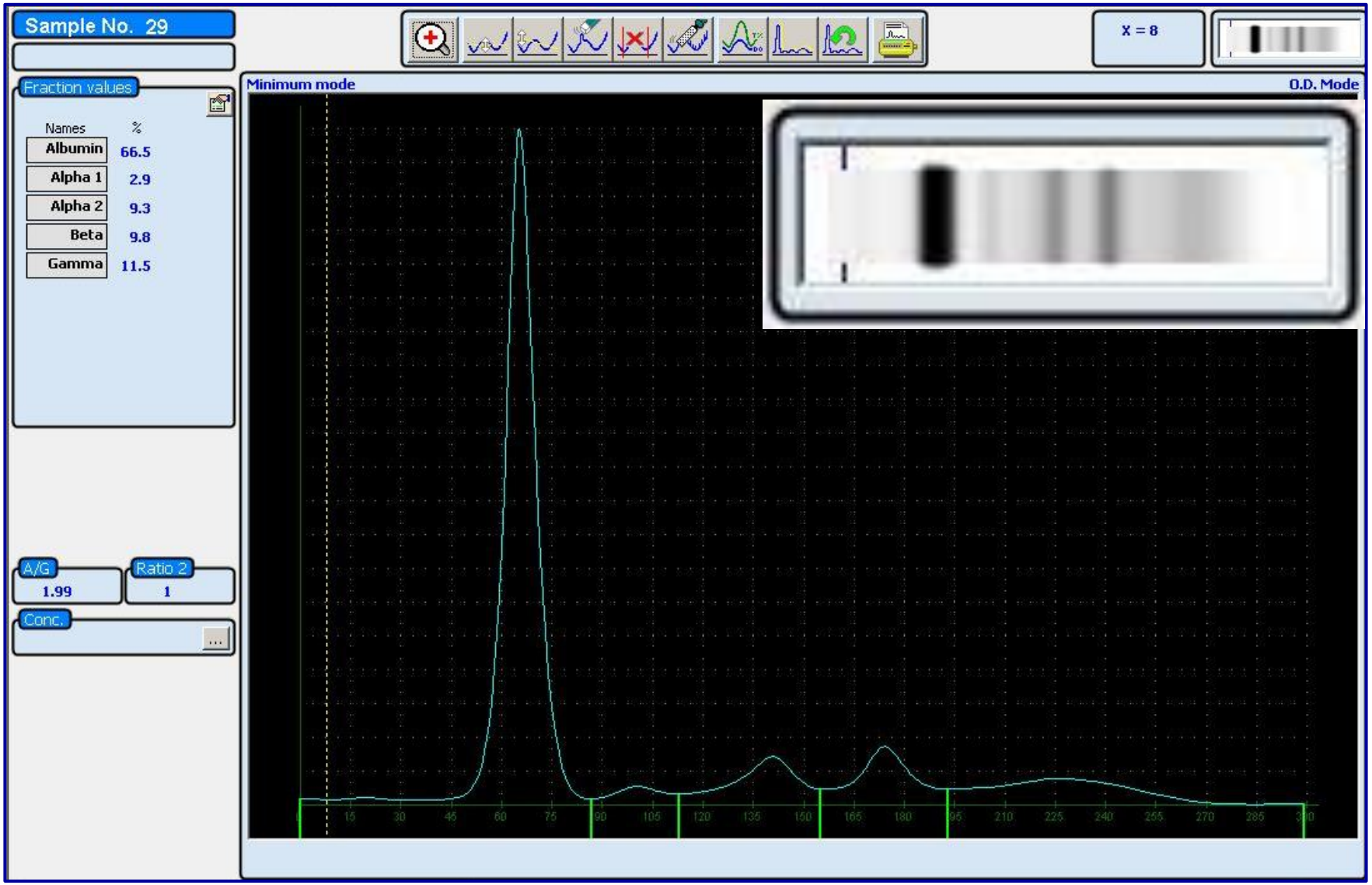




Proteins migrate from bottom to top
Bottom: negative pole (site of sample application)
Top: positive pole → Proteins migrate toward the positive pole
Albumin migrated the farthest (Prealbumin is not visible in the figure)



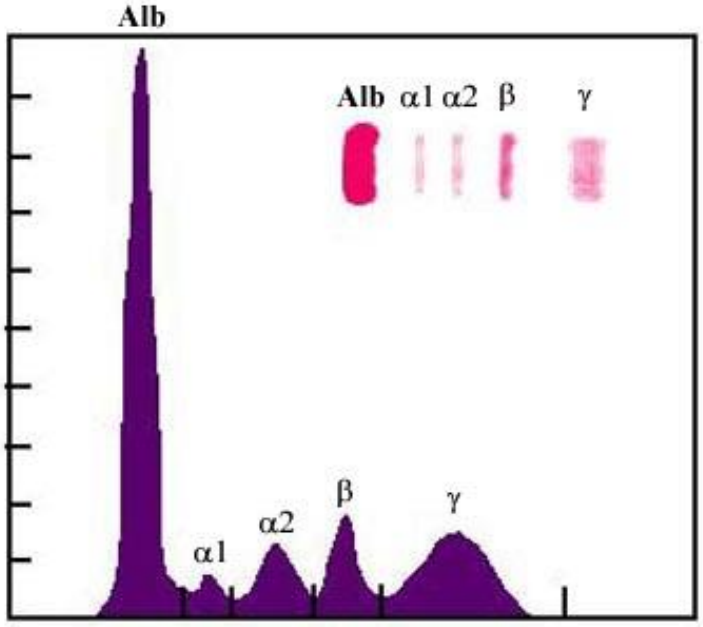
Electrophoresis Densitometry



Analysis of serum electrophoresis

Some examples of the proteins found in the different fractions:[6.]

- The biggest fraction is the albumin. ↓
- α1 globulins:
  - **α1-antitrypsin ↑**
  - Serum amyloid A ↑
  - Retinol-binding protein ↓
  - Transcortin ↓
- α2 globulins:
  - Ceruloplasmin ↑
  - Angiotensinogen
  - Haptoglobin ↑
- β globulins:
  - **β2-microglobulin ↑**
  - Transferrin ↓
  - Plasminogen
- γ globulins:
  - **Immunoglobulins**



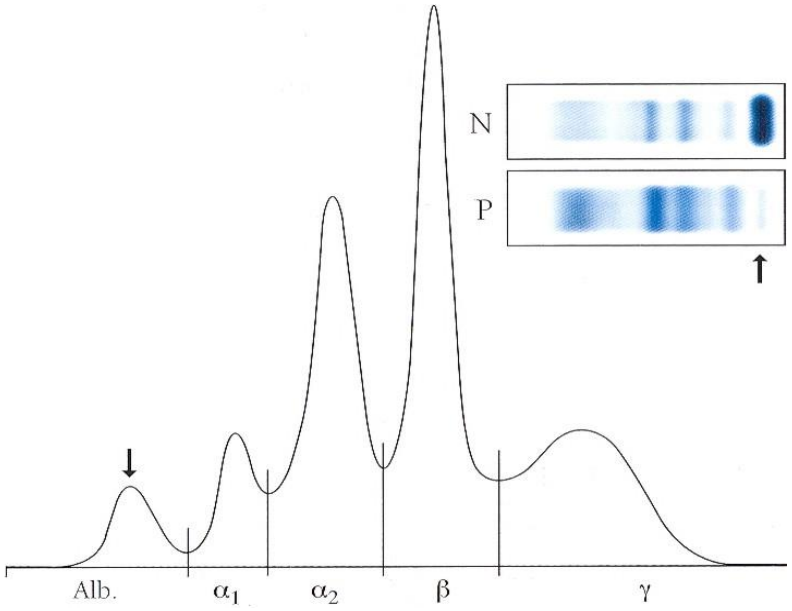
The normal pattern of serum electrophoresis and corresponding **densitometric diagram**.

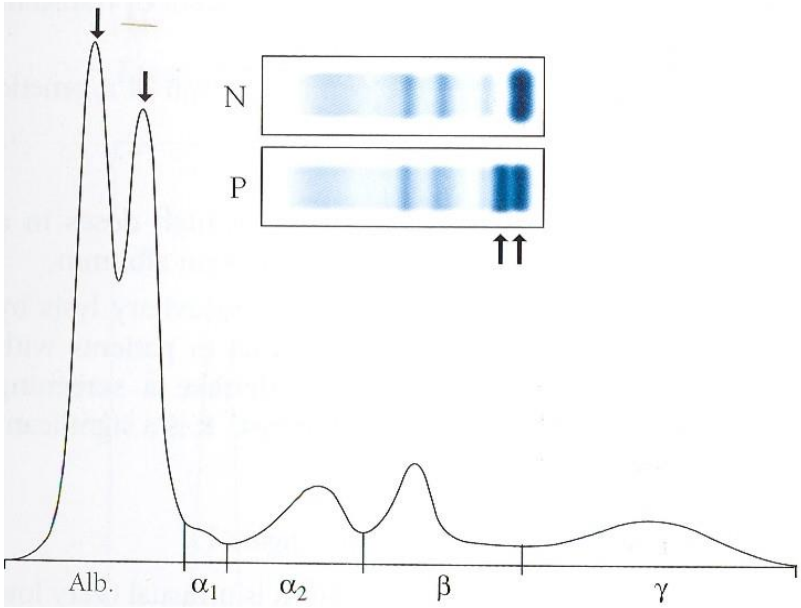
Their levels in the blood change during the **acute phase reaction** due to inflammatory cytokines (e.g. TNFα, IL1, IL-6):

- **Increase** (also called positive **acute phase proteins**, their most prominent member being **CRP** which can be found between the β and the γ fractions[7.])
- **Decrease**

Examples of abnormal serum electrophoresis I.

ABNORMAL ALBUMIN LEVELS





ALBUMINEMIA = complete absence of albumin

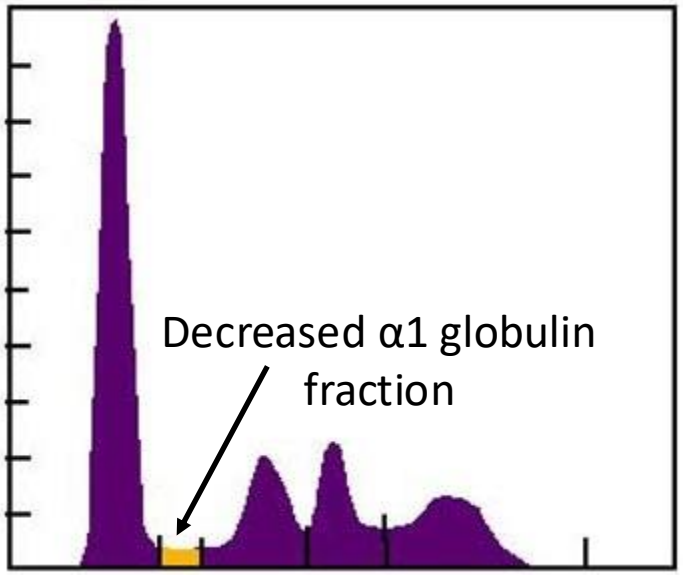
Hereditary disease, the body increases the production of other plasma proteins (lipoproteins, gamma globulins) to compensate for the lack of albumin.

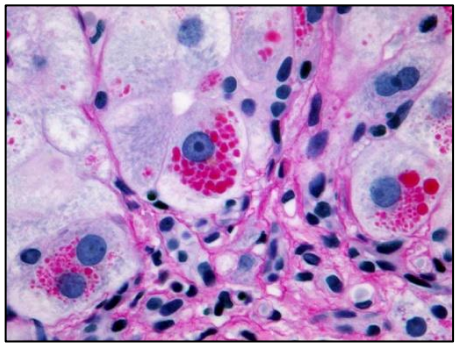
BISALBUMINEMIA = 2 albumin peaks

A rare, hereditary, benign condition, although it is more commonly found in people with chronic kidney disease or Alzheimer's disease.

Examples of abnormal electrophoretic patterns II.

α1-antitrypsin deficiency[8.]





Accumulated A1AT can been seen as PAS-positive granules inside hepatocytes.

α1-antitrypsin (A1AT):

- **It is produced by the liver.**
- It **neutralizes** the **elastase** enzyme produced by neutrophils during inflammation.

α1-antitrypsin deficiency:

- **It is a genetic disorder.**
- Liver cells are unable to secrete α1-antitrypsin which accumulates in their cytoplasm.
- The level of **α1-antitrypsin** greatly decreases in the blood which will lead to complications:

↓

- **Liver damage** (because of A1AT deposition)
- **Damage of the lungs** (inflammatory reactions will cause serious tissue damage without the inhibitory effects of A1AT)
- **Chronic pancreatitis** (because of the absence of A1AT)

Examples of abnormal serum electrophoresis III.

DIFFERENCES IN BETA FRACTION PROTEINS ↑↓

I. COMPLEMENT PROTEINS

- **C3, C4 and C5 complement** – their deficiency or mutations lead to a weaker immune response, and low levels may be associated with **systemic lupus erythematosus (SLE)** ~ disease activity

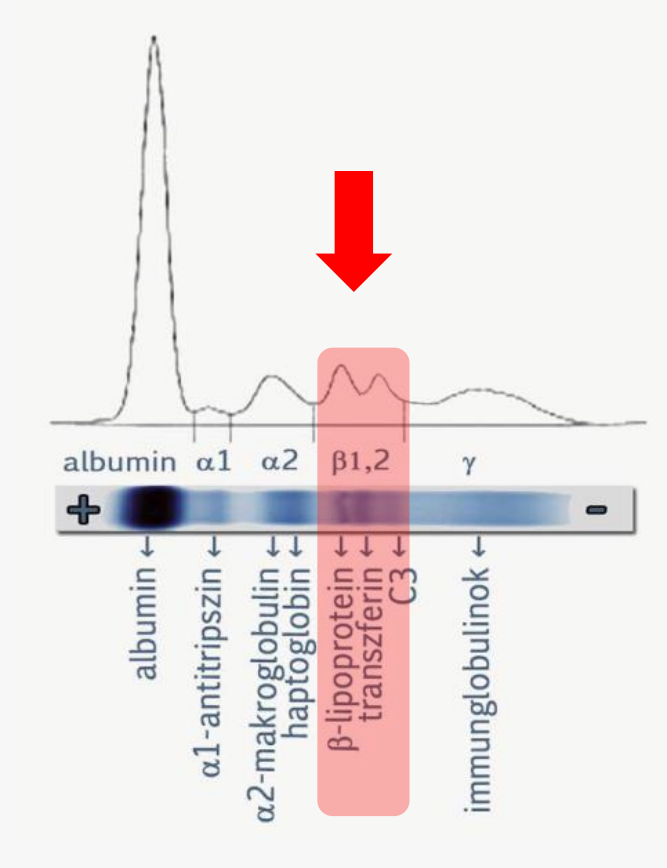
II. BETA-2 MICROGLOBULIN – PART OF THE MHC I COMPLEX

- Its level may increase in **renal failure, inflammation, as well as in lymphoma and multiple myeloma.**
- It **passes through the glomeruli → reabsorbed by the renal tubules from the filtrate**, it can be used to **assess tubular function**.

III. TRANSFERRIN

- **Protein responsible for iron transport**

During inflammation its level decreases ↓ = NEGATIVE acute phase protein!

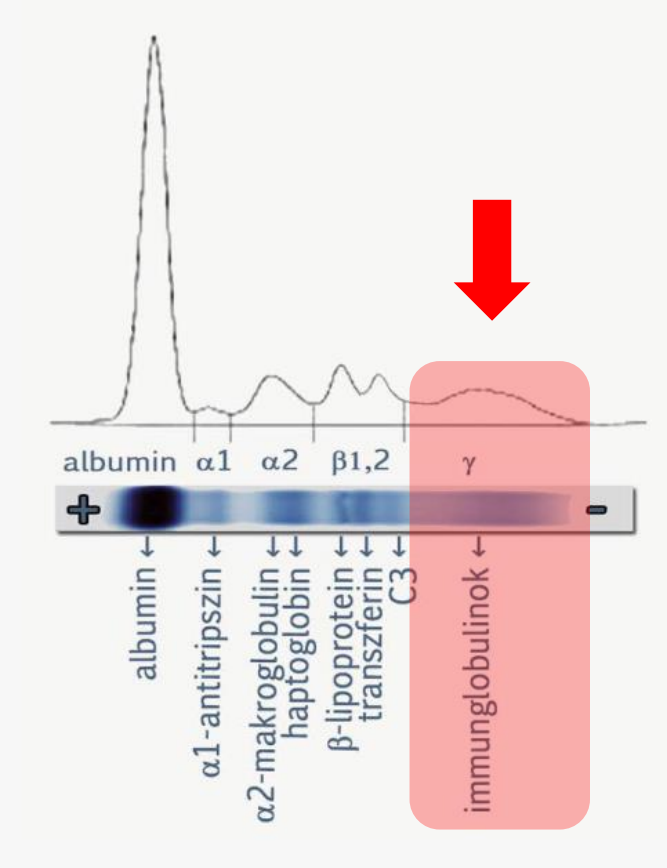


Gamma fraction proteins

IMMUNGLOBULINS:

The second largest fraction of serum after albumin.

- IgG (~15 g/l)
- IgA (~2-4 g/l)
- IgM (~1.5 g/l),
- IgD and IgE are normally in the mg/l range



Immunoglobulin subclasses cannot be separated in serum by routine electrophoresis.

Therefore, serum protein electrophoresis is primarily used for the semi-quantitative assessment of total immunoglobulin levels and for the detection of PARAPROTEINEMIAS (monoclonal gammopathies).

PARAPROTEINEMIAS: a collective term for pathological conditions in which **monoclonal immunoglobulin (paraprotein or M-protein)** appears in the blood in **abnormally elevated amounts**.

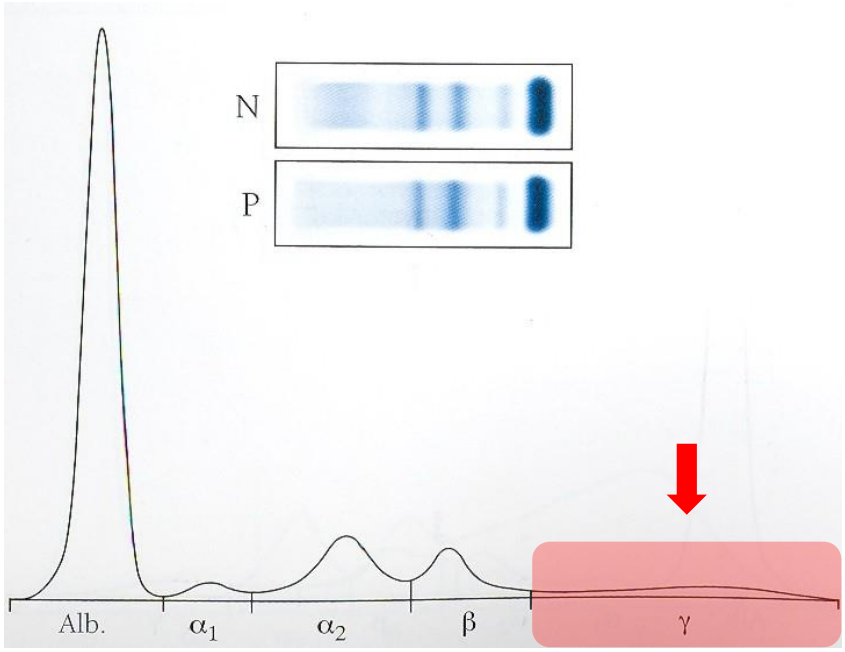
Examples of abnormal serum electrophoresis IV.

HYPOGAMMAGLOBULINEMIA ↓

It also develops PHYSIOLOGICALLY at a YOUNG age

~ 3 months - 3 years of age

- Reason: maternal immunoglobulins in children are depleted by the end of the third month,
- it takes longer for children to produce their own immunoglobulins;
- serum immunoglobulin levels reach "normal" concentrations by the age of 2-3 years.



PATHOLOGICAL HYPOGAMMAGLOBULINEMIA

- Hereditary (IgA deficiency is most common)
- Acquired condition, e.g., CLL or Hodgkin's disease
- Toxicosis - can also be observed in severe protein-losing conditions (nephrosis).

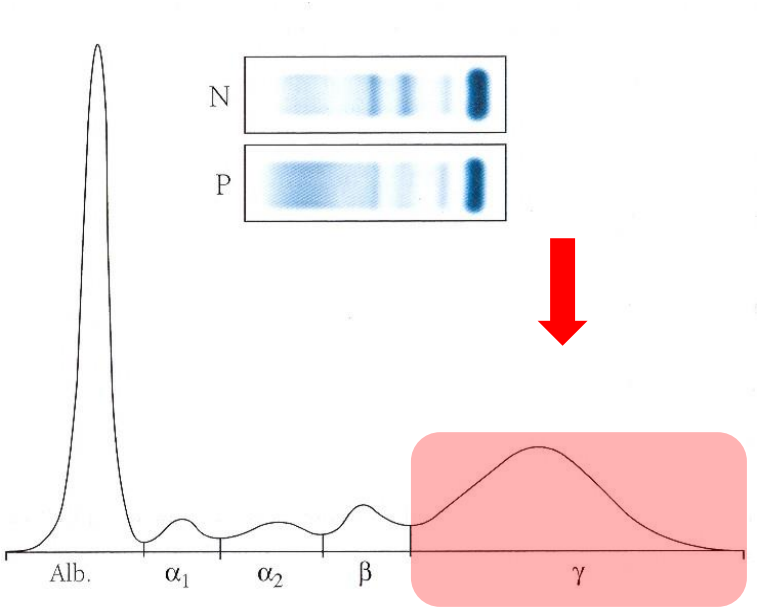
Examples of abnormal serum electrophoresis V.

HYPERGAMMAGLOBULINEMIA ↑

IN THE CASE OF INFECTION OF BACTERIAL, VIRAL, FUNGAL OR PARASITIC ORIGIN

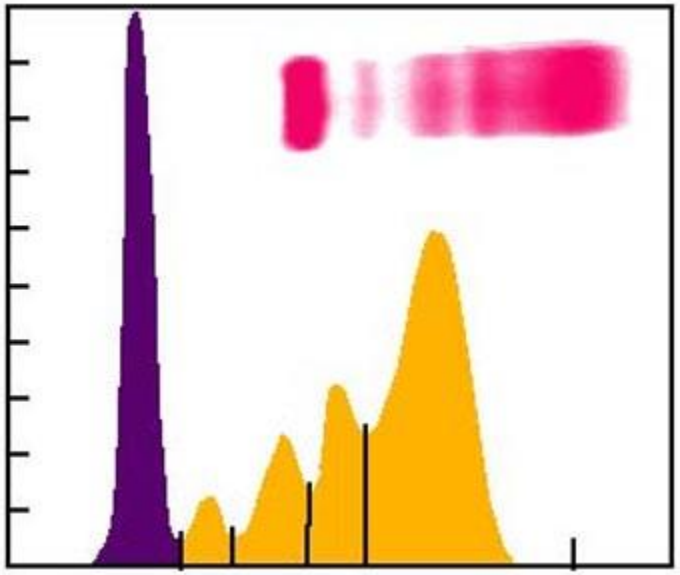
- Immunoglobulins are **ALWAYS POLYCLONAL** in the case of inflammation
- they are produced by multiple B-cell clones
- their distribution into subgroups provides valuable diagnostic information
- Their distributions refer to the nature of the infectious agent, as well as the duration and course of the infection

- **Increase in IgE fraction: in parasitic infections, allergic reactions**
- **During acute inflammation: IgM rises, followed later by an IgG response.**
- **Since IgM cannot cross the placenta due to its size, higher IgM levels in newborn serum indicate intrauterine infection.**



Examples of abnormal electrophoretic patterns VI.

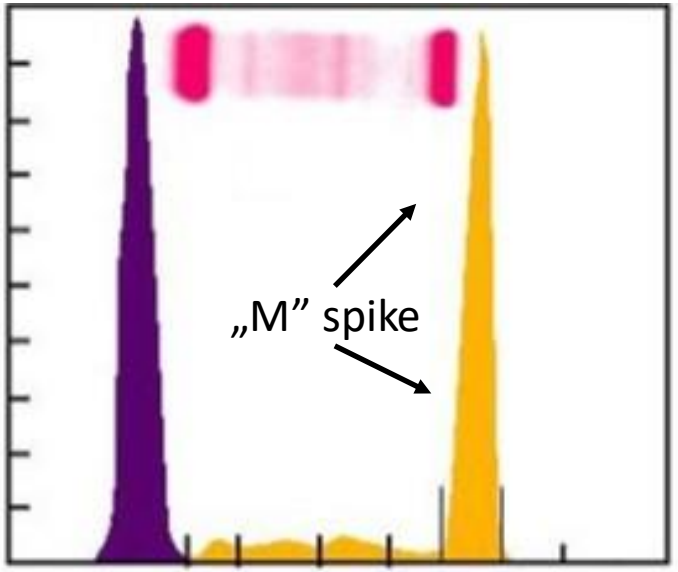
Polyclonal gammopathy



An excess of immunoglobulins produced by **various B cell clones** in **inflammatory conditions**:[7.]

- Infections
- Autoimmune disorders
- Cancers
- Liver diseases (e.g. hepatitis, cirrhosis)

Monoclonal gammopathy

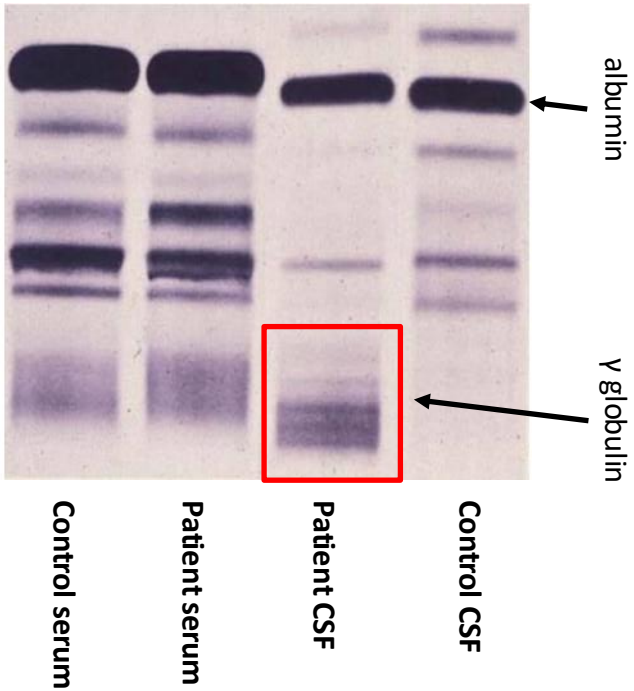


An excess of immunoglobulins produced by a **single B cell clone**. Found in **plasma cell neoplasms**:[7.]

- Multiple myeloma
- Waldenström macroglobulinemia
- MGUS (Monoclonal gammopathy of undetermined significance)

Electrophoresis of other body fluids

Cerebrospinal fluid (CSF)



In the CSF of the patient individual bands can be seen in the gamma globulin fraction. The detected pattern differs from that seen in the patient's serum.

Immunoglobulins are produced locally in the central nervous system of the patient. (**oligoclonal gammopathy**, e.g. in **multiple sclerosis**[9.])

Background information: Immunoglobulins do not normally cross the blood-brain barrier [10.]

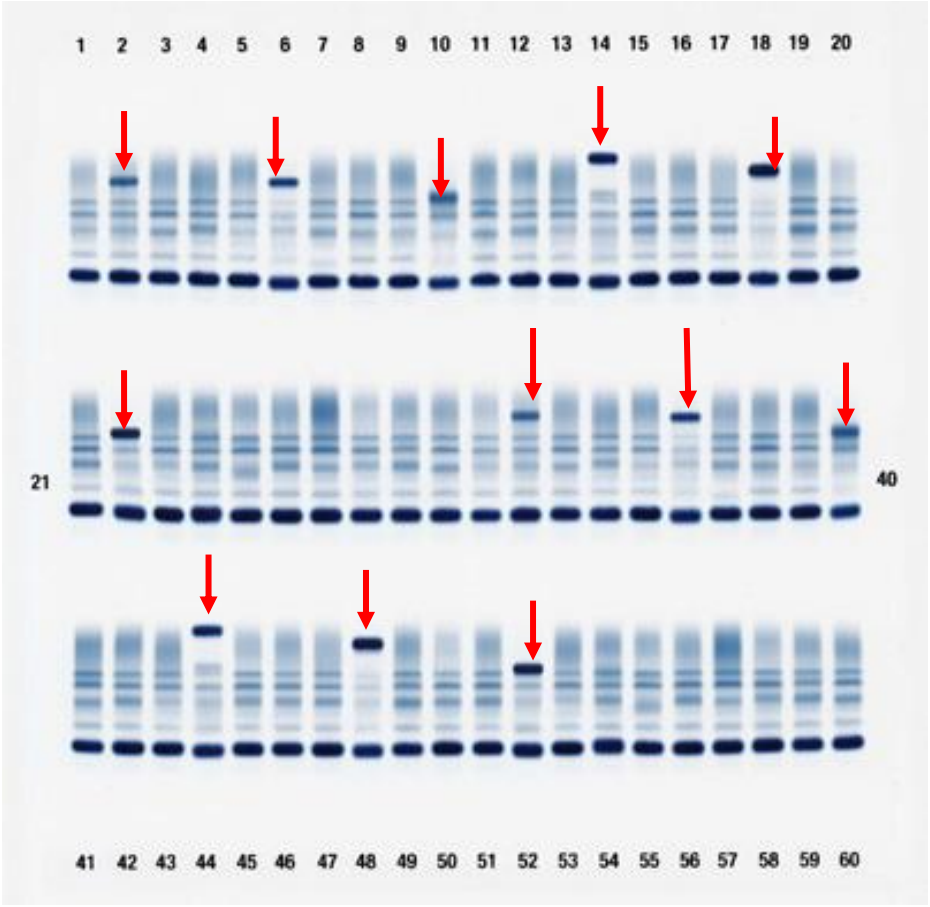
Urine electrophoresis: Performed in parallel with **serum electrophoresis** when **multiple myeloma** is suspected. The aim is to detect **free immunoglobulin light chains (Bence Jones proteins** [11.]**)** in the urine.

ABNORMAL PROTEIN ELECTROPHORESIS RESULT
→ IMMUNOFIXATION FOLLOWS

PARAPROTEIN

= M-spike = M-protein

Monoclonal immunoglobulin derived from a single plasma cell clone.



It typically appears as a sharp, well-defined, narrow band (monoclonal band) or as a steep, spike-like peak (M-spike).

In the case of an abnormal serum protein electrophoresis (agarose gel) result, immunofixation is performed to confirm and type the monoclonal component

Immunofixation Electrophoresis (IFE)

If a paraprotein is present in the serum, it will precipitate during the assay.

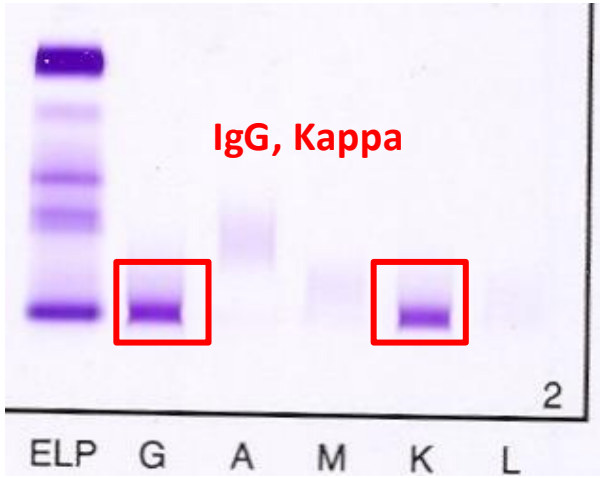
TYPING OF IMMUNOGLOBULIN HEAVY AND LIGHT CHAINS:

1. **Separation of serum proteins** by **agarose gel electrophoresis**.
2. **Immunoprecipitation (immunofixation)** using **anti-human immunoglobulin antisera**.
   - ✓ For each patient, **six lanes are applied**: reference electrophoresis lane, **IgG, IgA, IgM, κ (kappa) and λ (lambda) antisera**.
   - ✓ This allows the **separate identification of heavy and light chains**.
3. **Visual evaluation**

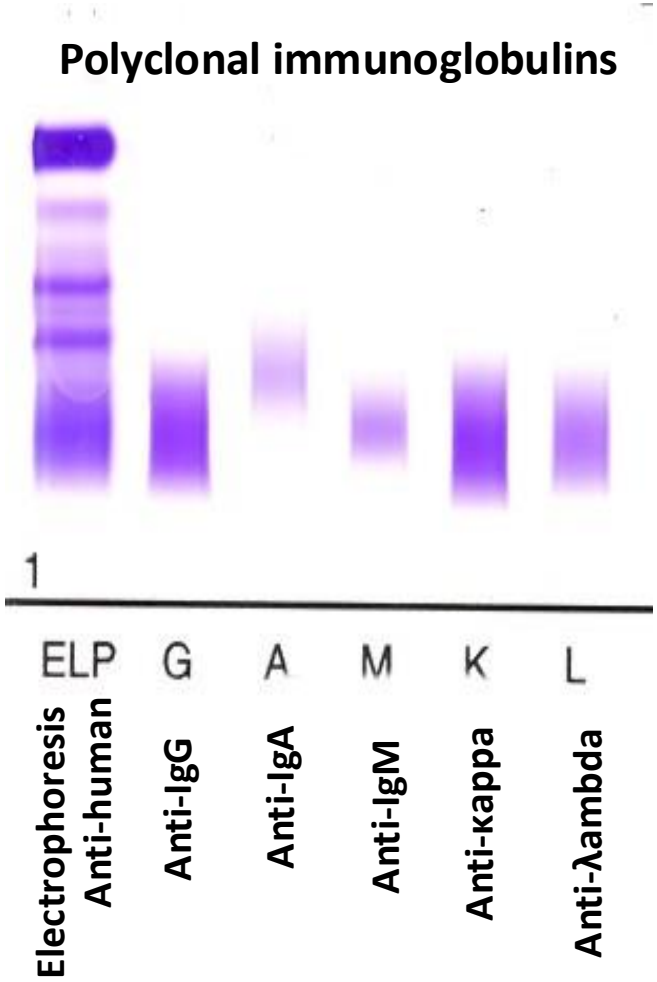
based on the presence and position of **precipitation bands**.

PRESENCE OF M COMPONENT:

SHARP, HOMOGENEOUS STAINING BAND (STREAK) IN HEAVY AND LIGHT CHAINS AT THE SAME HEIGHT!



Immunofixation Electrophoresis (IFE)



1. The **electorphoresis** is performed simultaneously by dividing the serum into several **parallel samples**.[12.]
2. The **specific proteins** are detected in different gels using **different antibodies**.
3. The added antibodies **precipitate** with the antigen which is usually **detected** with **dyes**.
4. The antigens are the **human immunoglobulins** themselves

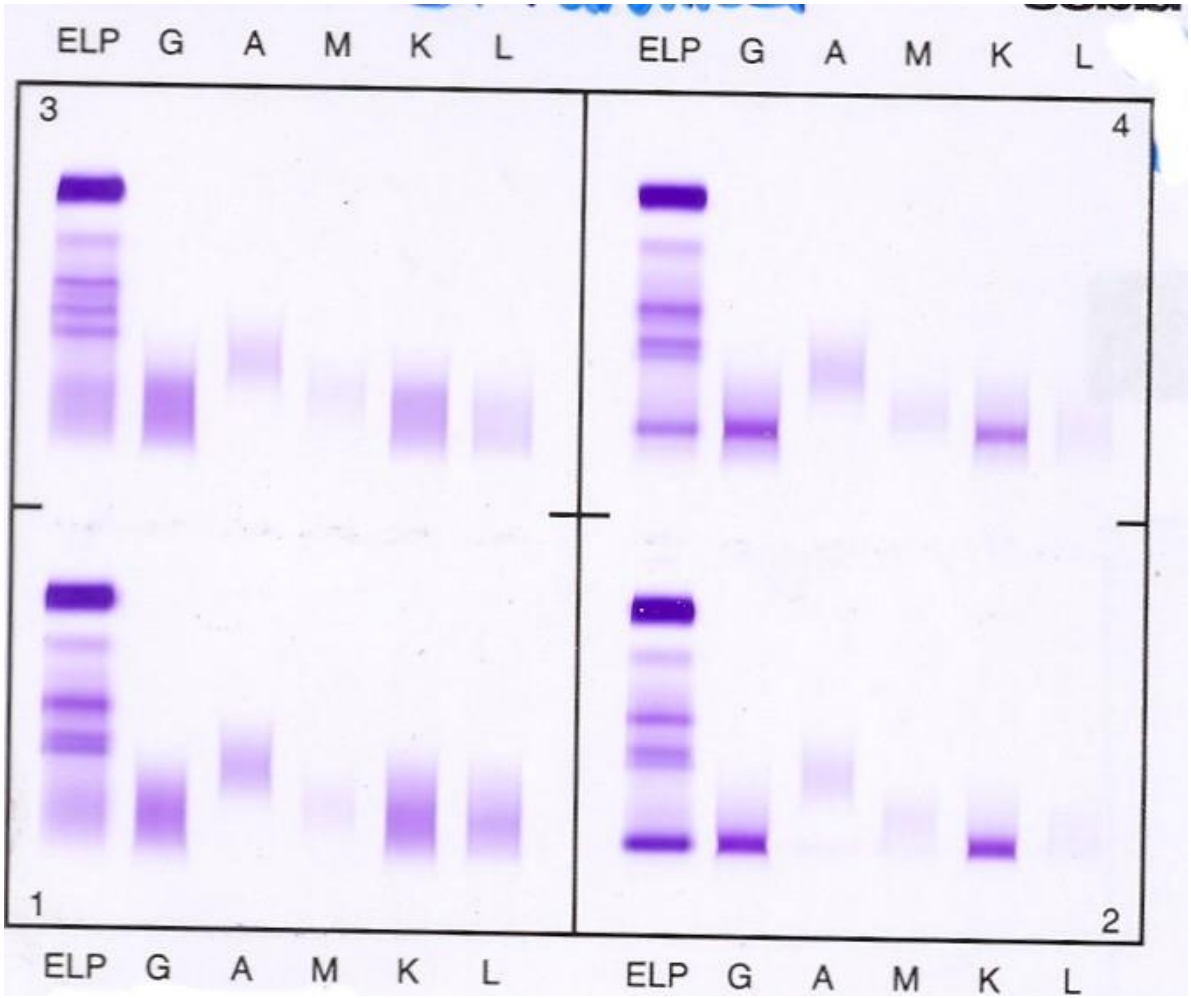
APPLICATION

Diagnostics of plasma cell neoplasms by detecting the abnormal monoclonal antibodies („paraproteins") in the serum they produce.[13.]

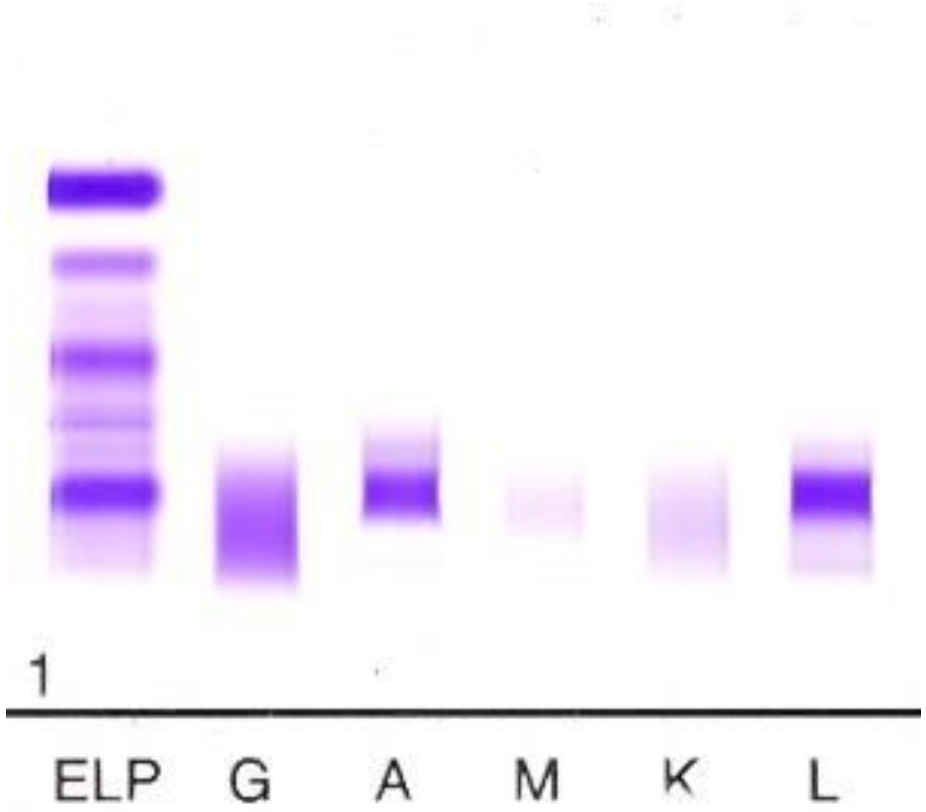
Immunofixation plate

Polyclonal immunoglobulins

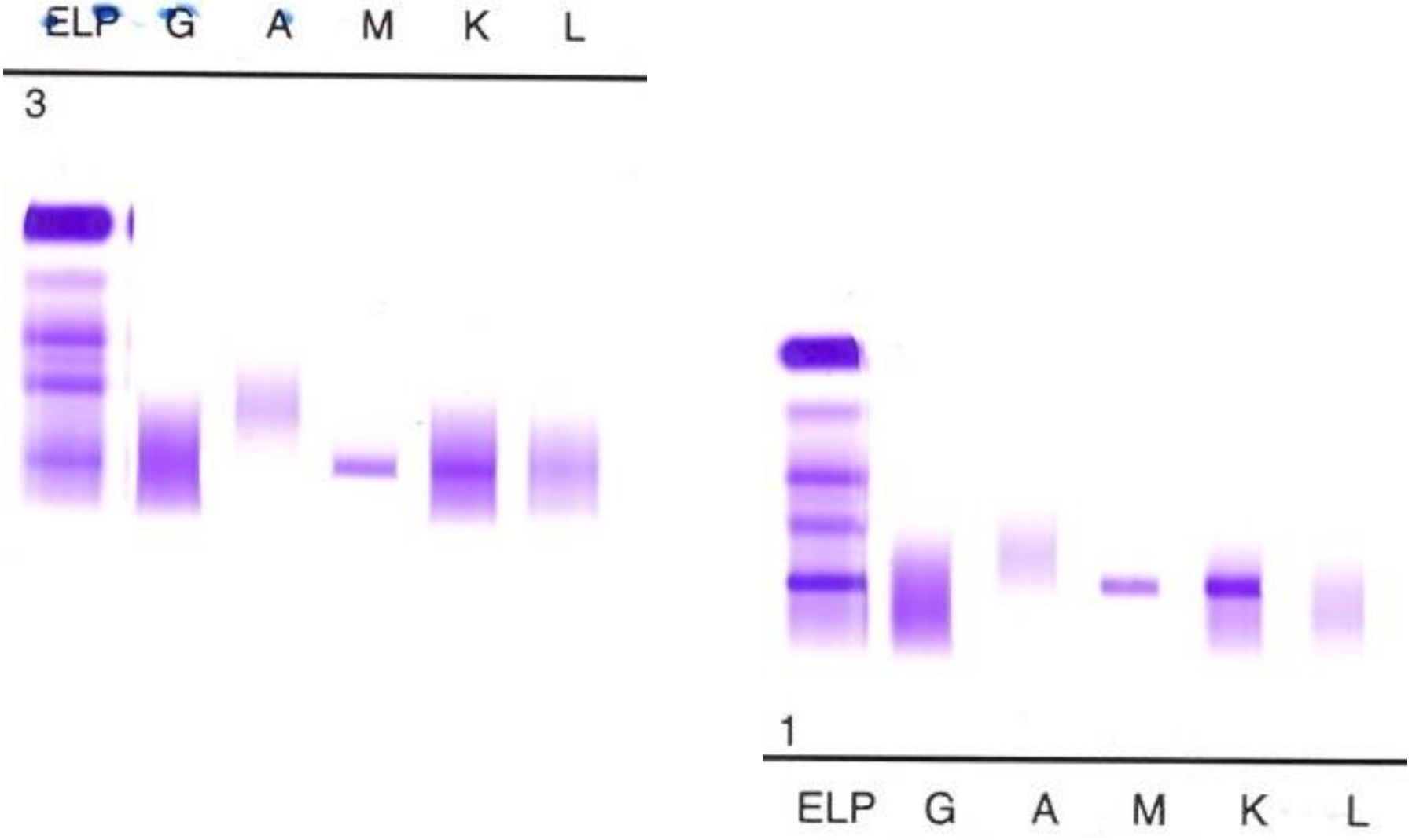
Monoclonal immunoglobulin



IgA-type monoclonal gammopathy

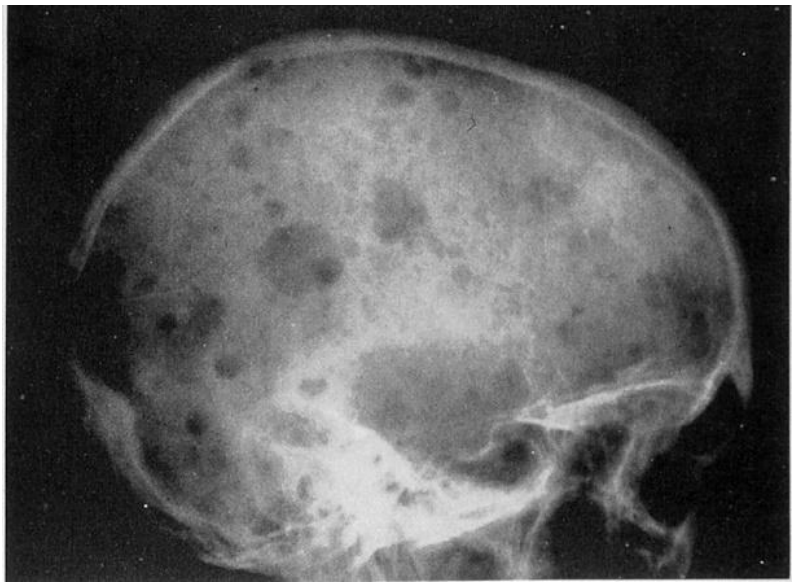


IgM-type monoclonal gammopathy



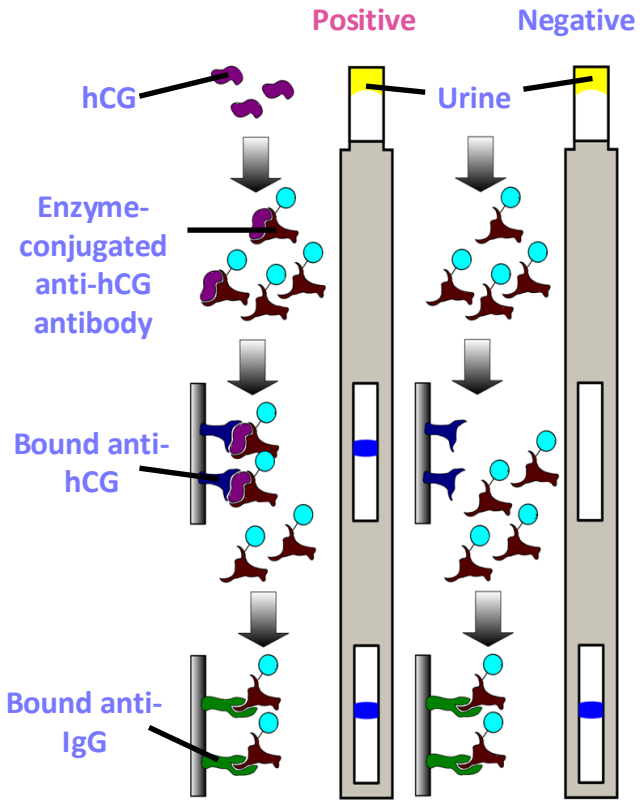
M-protein in immunofixation

1. Multiple myeloma with IgG paraprotein
2. Waldenström macroglobulinemia with IgM paraprotein
3. Multiple myeloma with IgA paraprotein



Circular bone defects on an X-ray image of the skull in multiple myeloma. [15.]

HOME PREGNANCY TEST – LATERAL FLOW IMMUNOASSAY

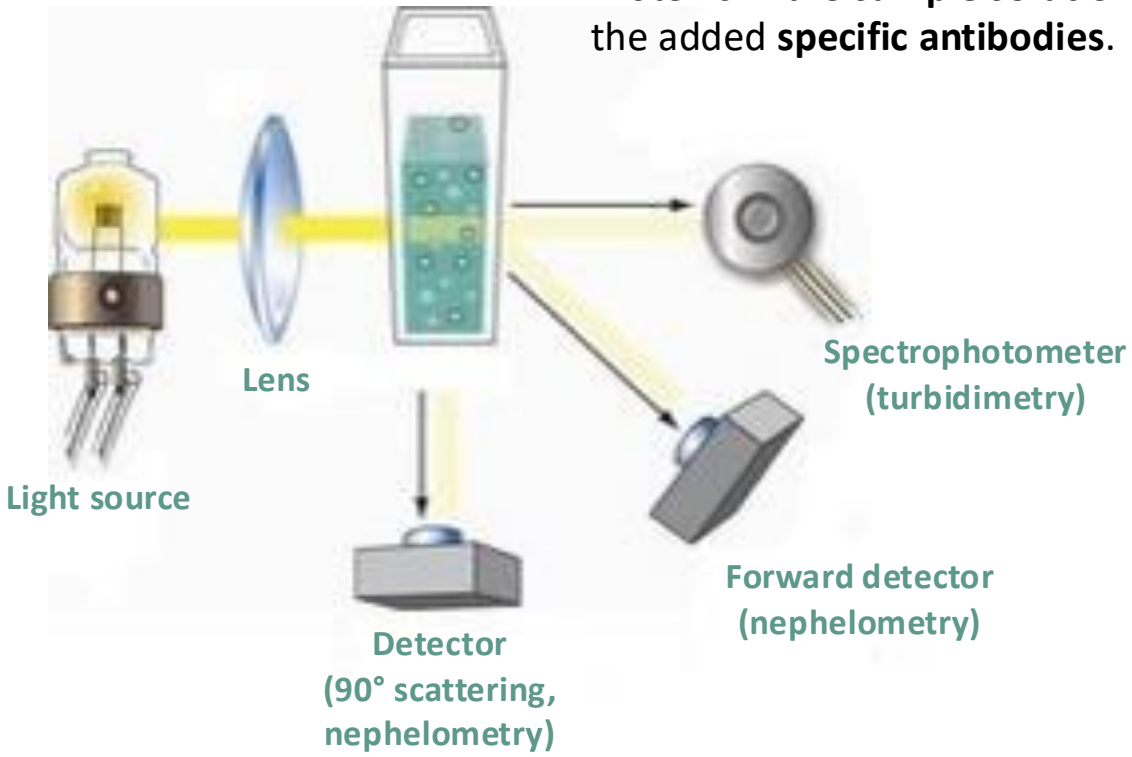


- **Rapid immunochromatographic (lateral flow)** [24] **assay** detecting **human chorionic gonadotropin (hCG)** in urine
- **Monoclonal anti-hCG antibodies** bind the hormone if present in the sample
- THE **ANTIGEN–ANTIBODY COMPLEX MIGRATES ALONG A MEMBRANE STRIP** BY CAPILLARY ACTION
- Complexes are **captured at the test line**, forming a **visible colored band**
- Provides **rapid qualitative detection of pregnancy** within a few minutes

A band appears when the enzyme-labeled antibody binds. If no hCG is present in the urine, this occurs only at the control line and a single band is visible.

Nephelometry, turbidimetry

QUANTITATIVE DETERMINATION OF SERUM PROTEINS



Proteins in the **sample solution (serum)** form **immune complexes** with the added **specific antibodies**.

The resulting **macromolecular immune complexes scatter light**, and the intensity of scattered light is **proportional to their concentration in the solution**.

A **NEPHELOMETER** can be used to identify the protein being tested based on **light scattering,**
while **TURBIDIMETRY** measures the **decrease in light intensity** passing through the cuvette.[18.]

APPLICATION

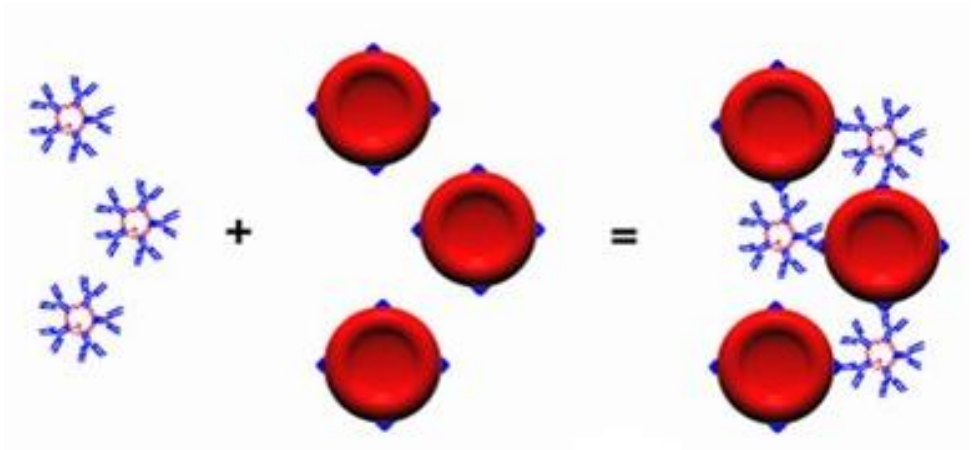
- Measurement of **immunoglobulin concentrations** (e.g., total **IgA, IgM, IgG** levels)
- Measurement of **immunoglobulin light chains** (e.g., in **multiple myeloma**)
- Measurement of **acute-phase proteins**

Acute phase proteins

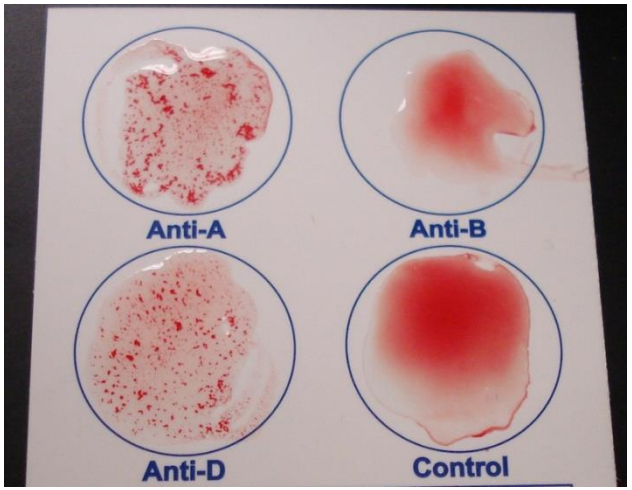
POSITIVE ACUTE-PHASE PROTEINS Increase during inflammation ↑	NEGATIVE ACUTE-PHASE PROTEINS Decrease during inflammation ↓
Cytokines (IL-6)	Albumin
CRP (β)	Prealbumin
Procalcitonin (PCT), Presepsin	Transferrin (β)
α1-antitrypsin	
Haptoglobin (α2)	
Ceruloplasmin (α2)	
Fibrinogen (β)	
Complement factors (β)	
SAA (serum amyloid A)	
Ferritin	

Agglutination

- If antibodies cross-bind larger particles and it leads to the aggregation of these particles = **agglutination** (if these particles are red blood cells it is called **hemagglutination**)
- Agglutination is one of the **physiological functions** of antibodies, agglutination of pathogens prevents the spread of infections.[15.]
- Can be **direct** or **indirect** and **active** or **passive**.
- Several diagnostic tests are based on agglutination reactions in which the clumping of the particles is directly visible.

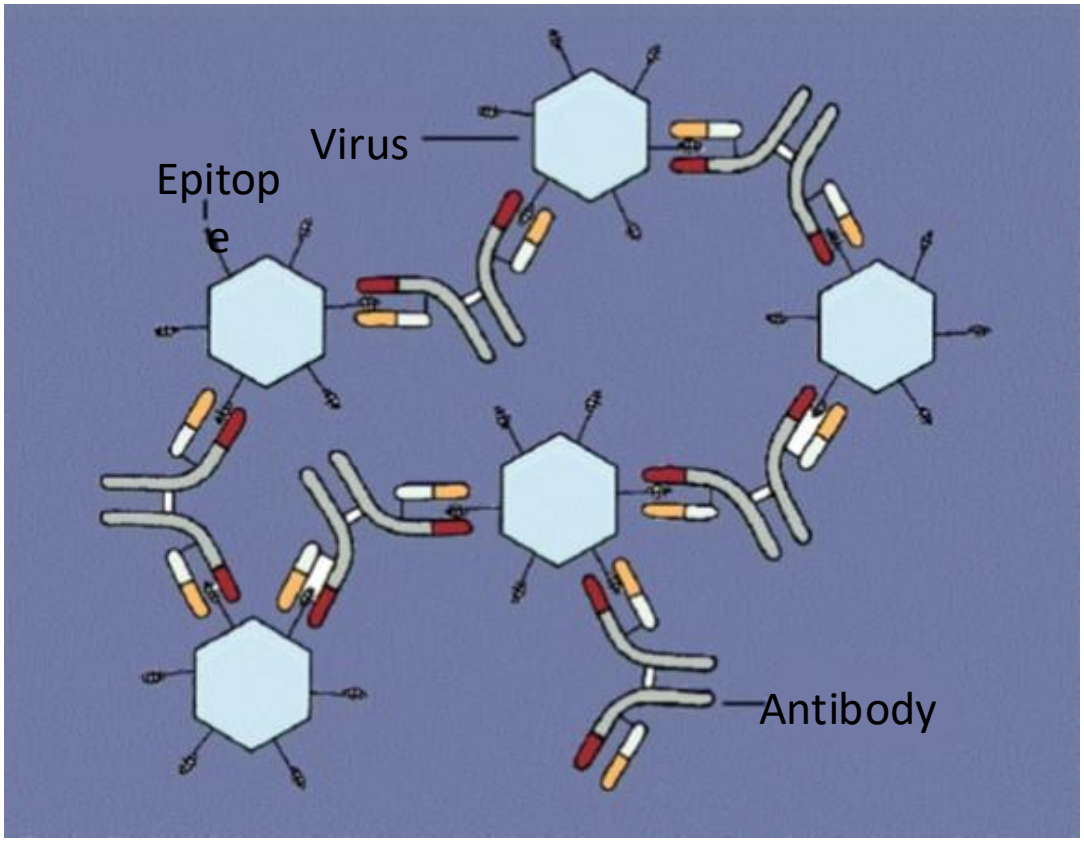


Anti-„A" IgM RBC with „A" antigen Hemagglutination



Blood type test: A, Rh(D) positive

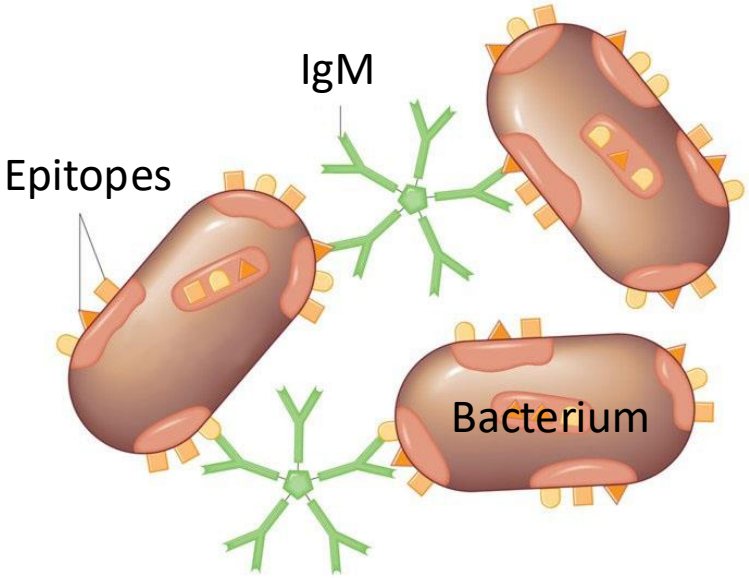
Physiological role of agglutination



Agglutination is also an in vivo function of antibodies; the agglutination of pathogens helps limit the spread of infection.[19.]

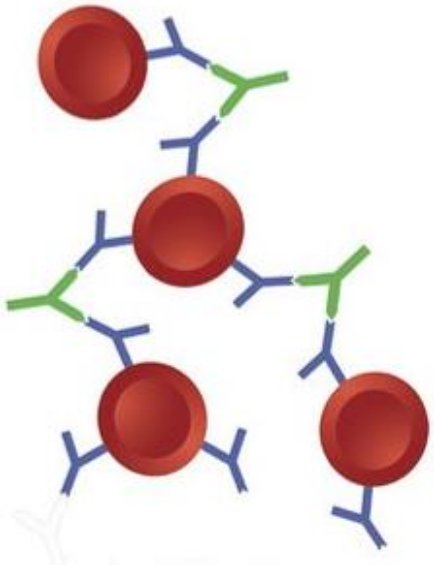
Direct or indirect

Direct agglutination:



- The particles are directly cross-linked by the primary antibodies.
- Antibodies of the **IgM** isotype can effectively agglutinate particles.

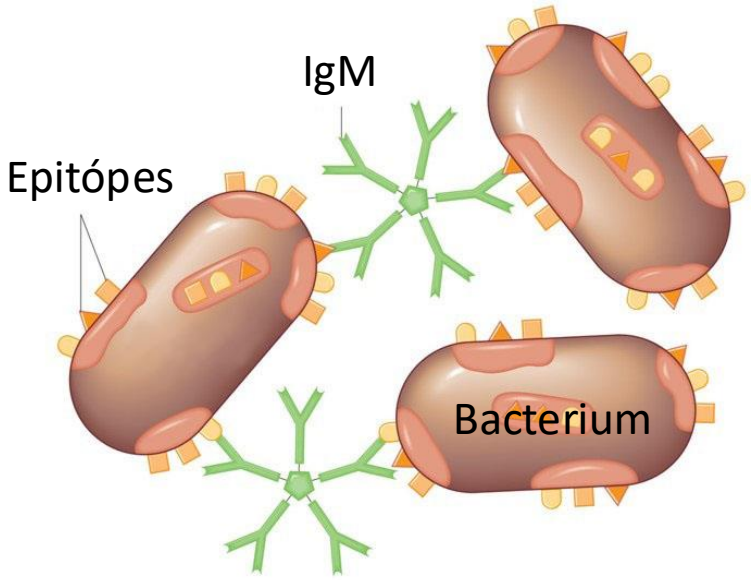
Indirect agglutination:



- Secondary antibodies cross-link the particles.

Active or passive

Active agglutination:



- The cell/particle participates in the reaction with its **own** surface **antigen**.
- Example:
  - Blood group testing
  - Detection of bacterial cell surface antigens

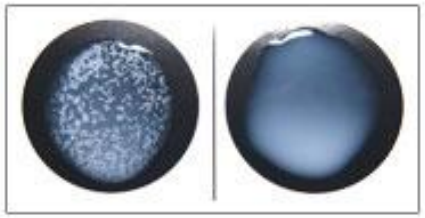
Passive agglutination:

- The antigen is **artificially bound** to the particles that participate in the reaction.
  Example:
  - Latex agglutination reactions (see on the next slides)

The clinical significance of agglutination

- One of the physiological functions of antibodies in the defense against pathogens.
- In vivo hemagglutination may occur in certain diseases. (e.g. autoimmune hemolytic anemia, AIHA)
- Diagnostic tests:
  - **Latex agglutination tests:**
    - **Autoimmune disorders** (detection of autoantibodies)
    - **Infections** (detection of microbial antigens or the antibodies that recognize them)
    - Detection of other proteins (e.g. CRP, hCG, D-dimer)
  - **Tests based hemagglutination :**
    - **Testing blood groups**
    - **Coombs test (antiglobulin test)**
    - Hemagglutination assay
  - Hemagglutination inhibition assay:
    - Identification of viral hemagglutinins
    - Testing antibodies that can inhibit viral hemagglutinins

Latex agglutination test



Positive Negative

The antigen/antibody that participates in the reaction is bound to the surface of **latex beads.**

If the investigated antibody/antigen is present in the sample then it will cause the aggregation of the beads.

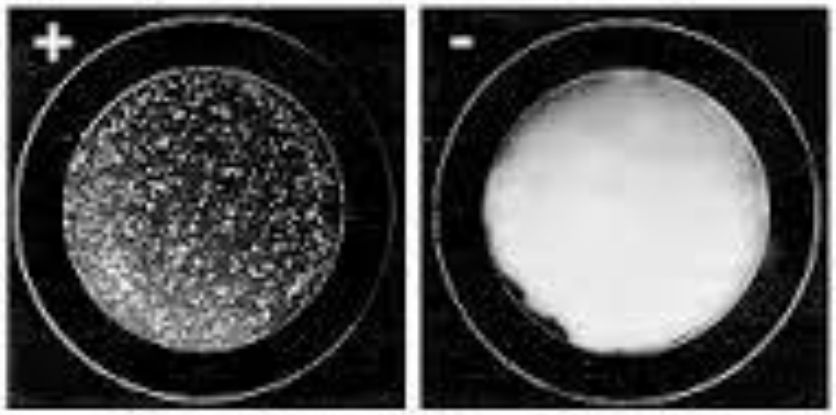
Applications:

- **Diagnostics of autoimmune disorders**, e.g.:
  - Rheumatoid arthritis (rheumatoid factor, RF[16.]) , SLE (various autoantibodies)
- **Diagnostics of infectious diseases**, e.g.:
  - Detection of antibodies against microbial antigens (e.g. anti-streptolysin O antibody, ASO/AST[17.])
  - Detection of bacterial antigens
- Detection of other proteins, e.g.:
  - **C-reactive protein** (CRP, acute phase protein[18.]), D-dimer[19.] (indicates blood clot formation), **human chorionic gonadotropin** (hCG, in pregnancy)

Agglutination practice

Steps of the practice:

1. You can find different agglutination kits on your desks.
2. No actual samples were prepared, so you will only test the positive and the negative controls,
3. Squeeze the vial of the beads to deliver a drop into 2 reaction circles. Add 1 drop of the positive control into one of the circles and 1 drop of the negative control into the another. (according to the user manual)
4. Mix and blend the beads and the controls by rubbing the surface of the cards with the sticks.
5. Visible clumping of the beads in the positive control should appear.

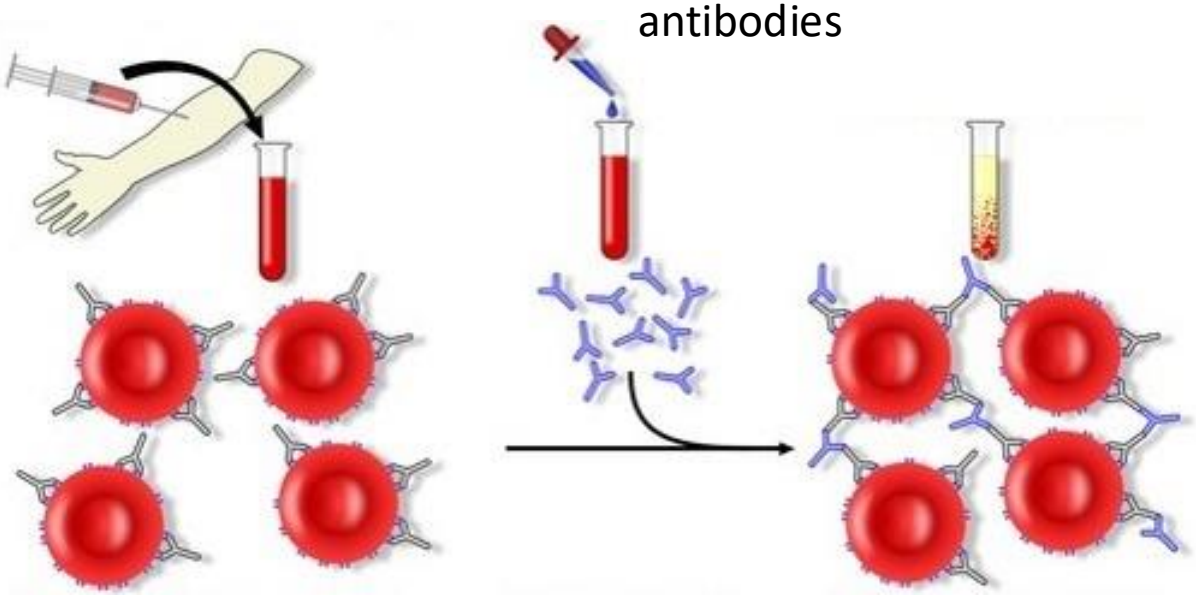


WEAR GLOVES!

Direct Coombs test (Direct antiglobulin test[21.])

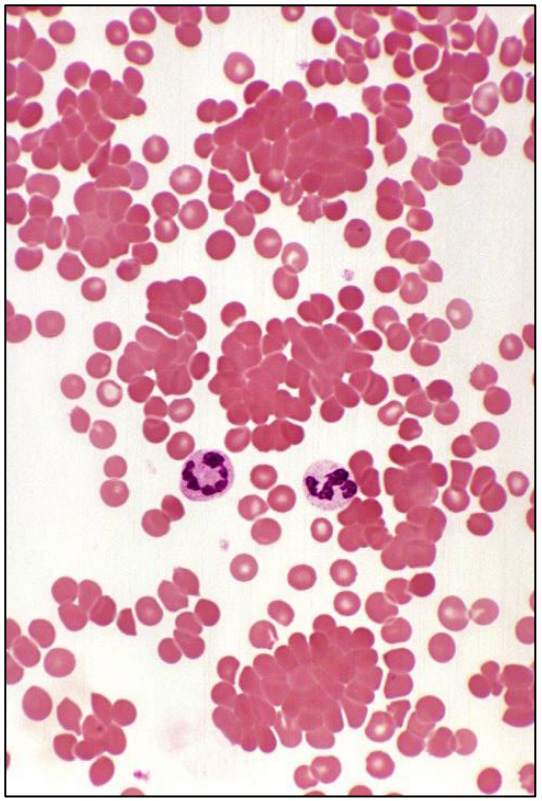
Venopuncture

+ Anti-human immunoglobulin antibodies



Autoreactive antibodies on the patient's RBCs

Hemagglutination

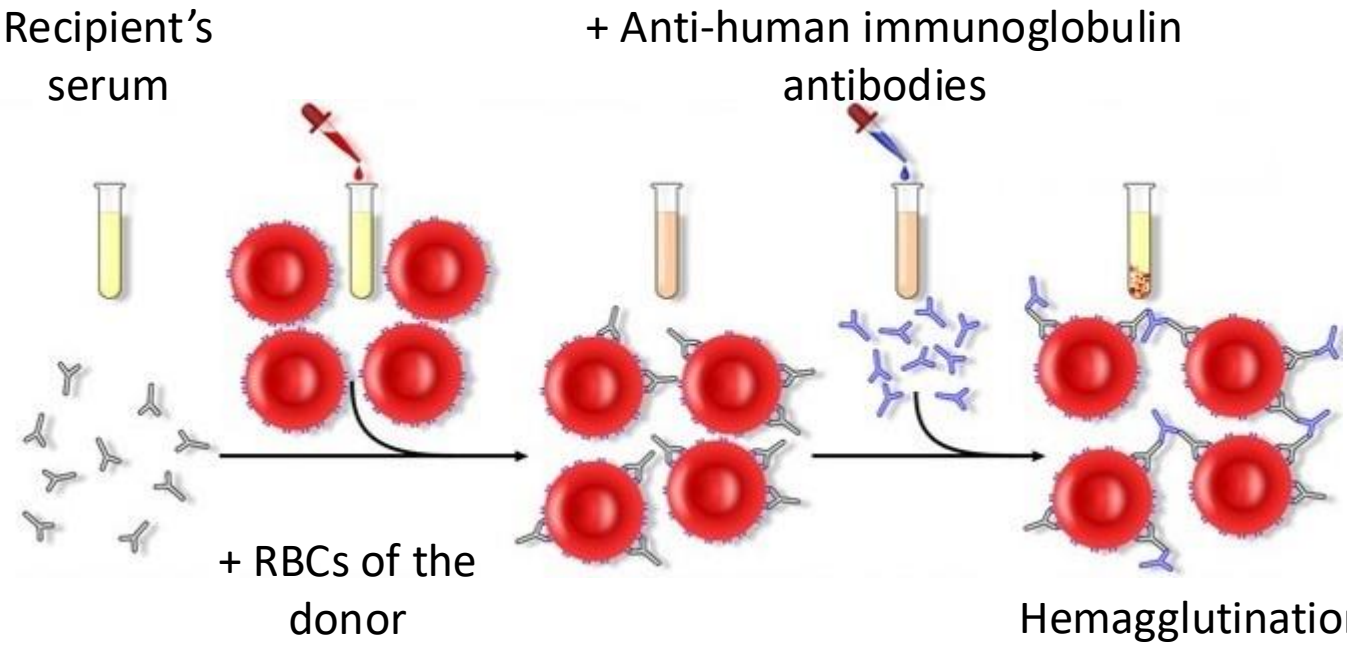


In vivo hemagglutination in a patient with AIHA.

Application: Diagnostics of **immune-mediated hemolysis**,[22.] e.g.:

- AIHA (autoimmune hemolytic anemia, anemia= RBC numbers ↓)
- Erythroblastosis fetalis (Hemolytic disease of the newborn, HDN)

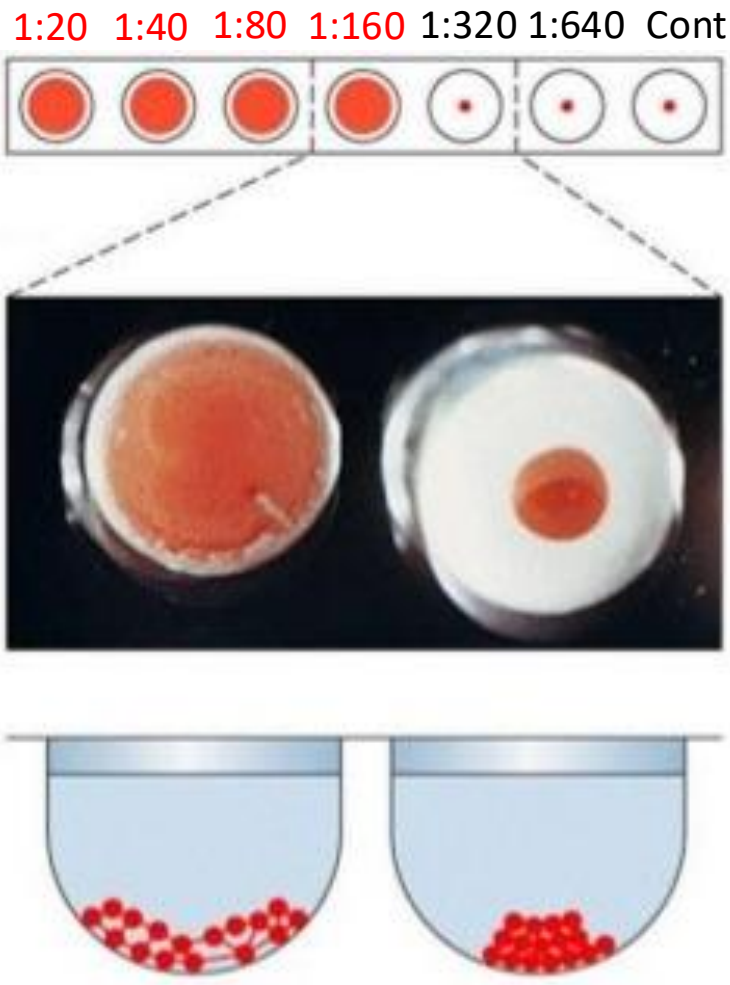
Indirect Coombs test (Indirect antiglobulin test)



Applications:

- Screening for antibodies before **blood transfusions**[23.] (to detect antibodies that recognize several rare blood groups other than the ABO or Rh groups systems)
- To **screen pregnant women** for anti-Rh(D) antibodies that can cross the placenta and cause erythroblastosis.[24.]

Hemagglutination assay

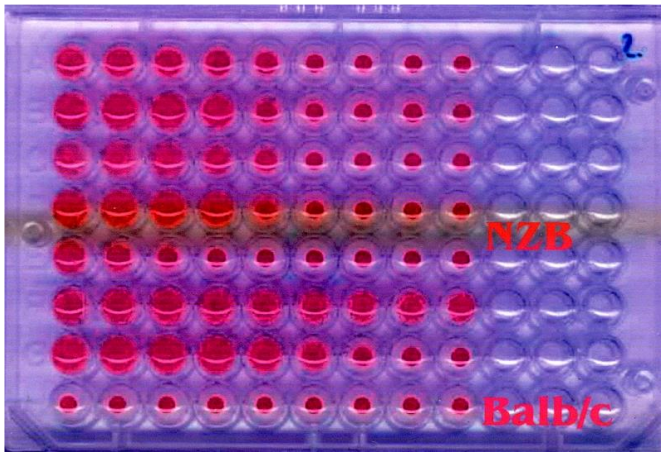


Hemagglutination Negative

Equal amount of RBCs are put into each well. 2-fold dilutions of the sample are then created and added to the wells.

↓

In case of a **positive reaction** the RBCs aggregate and therefore cannot settle to the bottom of the well. (HA titer: the smallest concentration of the sample which still causes agglutination)



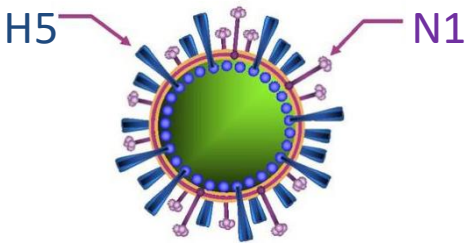
- NZB: New Zealand Black mouse strain[25.] (murine model of AIHA)
- BALB/c: albino strain of house mouse (control)

Hemagglutination inhibition assay

Components	Reaction	Result
RBC		No reaction
Virus + RBC		Hemagglutination
Virus + Antibody + RBC		No reaction

Some viruses possess proteins that can cause hemagglutination in vitro. („hemagglutinins") E.g.:

- **Influenza hemagglutinin**
- Measles hemagglutinin
- Mumps hemagglutinin



- The method can be used to **classify viruses** based on their **viral hemagglutinin antigens**,[26.] e.g.: H5N1 = Influenza virus with type 5 hemagglutinin (and type 1 neuraminidase).
- Can also be used to test the levels of anti-hemagglutinin antibodies in people who received vaccinations against such viruses.[26.]

References 1.

1. Akobeng AK[1]: **Understanding diagnostic tests 1: sensitivity, specificity and predictive values.** *Acta Paediatr.* 2007 Mar;96(3):338-41.
2. Mancini G, Carbonara AO, Heremans JF: **Immunochemical quantitation of antigens by single radial immunodiffusion.** *Immunochemistry.* 1965 Sep;2(3):235-54.
3. Ouchterlony O: **In vitro method for testing the toxin-producing capacity of diphtheria bacteria.** *Acta Pathol Microbiol Scand.* 1948;25(1-2):186-91.
4. Tiselius A[1]: **Electrophoresis of serum globulin: Electrophoretic analysis of normal and immune sera.** *Biochem J.* 1937 Sep;31(9):1464-77.
5. Nobelprize.org: **The Nobel Prize in Chemistry 1948** (http://www.nobelprize.org/nobel_prizes/chemistry/laureates/1948/)
6. Jain S[1], Gautam V, Naseem S: **Acute-phase proteins: As diagnostic tool.** *J Pharm Bioallied Sci.* 2011 Jan;3(1):118-27. doi: 10.4103/0975-7406.76489.
7. O'Connell TX[1], Horita TJ, Kasravi B: **Understanding and interpreting serum protein electrophoresis.** *Am Fam Physician.* 2005 Jan 1;71(1):105-12.
8. Stoller JK[1], Aboussouan LS: **Alpha1-antitrypsin deficiency.** *Lancet.* 2005 Jun 25-Jul 1;365(9478):2225-36.
9. Link H[1], Huang YM: **Oligoclonal bands in multiple sclerosis cerebrospinal fluid: an update on methodology and clinical usefulness.** *J Neuroimmunol.* 2006 Nov;180(1-2):17-28. Epub 2006 Sep 1.
10. Marshall T[1], Williams KM: **Electrophoretic analysis of Bence Jones proteinuria.** *Electrophoresis.* 1999 Jun;20(7):1307-24.

References 2.

11. Csako G[1]: **Immunoelectrophoresis: a method with many faces.** *Methods Mol Biol.* 2012;869:339-59. doi: 10.1007/978-1-61779-821-4_28.
12. Csako G[1]: **Immunofixation electrophoresis for identification of proteins and specific antibodies.** *Methods Mol Biol.* 2012;869:147-71. doi: 10.1007/978-1-61779-821-4_13.
13. Rajkumar SV[1], Kyle RA[1]: **Protein electrophoresis and immunofixation for the diagnosis of monoclonal gammopathies.** *JAMA.* 2014 Nov 26;312(20):2160-1. doi: 10.1001/jama.2014.8237.
14. Mali B[1], Armbruster D, Serediak E, Ottenbreit T: **Comparison of immunoturbidimetric and immunonephelometric assays for specific proteins.** *Clin Biochem.* 2009 Oct;42(15):1568-71. doi: 10.1016/j.clinbiochem.2009.06.016. Epub 2009 Jun 26.
15. Cooper NR, Nemerow GR: **The role of antibody and complement in the control of viral infections.** *J Invest Dermatol.* 1984 Jul;83(1 Suppl):121s-127s.
16. Anuradha V[1], Chopra A: **In the era of nephelometry, latex agglutination is still good enough to detect rheumatoid factor.** *J Rheumatol.* 2005 Dec;32(12):2343-4.
17. Kodama T[1], Ichiyama S, Morishita Y, Fukatsu T, Shimokata K, Nakashima N: **Determination of anti-streptolysin O antibody titer by a new passive agglutination method using sensitized toraysphere particles.** *J Clin Microbiol.* 1997 Apr;35(4):839-42.
18. Komoriya T[1], Terashima Y, Ogawa M, Moriyama M, Kohno H: **Development of a high-sensitivity latex reagent for the detection of C-reactive protein.** *J Immunol Methods.* 2011 Oct 28;373(1-2):63-6. doi: 10.1016/j.jim.2011.08.001. Epub 2011 Aug 26.
19. Froehling DA[1], Elkin PL, Swensen SJ, Heit JA, Pankratz VS, Ryu JH: **Sensitivity and specificity of the semiquantitative latex agglutination D-dimer assay for the diagnosis of acute pulmonary embolism as definedby computed tomographic angiography.** *Mayo Clin Proc.* 2004 Feb;79(2):164-8.
20. Braunstein GD[1]: **The long gestation of the modern home pregnancy test.** *Clin Chem.* 2014 Jan;60(1):18-21. doi: 10.1373/clinchem.2013.202655. Epub 2013 Sep 11.

References 3.

21. Zantek ND[1], Koepsell SA, Tharp DR Jr, Cohn CS: **The direct antiglobulin test: a critical step in the evaluation of hemolysis.** *Am J Hematol.* 2012 Jul;87(7):707-9. doi: 10.1002/ajh.23218. Epub 2012 May 6.
22. Barcellini W[1]: **Immune Hemolysis: Diagnosis and Treatment Recommendations.** *Semin Hematol.* 2015 Oct;52(4):304-12. doi: 10.1053/j.seminhematol.2015.05.001. Epub 2015 May 19.
23. British Committee for Standards in Haematology[1], Milkins C, Berryman J, Cantwell C, Elliott C, Haggas R, Jones J, Rowley M, Williams M, Win N: **Guidelines for pre-transfusion compatibility procedures in blood transfusion laboratories. British Committee for Standards in Haematology.** *Transfus Med.* 2013 Feb;23(1):3-35. doi: 10.1111/j.1365-3148.2012.01199.x. Epub 2012 Dec 6.
24. Abbey R[1], Dunsmoor-Su R: **Cost-benefit analysis of indirect antiglobulin screening in Rh(D)-negative women at 28 weeks of gestation.** *Obstet Gynecol.* 2014 May;123(5):938-45. doi: 10.1097/AOG.0000000000000224.
25. Yoshida S[1], Castles JJ, Gershwin ME: **The pathogenesis of autoimmunity in New Zealand mice.** *Semin Arthritis Rheum.* 1990 Feb;19(4):224-42.
26. Pedersen JC[1]: **Hemagglutination-inhibition assay for influenza virus subtype identification and the detection and quantitation of serum antibodies to influenza virus.** *Methods Mol Biol.* 2014;1161:11-25. doi: 10.1007/978-1-4939-0758-8_2.