

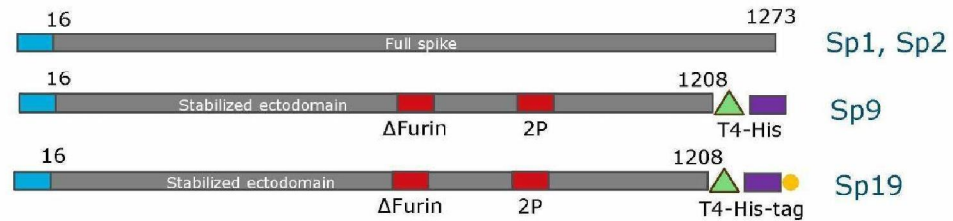
22 juni 2020: I(AP)PMA infected Sf9 cells with commercial antibodies and human sera

96-wells plate, MOI=1, 4 dpi fixed with Acetone:Ethanol

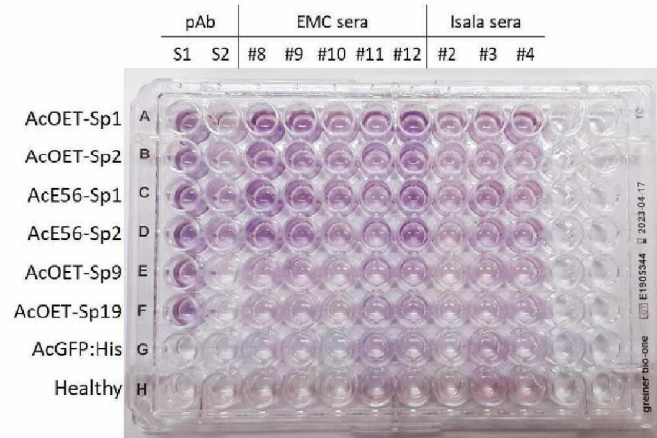
Secondary antibody aRabbit-AP or aHuman-AP (1:2500), detection with NBT/BCIP for 30 minutes (except column 1, reaction stopped after 10 mins)

Set-up 96-wells plate:

		1	2	3	4	5	6	7	8	9	10	11	12
A	AcOET-Sp1	rAb-S1 Sino Biol. 1:2500	rAb-S2 Abcam 1:1000	EMC #8 1:1000	EMC #9 1:1000	EMC #10 1:1000	EMC #11 1:1000	EMC #12 1:1000	Isala #2 1:500	Isala #3 1:500	Isala #4 1:500		
B	AcOET-Sp2												
C	AcE56-Sp1												
D	AcE56-Sp2												
E	AcOET-Sp9												
F	AcOET-Sp19												
G	AcGFP:His												
H	Healthy												



### Overview of IPMA results

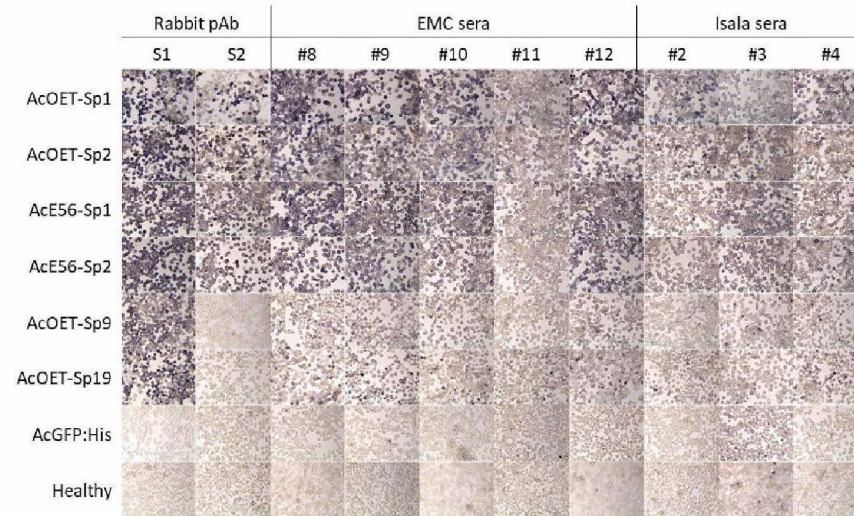


**EMC sera:**

EMC#10 less staining than other EMC's  
 EMC#11 poor spike binding, was also seen in western blot

**Isala sera:**

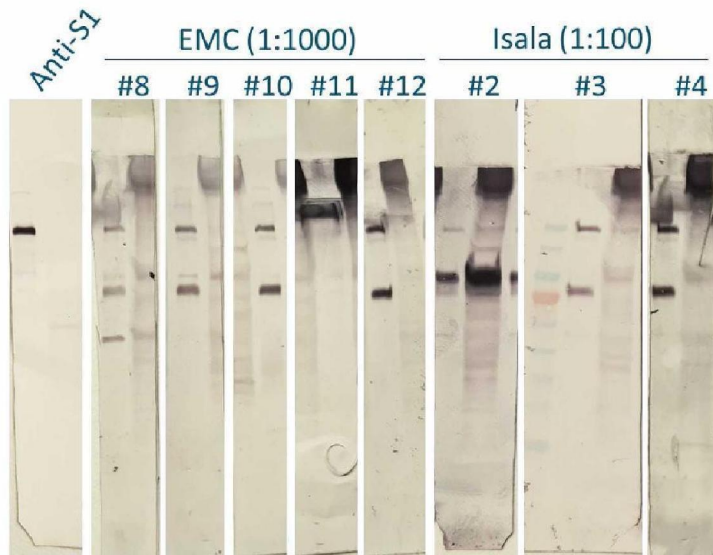
Isala #3 some background observed in AcGFP-infected cells



**Conclusions IPMA:**

Best antibody: Rabbit-anti-S1 (Sino Biological)  
 Best human sera: EMC#8, EMC#9, and EMC#12  
 Full-length wildtype spike (Sp1/2) better detectable with sera than excreted, stabilised spike (Sp9/19)

Previous western blot results with same antisera



Loaded: purified Sp3 + GFP



Sp3 (wildtype, no TM)

