

**To:** (10)(2e) | (10)(2e) | @nhsbt.nhs.uk; (10)(2e) | (10)(2e) | @rivm.nl; (10)(2e) | (10)(2e) | @sanquin.nl; (10)(2e) | (10)(2e) | @sanquin.nl; (10)(2e) | (10)(2e) | @rivm.nl; (10)(2e) | (10)(2e) | @phe.gov.uk; (10)(2e) | (10)(2e) | @phe.gov.uk; (10)(2e) | (10)(2e) | @sanquin.nl  
**Cc:** (10)(2e) | (10)(2e) | @ndcls.ox.ac.uk  
**From:** (10)(2e)  
**Sent:** Tue 9/15/2020 1:30:42 PM  
**Subject:** RE: SCoV-2 virusneutralization in UK and in NL  
**Received:** Tue 9/15/2020 2:02:12 PM

Hi (10)(2e)

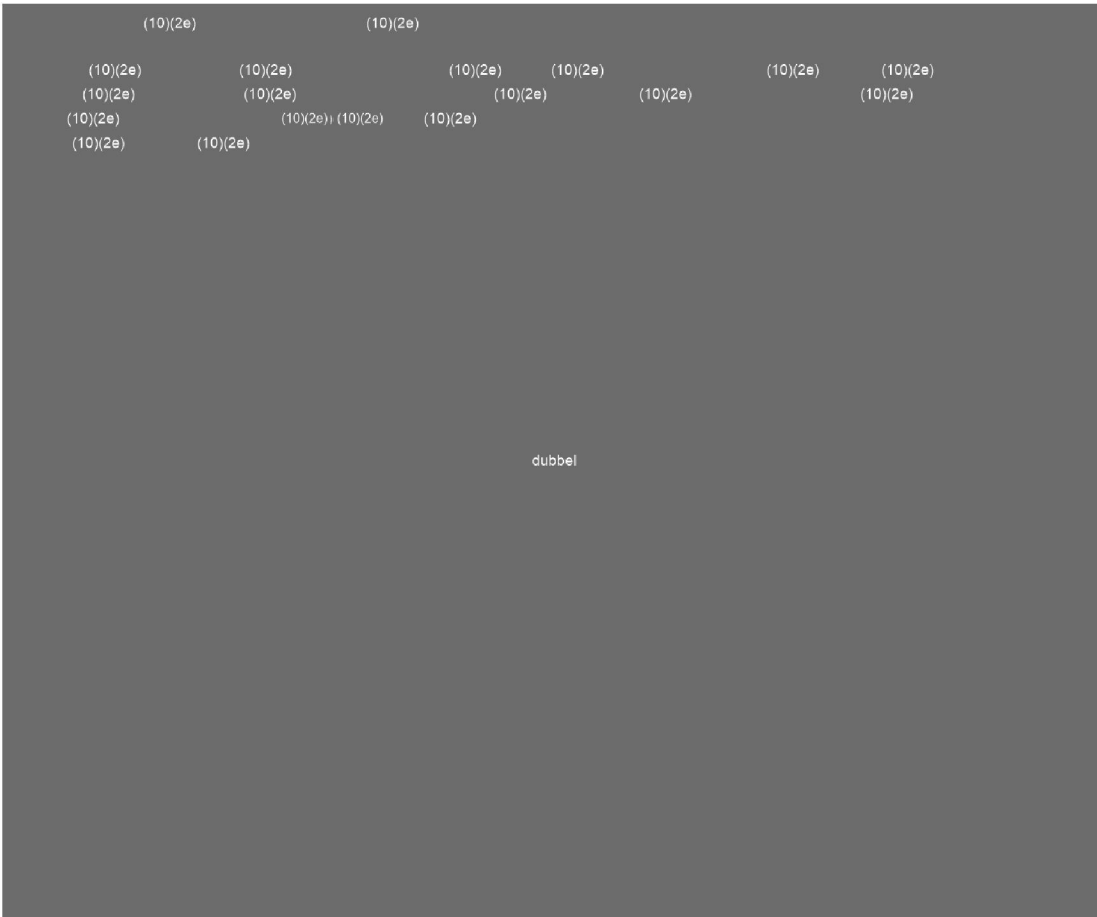
Thanks for sending this comparison.

The results indeed suggest that the stored PHE (public health england??) samples from the UK are lower when they are tested at RIVM compared with the original test. Is this original test done on your bioarchived samples or also on the PHE samples? For me it is not completely clear what the 2 different sample sources are.

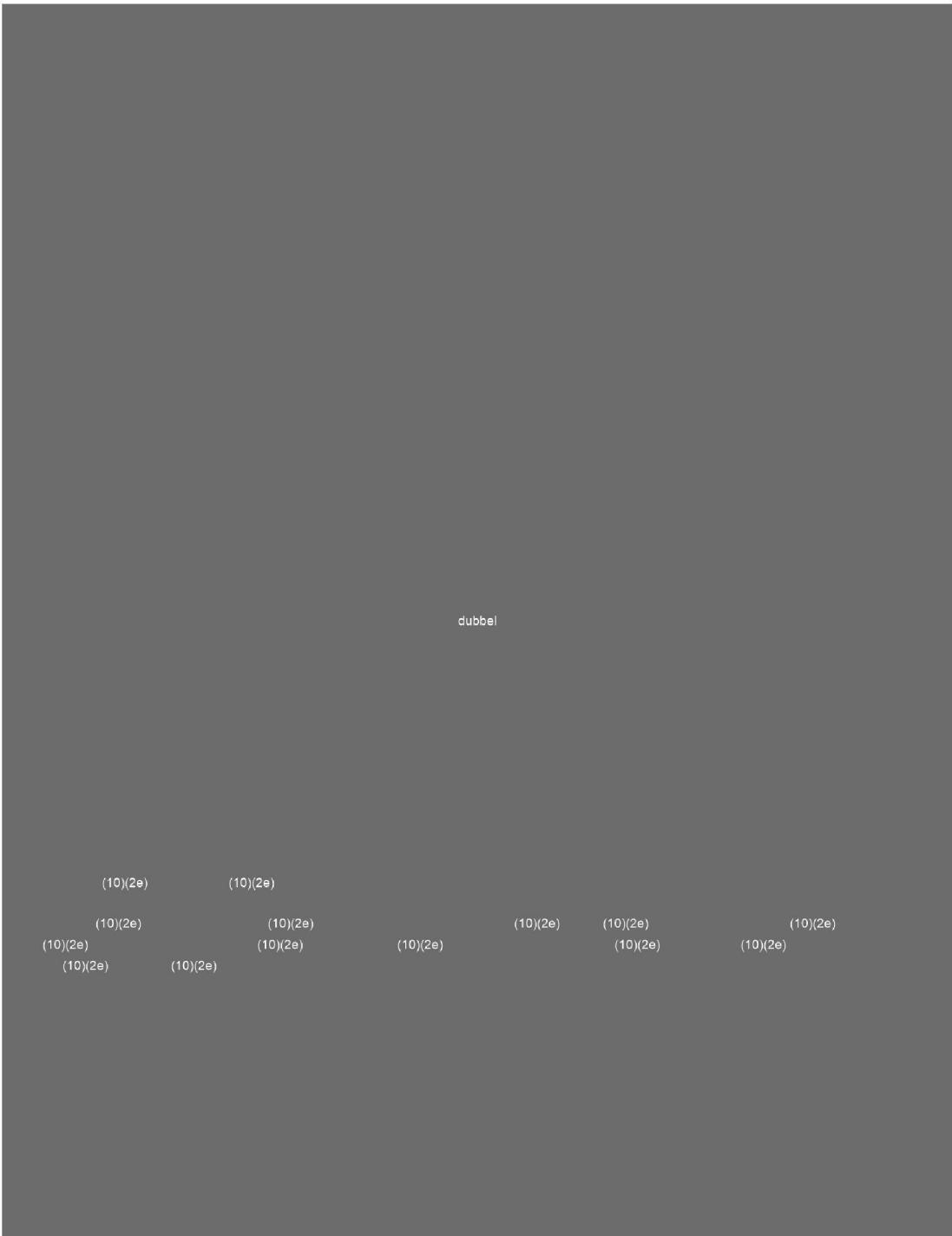
As far I can understand it now, the logical next step would be to retest the PHE samples that have been sent to the RIVM in the UK neutralization assay. If they then also show lower neutralization titers, than the loss in titer is indeed caused by the storage and sending.

Best wishes

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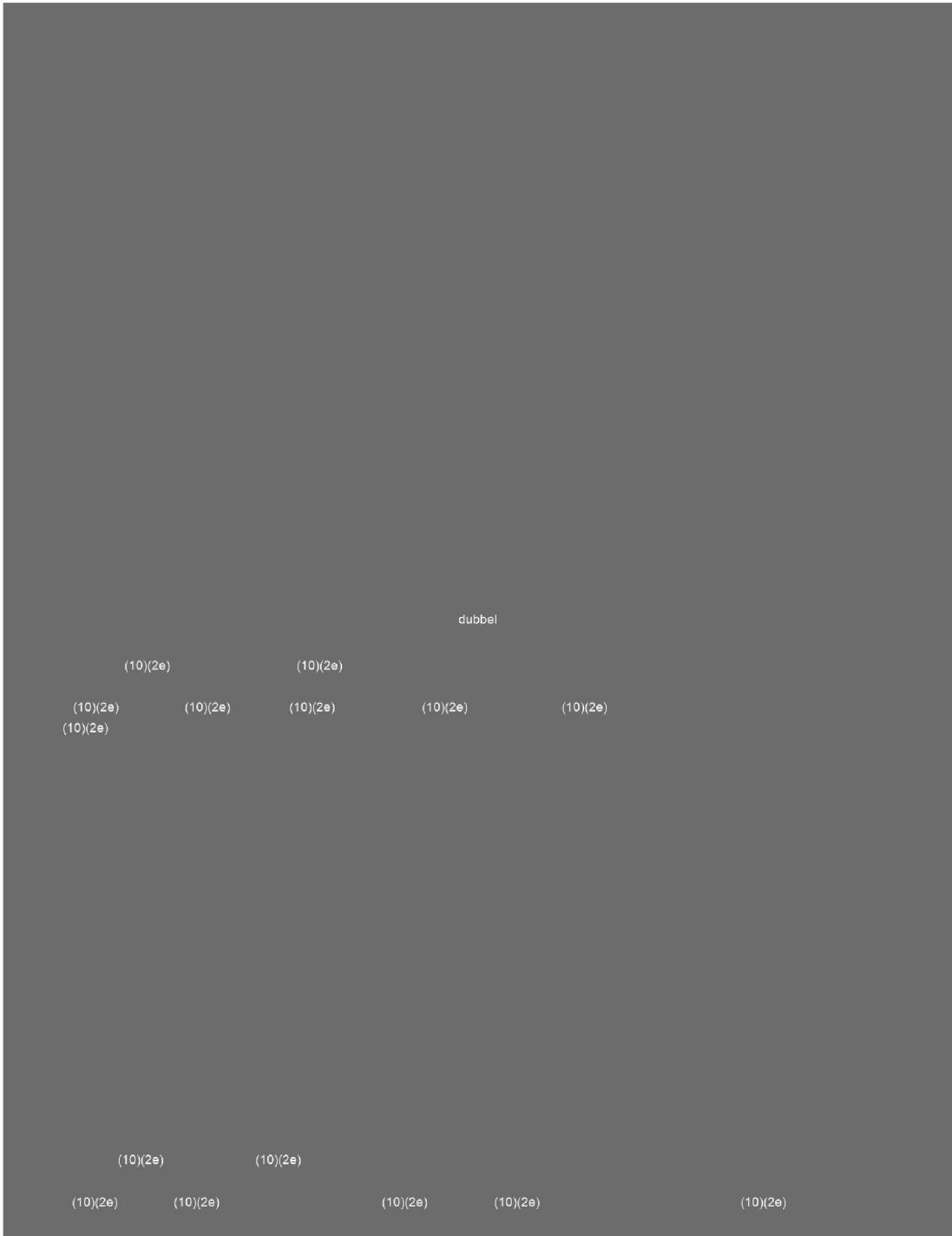


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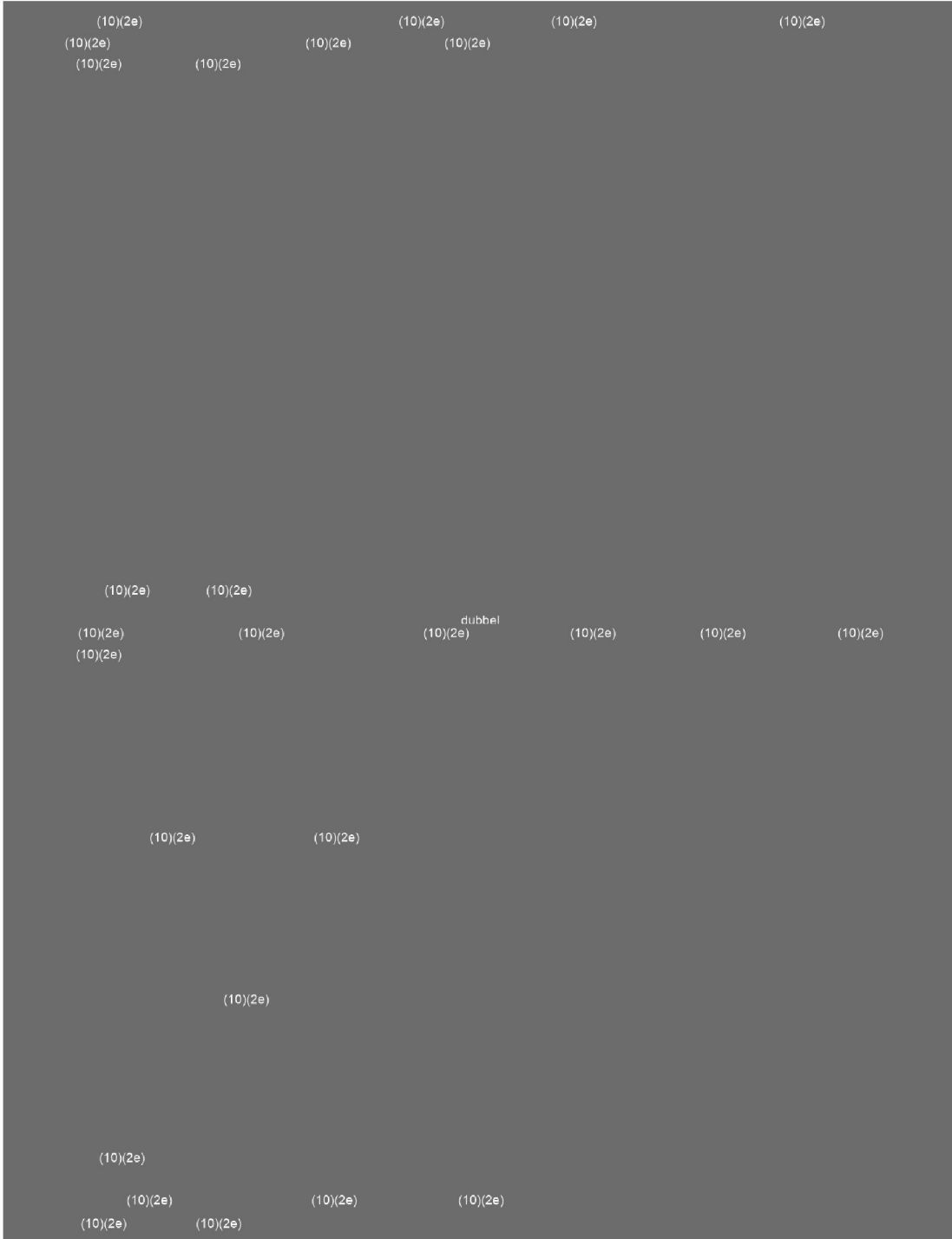
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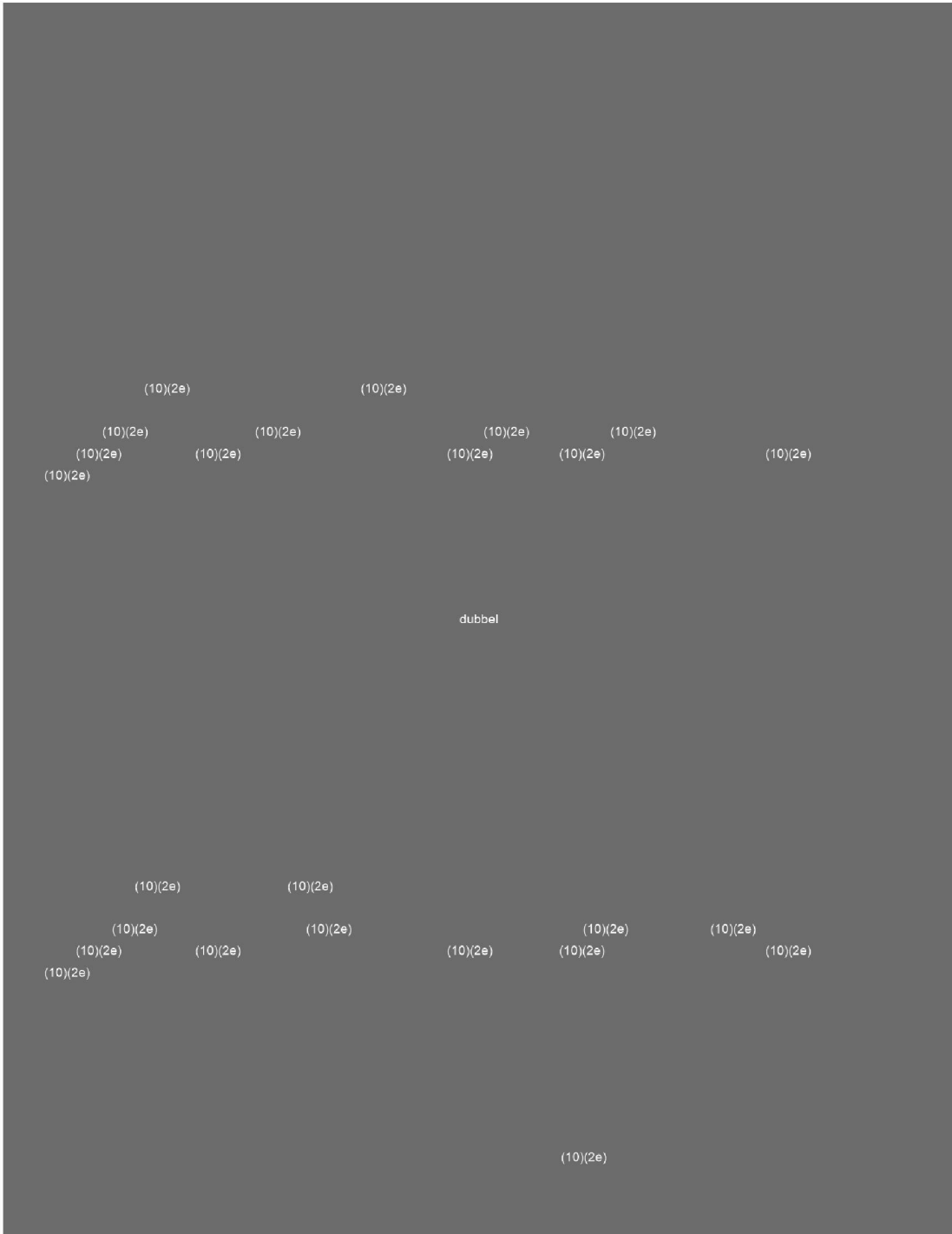
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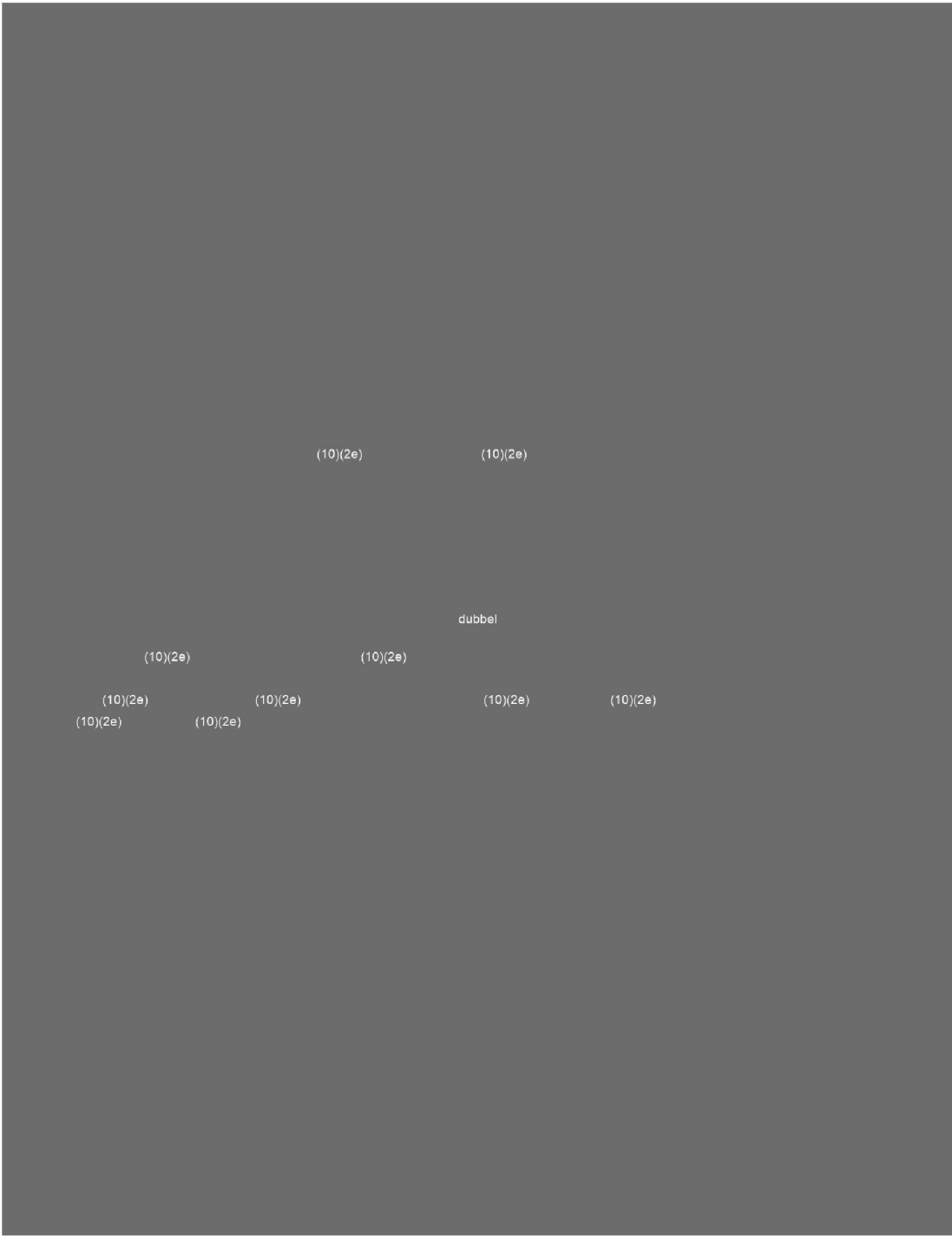
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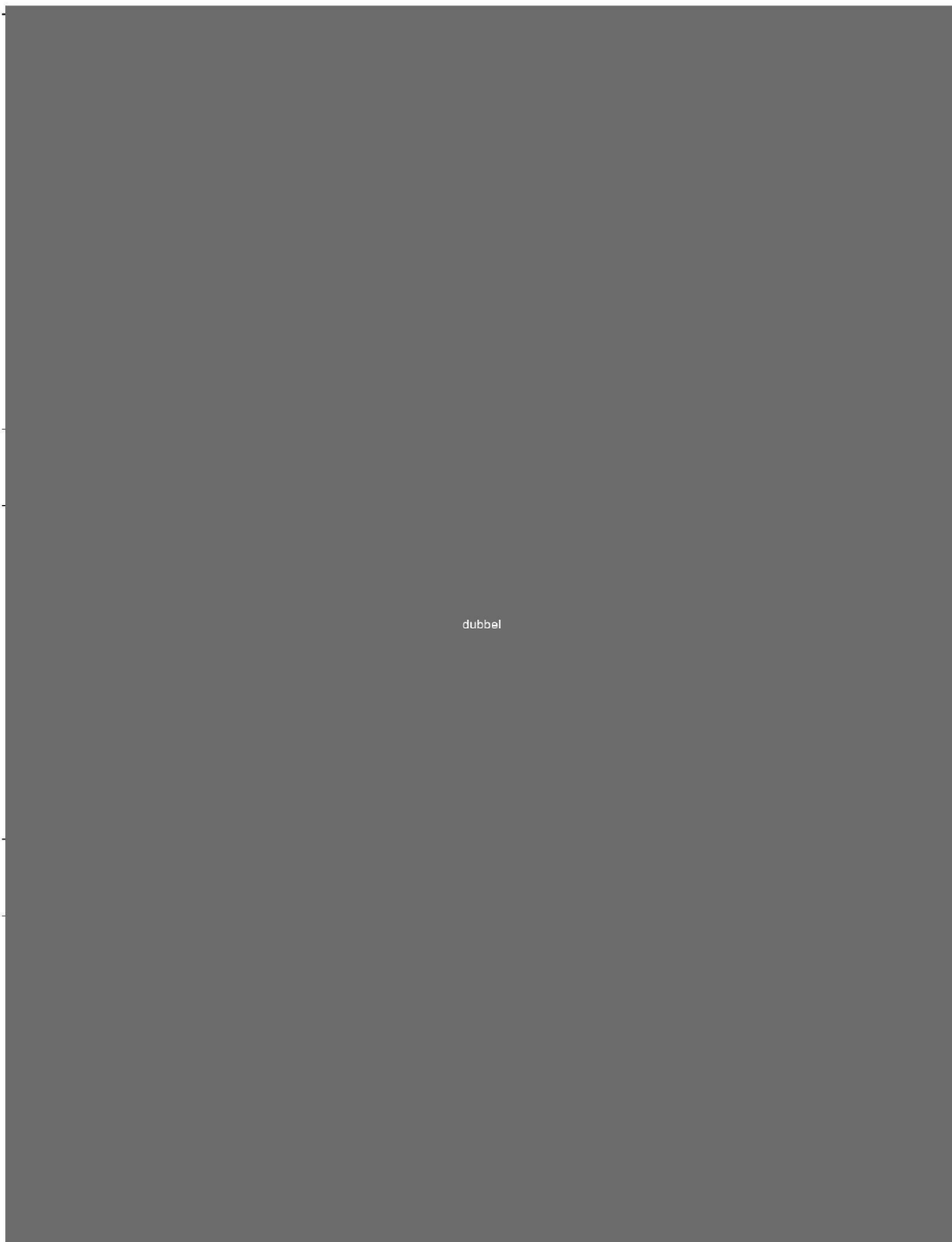
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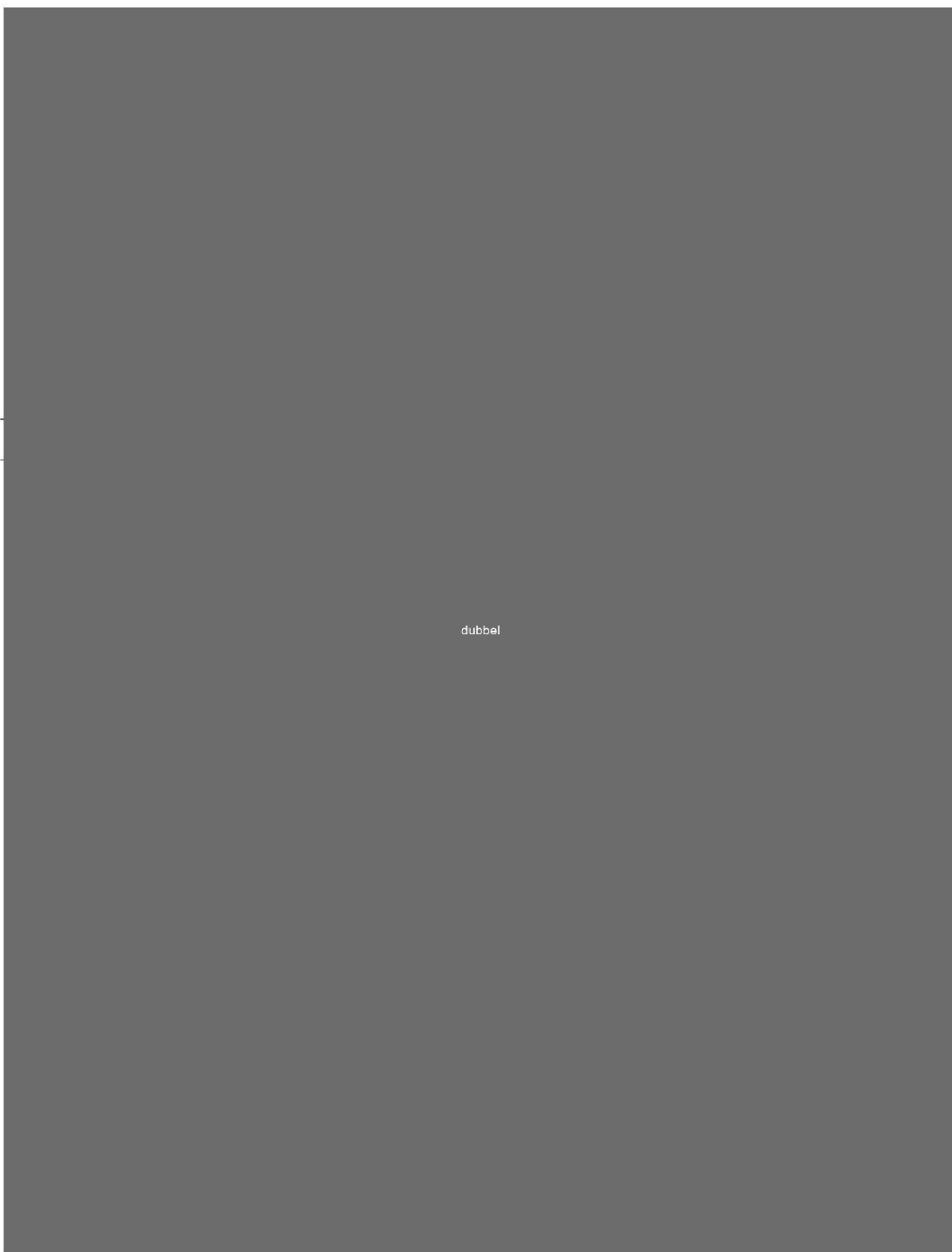
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