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(54) Title: METHOD FOR EVALUATING AN IMMUNOREPERTOIRE

(57) Abstract: Disclosed is a method for amplifying RNA from T and B-cell populations and using the amplified RNA products to evaluate the possible correlation between a normal or abnormal immune response and the development of a disease such as an autoimmune disease, cancer, diabetes, or heart disease.

METHOD FOR EVALUATING AN IMMUNOREPERTOIRE**SEQUENCE LISTING**

[0001] The instant application contains a Sequence Listing which has been submitted electronically in ASCII format and is hereby incorporated by reference in its entirety. Said ASCII copy, created on February 5, 2014, is named 15892-0005_SL.txt and is 93,776 bytes in size.

CROSS REFERENCE TO RELATED APPLICATION

[0002] This application is a continuation of and claims priority to U.S. Provisional Application No. 61/763,341, entitled "Method for Evaluating an Immunorepertoire" and filed on February 11, 2013, which is incorporated herein by reference.

FIELD OF THE INVENTION

[0003] The invention relates to methods for identifying T-cell receptor antibody in a population of cells and methods for using that information to measure immune status of a patient and predict the likelihood of which disease the patient might have.

BACKGROUND OF THE INVENTION

[0004] Scientists have known for a number of years that certain diseases are associated with particular genes or genetic mutations. Genetic causation, however, accounts for only a portion of the diseases diagnosed in humans. Many diseases appear to be linked in some way to the immune system's response to infectious and environmental agents, but how the immune system plays a role in diseases such as cancer, Alzheimer's, costochondritis, fibromyalgia, lupus, and other diseases is still being determined.

[0005] The human genome comprises a total number of 567-588 IG (immunoglobulin) and TR (T cell receptor) genes (339-354 IG and 228-234 TR) per

haploid genome, localized in the 7 major loci. They comprise 405-418 V, 32 D, 105-109 J and 25-29 C genes. The number of functional IG and TR genes is 321-353 per haploid genome. They comprise 187-216 V, 28 D, 86-88 J and 20-21 C genes (<http://imgt.cines.fr>). Through rearrangement of these genes, an estimated 2.5×10^7 possible antibodies or T cell receptors can be generated.

[0006] A few diseases to date have been associated with the body's reaction to a common antigen (Prinz, J. et al., *Eur. J. Immunol.* (1999) 29(10): 3360-3368, "Selection of Conserved TCR VDJ Rearrangements in Chronic Psoriatic Plaques Indicates a Common Antigen in Psoriasis Vulgaris) and/or to specific VDJ rearrangements (Tamaru, J. et al., *Blood* (1994) 84(3): 708-715, "Hodgkin's Disease with a B-cell Phenotype Often Shows a VDJ Rearrangement and Somatic Mutations in the VH Genes). What is needed is a better method for evaluating changes in human immune response cells and associating those changes with specific diseases.

SUMMARY OF THE INVENTION

[0007] The invention relates to a method for evaluating changes in immune response cell populations and associating those changes with a specific disease. In one aspect of the invention, the method comprises the steps of (a) isolating a subpopulation of white blood cells from at least one human or animal subject, (b) isolating RNA from the subpopulation of cells, (c) amplifying the RNA using RT-PCR in a first amplification reaction to produce amplicons using nested primers, at least a portion of the nested primers comprising additional nucleotides to incorporate into a resulting amplicon a binding site for a communal primer, (d) separating the amplicons from the first amplification reaction from one or more unused primers from the first amplification reaction, (e) amplifying, by the addition of communal primers in a second amplification reaction, the amplicons of the first amplification reaction having at least one binding site for a communal primer, and (f) sequencing the amplicons of the second amplification reaction to identify antibody and/or receptor rearrangements

in the subpopulation of cells. In one embodiment, the subpopulation may comprise a whole blood population or another mixed population sample.

[0008] In one embodiment, the step of isolating a subpopulation of white blood cells may be performed by flow cytometry to separate naïve B cells, mature B cells, memory B cells, naïve T cells, mature T cells, and memory T cells. In various embodiments of the method, the recombinations in the subpopulation of cells are rearrangements of B-cell immunoglobulin heavy chain (IgH), kappa and/or lambda light chains (IgK, IgL), T-cell receptor Alpha, Beta, Gamma, Delta. In an additional embodiment,

[0009] In another aspect of the invention, the method may optionally comprise an additional step comprising (g) comparing the rearrangements identified for a population of individuals to whom a vaccine has been administered with the rearrangements identified for a population of individuals to whom the vaccine was not administered to evaluate the efficacy of the vaccine in producing an immune response.

[0010] The method may also optionally comprise the additional step of (g) comparing the rearrangements identified for a population of normal individuals with the rearrangements identified for a population of individuals who have been diagnosed with a disease to determine if there is a correlation between a specific rearrangement or set of rearrangements and the disease.

[0011] In various aspects, the method can produce semi-quantitative amplification of polynucleotides comprising complementarity determining region 3 (CDR3s), which result from genetic rearrangements within T or B cells and are responsible for the affinity and specificity of antibodies and/or T cell receptors for specific antigens. Semi-quantitative amplification provides a method to not only detect the presence of specific CDR3 sequences, but also determine the relative abundance of cells which have produced the necessary recombination events to produce those CDR3 sequences.

[0012] One aspect of the invention therefore relates to a method for analyzing semi-quantitative sequence information to provide one or more immune status reports for a human or animal. The method for producing an immune status report comprising the steps of (a) identifying one or more distinct CDR3 sequences that are shared between a subject's immunoprofile and a cumulative immunoprofile from a disease library stored in a database, summing a total number of a subject's detected sequences corresponding to those shared distinct CDR3 sequences, and computing the percentage of the total number of detected sequences in the subject's immunoprofile that are representative of those distinct CDR3s shared between the subject's immunoprofile and the disease library to create one or more original sharing indices; (b) randomly selecting sequences from a public library stored in a database to form a sub-library, the sub-library comprising a number of sequences that is approximately equal to the number of distinct CDR3 sequences in the disease library, identifying one or more distinct CDR3 sequences that are shared between the subject's immunoprofile and the sub-library, summing a total number of detected sequences corresponding to those shared CDR3 sequences, and calculating a percentage of the total number of detected sequences in the subject's immunoprofile that are shared between the subject's immunoprofile and the sub-library to create a sampling sharing index; (c) repeating step (b) at least 1000 or more times; and (d) estimating the P-value as the fraction of times the sampling sharing indices are greater than or equal to the original sharing index between a patient's immunoprofile and a disease library.

BRIEF DESCRIPTION OF THE DRAWINGS

[0013] The disclosure can be better understood with reference to the following drawings. The elements of the drawings are not necessarily to scale relative to each other, emphasis instead being placed upon clearly illustrating the principles of the

disclosure. Furthermore, like reference numerals designate corresponding parts throughout the several views.

[0014] Figure 1a and Figure 1b are photographs of a gel illustrating the presence of amplification products obtained by the method of the invention using primers disclosed herein.

[0015] Figure 2a and Figure 2b are cartoons representing the observed difference in diversity between an immunoprofile in an individual with a disease and an individual who is generally healthy, with each filled circle representing a distinct CDR3 sequence and the size of the circle representing the number of times that the distinct CDR3 sequence is found in the immunoprofile.

[0016] Figure 3 is a diagram illustrating the method for generating a public library.

[0017] Figure 4 is a diagram illustrating the method for generating a disease library.

[0018] Figure 5 illustrates results obtained by comparing a patient immunoprofile with a disease library, calculating a percentage for each distinct CDR3 in the patient immunoprofile that is shared between the two, and adding those percentages to produce a sum, or sharing index.

[0019] Figure 6 illustrates results obtained by comparing a patient immunoprofile with a subset of a public library, calculating a percentage for each distinct CDR3 that is shared between the two, and adding those percentages in the patient immunoprofile to produce a sum, or sharing index.

[0020] Figure 7 is a graph illustrating the method of the invention, where the area under the curve represents total sharing indices obtained for subsets of a public library (sub-libraries), a P-value is estimated, and sharing indices for comparisons of an individual's immunoprofile and one or more disease libraries are represented by vertical lines (DL₁, DL₂, etc.).

DETAILED DESCRIPTION

[0021] The inventors have developed methods for evaluating antibody and T cell receptor rearrangements from a large number of cells, the methods being useful for comparing rearrangements identified in populations of individuals to determine whether there is a correlation between a specific rearrangement or set of rearrangements and a disease, or certain symptoms of a disease. The method is also useful for establishing a history of the immune response of an individual or individuals in response to infectious and/or environmental agents, as well as for evaluating the efficacy of vaccines.

[0022] The invention relates to a method for evaluating changes in immune response cell populations and associating those changes with a specific disease. In one aspect of the invention, the method comprises the steps of (a) isolating a subpopulation of white blood cells from at least one human or animal subject, (b) isolating RNA from the subpopulation of cells, (c) amplifying the RNA using RT-PCR in a first amplification reaction to produce amplicons using nested primers, at least a portion of the nested primers comprising additional nucleotides to incorporate into a resulting amplicon a binding site for a communal primer, (d) separating the amplicons from the first amplification reaction from one or more unused primers from the first amplification reaction, (e) amplifying, by the addition of communal primers in a second amplification reaction, the amplicons of the first amplification reaction having at least one binding site for a communal primer, and (f) sequencing the amplicons of the second amplification reaction to identify antibody and/or receptor rearrangements in the subpopulation of cells. In one embodiment, the subpopulation may comprise a whole blood population or another mixed population sample.

[0023] In one embodiment, a peripheral blood sample is taken from a patient and the step of isolating a subpopulation of white blood cells may be performed by flow cytometry to separate naïve B cells, mature B cells, memory B cells, naïve T cells, mature T cells, and memory T cells. In various embodiments of the method, the

recombinations in the subpopulation of cells are rearrangements of B-cell immunoglobulin heavy chain (IgH), kappa and/or lambda light chains (IgK, IgL), T-cell receptor Beta, Gamma, or Delta.

[0024] In a second aspect of the invention, the method may comprise an additional step (g) comparing the rearrangements identified for a population of normal individuals with the rearrangements identified for a population of individuals who have been diagnosed with a disease to determine if there is a correlation between a specific rearrangement or set of rearrangements and the disease.

[0025] In another aspect of the invention, the method may comprise an additional step comprising (g) comparing the rearrangements identified for a population of individuals to whom a vaccine has been administered with the rearrangements identified for a population of individuals to whom the vaccine was not administered to evaluate the efficacy of the vaccine in producing an immune response.

[0026] In some embodiments, the step of separating the amplicons from the first amplification reaction from one or more unused primers from the first amplification reaction may be omitted and the two amplification reactions may be performed in the same reaction tube.

[0027] The inventor previously developed a PCR method known as tem-PCR, which has been described in publication number WO2005/038039, the disclosure of which is herein incorporated by reference in its entirety. More recently, the inventor has developed a method called arm-PCR, which was described in U.S. provisional patent application number 61/042,259, the disclosure of which is herein incorporated by reference in its entirety. Also described is an apparatus for detecting target polynucleotides in a sample, the apparatus comprising a first amplification chamber for thermocycling to amplify one or more target polynucleotides to produce amplicons using nested primers, at least a portion of the nested primers comprising additional nucleotides to incorporate into a resulting amplicon a binding site for a communal primer; a means for separating the amplicons from the first amplification reaction

from one or more unused primers from the first amplification reaction; and a second amplification chamber for thermocycling to amplify one or more amplicons produced during the first amplification reaction by the addition of communal primers in a second amplification reaction, the amplicons of the first amplification reaction having at least one binding site for at least one communal primer.

[0028] Also described is a PCR chip comprising a first PCR chamber fluidly connected to both a waste reservoir and a second PCR chamber, the waste reservoir and second PCR chamber each additionally comprising at least one electrode, the electrodes comprising a means for separating amplicons produced from the first PCR chamber. The second PCR chamber is fluidly connected to a hybridization and detection chamber, the hybridization and detection chamber comprising microspheres, or beads, arranged so that the physical position of the beads is an indication of a specific target polynucleotide's presence in the sampled analyzed by means of the chip.

[0029] The tem-PCR, and especially the arm-PCR, methods provide semi-quantitative amplification of multiple polynucleotides in one reaction. Additionally, arm-PCR provides added sensitivity. Both provide the ability to amplify multiple polynucleotides in one reaction, which is beneficial in the present method because the repertoire of various T and B cells, for example, is so large. The addition of a communal primer binding site in the amplification reaction, and the subsequent amplification of target molecules using communal primers, gives a quantitative, or semi-quantitative result—making it possible to determine the relative amounts of the cells comprising various rearrangements within a patient blood sample. Clonal expansion due to recognition of antigen results in a larger population of cells which recognize that antigen, and evaluating cells by their relative numbers provides a method for determining whether an antigen exposure has influenced expansion of antibody-producing B cells or receptor-bearing T cells. This is helpful for evaluating whether there may be a particular population of cells that is prevalent in individuals

who have been diagnosed with a particular disease, for example, and may be especially helpful in evaluating whether or not a vaccine has achieved the desired immune response in individuals to whom the vaccine has been given.

[0030] There are several commercially available high throughput sequencing technologies, such as Roche Life Sciences's 454 sequencing. In the 454 sequencing method, 454A and 454B primers are linked onto PCR products either during PCR or ligated on after the PCR reaction. When done in conjunction with tem-PCR or arm-PCR, 454A and 454B primers may be used as communal primers in the amplification reactions. PCR products, usually a mixture of different sequences, are diluted to about 200 copies per μ l. In an "emulsion PCR" reaction, (a semisolid gel like environment) the diluted PCR products are amplified by primers (454A or 454B) on the surface of the microbeads. Because the PCR templates are so dilute, usually only one bead is adjacent to one template, and confined in the semisolid environment, amplification only occurs on and around the beads. The beads are then eluted and put onto a plate with specially designed wells. Each well can only hold one bead. Reagents are then added into the wells to carry out pyrosequencing. A fiber-optic detector may be used to read the sequencing reaction from each well and the data is collected in parallel by a computer. One such high throughput reaction could generate up to 60 million reads (60 million beads) and each read can generate about 300bp sequences.

[0031] One aspect of the invention involves the development of a database of "personal immunorepertoires," or immunoprofiles, so that each individual may establish a baseline and follow the development of immune responses to antigens, both known and unknown, over a period of years. This information may, if information is gathered from a large number of individuals, provide an epidemiological database that will produce valuable information, particularly in regard to the development of those diseases, such as cancer and heart disease, which are thought to often arise from exposure to viral or other infectious agents or transformed

cells, many of which have as yet been unidentified. One particularly important use for the method of the invention involves the evaluation of children to determine whether infectious disease, environmental agents, or vaccines may be the cause of autism. For example, many have postulated that vaccine administration may trigger the development of autism. However, many also attribute that potential correlation to the use of agents such as thimerosol in the vaccine, and studies have demonstrated that thimerosol does not appear to be a causative agent of the disease. There is still speculation that the development of cocktail vaccines has correlated with the rise in the number of cases of autism, however, gathering data to evaluate a potential causal connection for multiple antigens is extremely difficult. The method of the present invention simplifies that process and may provide key information for a better understanding of autism and other diseases in which the immune response of different individuals may provide an explanation for the differential development of disease in some individuals exposed to an agent or a group of agents, while others similarly exposed do not develop the disease.

[0032] Imbalances of the immunoprofile, triggered by infection, may lead to many diseases, including cancers, leukemia, neuronal diseases (Alzheimer's, Multiple Sclerosis, Parkinson's, autism etc.), autoimmune diseases, and metabolic diseases. These diseases may be called immunoprofile diseases. There may be two immunoprofile disease forms. (1) a "loss of function" form, and (2) a "gain of function" form. In the "loss of function" form, a person is susceptible to a disease because his/her restricted and/or limited immunoprofile lacks the cells that produce the most efficient and necessary IgGs and TRs. In the "gain of function" form, a person is susceptible to a disease because his/her immunoprofile gained cells that produce IgGs and TRs that normally should not be there. In the "loss of a function" (LOF) immunoprofile diseases, an individual does not have the appropriate functional B or T cells to fight a disease. His/her HLA typing has determined that those cells are

eliminated during the early stages of the immune cell maturation process, the cells generally being eliminated because they react to strongly to his/her own proteins.

[0033] One aspect of the invention also provides a method comprising (a) amplifying and sequencing one or more RNAs from the T cells and/or B cells from one or more individuals, (b) inputting the sequences into a database to provide data which may be stored on a computer, server, or other electronic storage device, (c) inputting identifying information and characteristics for an individual corresponding to the sequences of the one or more RNAs as data which may also be stored on a computer, server, or other electronic storage device, and (d) evaluating the data of step (b) and step (e) for one or more individuals to determine whether a correlation exists between the one or more RNA sequences and one or more characteristics of the individual corresponding to the sequence(s). Identifying information may include, for example, a patient identification number, a code comprising the patient's HLA type, a disease code comprising one or more clinical diagnoses that may have been made, a "staging code" comprising the date of the sample, a cell type code comprising the type of cell subpopulation from which the RNA was amplified and sequenced, and one or more sequence codes comprising the sequences identified for the sample.

[0034] The described method includes a novel primer design that not only allows amplification of the entire immunorepertoire, but also allows amplification in a highly multiplex fashion and semiquantitatively. Multiplex amplification requires that only a few PCR or RT-PCR reactions will be needed. For example, all IgGs may be amplified in one reaction, or it could be divided into two or three reactions for IgH, IgL or IgK. Similarly, the T-cell receptors (TRs) may be amplified in just one reaction, or may be amplified in a few reactions including TRA, TRB, TRD, and TRG. Semi-quantitative amplification means that all the targets in the multiplex reaction will be amplified independently, so that the end point analysis of the amplified products will reflect the original internal ratio among the targets.

[0035] In various aspects, the method can produce semi-quantitative amplification of polynucleotides comprising complementarity determining regions (CDRs), which result from genetic rearrangements within T or B cells and are responsible for the affinity and specificity of antibodies and/or T cell receptors for specific antigens. Semi-quantitative amplification provides a method to not only detect the presence of specific CDR3 sequences, but also determine the relative numbers of cells which have produced the necessary recombination events to produce those CDR3 sequences.

[0036] One aspect of the invention therefore relates to a method for analyzing semi-quantitative sequence information to provide one or more immune status reports for a human or animal. The method for producing an immune status report comprising the steps of (a) identifying one or more distinct CDR3 sequences that are shared between a subject's immunoprofile and a disease library stored in a database, summing the total of those shared CDR3 sequences and computing the percentage of the total number of sequences in the subject's immunoprofile that are shared between the subject's immunoprofile and the disease library to create one or more original sharing indices; (b) randomly selecting sequences from a public library stored in a database to form a sub-library, the sub-library comprising a number of sequences that is approximately equal to the number of distinct sequences in the disease library, identifying one or more distinct CDR3 sequences that are shared between the subject's immunoprofile and the sub-library, summing the total of those shared CDR3 sequences and calculating the percentage of the total number of sequences in the subject's immunoprofile that are shared between the subject's immunoprofile and the sub-library to create a sampling sharing index; (c) repeating step (b) at least 1000 or more times; and (d) estimating the P-value as the fraction of times the sampling sharing indices are greater than or equal to the original sharing index between a patient's immunoprofile and a disease library.

[0037] The inventors have discovered that the immunoprofile of individuals who have certain diseases, such as, for example, cancer, autoimmune disease, etc., may be characterized by a lack of diversity in one or more immune cell population(s). Figure 1 is a cartoon illustrating the difference that may be observed between, for example, the distinct type and number of T-cells present in a blood sample from a cancer patient (Fig. 1a) and a healthy patient (Fig. 1b), where each circle represents a distinct type of T-cell, as represented by an amplified and sequenced recombined cDNA of the complementarity determining region of the T-cell receptor (e.g., CDR3), and the relative number of cells which are determined, by PCR amplification and sequencing, to share the same CDR3 sequence. As Fig. 1a indicates, there may be fewer distinct cells of different specificities, but larger numbers of cells of certain specificities, as represented by the CDR3 sequences. Fig. 1b illustrates a normal profile of more different cells, but fewer numbers of each type of cell sharing the same CDR3 sequence.

[0038] The list of each distinct CDR3-expressing cell, and the numbers of such cells represented within a blood or tissue sample from a human or animal, can constitute an immunoprofile for that human or animal. Compiling the immunoprofiles from a group of humans, for example, the group comprising both healthy individuals and individuals with various different diseases may provide a “public library” that is representative of the type of diversity found in a normal population (Fig. 2). Similarly, compiling the immunoprofiles of a group of individuals who have been clinically diagnosed with a particular disease may provide a “disease library” that is representative of the lack of diversity, the specific CDR3s of the expanded populations of cells, etc. (Fig. 3). These immunoprofiles may be stored in a database, accessible via computer access to the internet, for example, so that the information may be used in the method of the invention to analyze the immune status of a patient.

[0039] An immunoprofile, comprising a listing of distinct CDR3-expressing cells (“distinct CDR3s”, those cells sharing a unique CDR3 sequence) and the numbers of each distinct CDR3 present in a blood or tissue sample from an individual may be

produced for an individual patient. The patient's immunoprofile is compared to the combined immunoprofiles of a group of patients who have been diagnosed with a particular disease (a disease library, stored in a database). This can be done for a series of disease libraries, and shown in Fig. 4.

[0040] Millions of possible combinations are possible for the public library, the immune systems of most of those individuals generally exhibiting increased diversity over that of a group of individuals who have been diagnosed with a specific disease. Therefore, the inventors determined that an accurate assessment and comparison for the method of the invention would be facilitated by the step of preparing sub-libraries by randomly sampling/selecting from the lists of distinct CDR3s and their numbers in the public library. The number of distinct CDR3s, represented by unique peptide sequence of CDR3 fragments, should be approximately equal to the number of distinct CDR3s identified in the disease library, or an average calculated from more than one disease library. Producing a significant number of sub-libraries, such as, for example, 1000 or more sub-libraries, produced by randomly sampling from the public library, increases the presence of a variety of distinct CDR3s and produces a result that is statistically significant effective for identifying and characterizing an individual patient's immunoprofile as normal ("healthy") or characterized by the presence of a type and number of cells that have been associated with a particular disease.

[0041] In the method of the invention, a patient supplies a clinical sample comprising, for example, blood or tissue, from which distinct CDR3s are semi-quantitatively amplified and sequenced. This provides the identity and the relative abundance of each CDR3 for all distinct CDR3s. This information may be entered into a program which accesses a database containing at least one public library and one or more disease libraries. Software used for data entry and/or analysis may be accessed via internet access to the database, or may be located on an individual personal computer, with internet access to the sequence information in the database. Comparisons are obtained between the individual immunoprofile and the various libraries and sub-

libraries, and results are generated as generally illustrated in Fig. 4 and Fig. 5, where specific CDR3 sequences are detected, the numbers of those distinct CDR3 sequences detected are counted, and a determination is made as to whether or not that specific distinct CDR3 is present in both the individual's immunoprofile and a specific library (i.e., that specific distinct CDR3 is "shared" between the individual and the library). The percentages representing numbers of those CDR3s that are determined to be shared are added together to produce a sum comprising the fraction of the total that comprises CDR3s in the individual's immunoprofile shared between the individual's immunoprofile and the specific library (i.e., a "sharing index"). From the results obtained for the sub-libraries, a P-value is calculated as the probability that a random percentage would be greater than or equal to the percentage noted for a particular disease library, and a significant result is noted when the fraction of times the sampling sharing indices exceeds the original sharing index for a particular library is less than 0.01, for instance. If that sharing index represents the relationship between the individual's immunoprofile and a disease library, the individual may then be informed of the likelihood that the individual/patient has the disease represented by the specific disease library. If P-values computed against all disease libraries is greater than 0.01, the individual's report may indicate that the immune profile looks normal and the disease state has not been detected.

[0042] As sequence data is compiled and stored in one or more databases for multiple populations of individuals, it may additionally be possible to associate certain sharing indexes with libraries representing populations with pre-conditions or predispositions to certain diseases. The immune system is both proactive and reactive, and changes in the immune system, reflected in the immunoprofile, may provide the first—and sometimes the only—signal that a predisposition, a precondition, or even an established disease is present. The inventors have utilized the method to demonstrate that certain types of cancers, inflammatory bowel disease, and certain viral infections may be detected by determining the sharing index between a patient and an established

disease library, obtained by sequencing CDR3s using the ARM-PCR method to produce a subset of the immunorepertoire representing the CDR3s present.

[0043] The results are even more reliable when a filter is applied to the sequence data. For example, the inventors have developed a “SMART” filter for the sequence data that aids in the generation of significantly more reliable results. This is described further in the Examples.

[0044] By way of further explanation, the following example may be illustrative of the methods of the invention. Blood samples may be taken from children prior to administration of any vaccines, those blood samples for each child establishing a “baseline” from which future samples may be evaluated. For each child, the future samples may be utilized to determine whether there has been an exposure to an agent which has expanded a population of cells known to be correlated with a disease, and this may serve as a “marker” for the risk of development of the disease in the future. Individuals so identified may then be more closely monitored so that early detection is possible, and any available treatment options may be provided at an earlier stage in the disease process.

[0045] By means of providing another example, blood samples may be taken from children prior to administration of any vaccines, those blood samples from each child establishing a “baseline” from which future samples may be evaluated. For each child and for the entire population of children in the study, those baselines may be compared to the results of RNA sequencing of T and B cells using target-specific primers to amplify antibody and T-cell receptor, after vaccine administration. The comparison may further involve the evaluation of data regarding symptoms, diagnosed diseases, and other information associated for each individual with the corresponding antibody, and T-cell receptor sequences. If a relationship exists between the administration of a vaccine and the development of a particular disease, individuals who exhibit symptoms of that disease may also share a corresponding antibody or T-cell receptor, for example, or a set of corresponding antibodies or T-cell receptors.

[0046] The method of the invention may be especially useful for identifying commonalities between individuals with autoimmune diseases, for example, and may provide epidemiological data that will better describe the correlation between infectious and environmental factors and diseases such as heart disease, atherosclerosis, diabetes, and cancer—providing “biomarkers” that signal either the presence of a disease, or the tendency to develop disease.

[0047] The method may also be useful for development passive immunity therapies. For example, following exposure to an infectious agent, certain antibody-producing B cells and/or T cells are expanded. The method of the invention enables the identification of protective antibodies, for example, and those antibodies may be utilized to provide passive immunity therapies in situations where such therapy is needed.

[0048] The method of the invention may also provide the ability to accomplish targeted removal of cells with undesirable rearrangements, the method providing a means by which such cells rearrangements may be identified.

[0049] The inventor has identified and developed target-specific primers for use in the method of the invention. T-cell-specific primers are shown in Table 1, and antibody-specific primers are shown in Table 2. An additional embodiment of the invention is a method of using any one or a combination of primers of Table 1 or Table 2, to amplify RNA from a blood sample, and more particularly to identify antibodies, T-cell receptors, and HLA molecules within a population of cells.

[0050] Arm-PCR or tem-PCR may be used to amplify genes coding for the immunoglobulin superfamily molecules in an amplification method described previously by the inventor (Han et al., 2006. Simultaneous Amplification and Identification of 25 Human Papillomavirus Types with Templex Technology. *J. Clin. Micro.* 44(11). 4157-4162). In a tem-PCR reaction, nested gene-specific primers are designed to enrich the targets during initial PCR cycling. Later, universal “Super” primers are used to amplify all targets. Primers are designated as F_o (forward out), F_i (forward in), R_i (reverse in), R_o (reverse out), FS (forward super primer) and RS, (reverse super primer), with super

primers being common to a variety of the molecules due to the addition of a binding site for those primers at the end of a target-specific primer. The gene-specific primers (F_o , F_i , R_i , and R_o) are used at extremely low concentrations. Different primers are involved in the tem-PCR process at each of the three major stages. First, at the “enrichment” stage, low-concentration gene-specific primers are given enough time to find the templates. For each intended target, depending on which primers are used, four possible products may be generated: F_o/R_o , F_i/R_o , F_i/R_i , and F_o/R_i . The enrichment stage is typically carried out for 10 cycles. In the second, or “tagging” stage, the annealing temperature is raised to 72°C, and only the long 40-nucleotide inside primers (F_i and R_i) will work. After 10 cycles of this tagging stage, all PCR products are “tagged” with the universal super primer sequences. Then, at the third “amplification” stage, high-concentration super primers work efficiently to amplify all targets and label the PCR products with biotin during the process. Specific probes may be covalently linked with Luminex color-coated beads.

[0051] To amplify the genes coding for immunoglobulin superfamily molecules, the inventor designed nested primers based on sequence information in the public domain. For studying B and T cell VDJ rearrangement, the inventor designed primers to amplify rearranged and expressed RNAs. Generally, a pair of nested forward primers is designed from the V genes and a set of reverse nested primers are designed from the J or C genes. The average amplicon size is 250-350bp. For the IgHV genes, for example, there are 123 genes that can be classified into 7 different families, and the present primers are designed to be family specific. However, if sequencing the amplified cDNA sequences, there are enough sequence diversities to allow further differentiation among the gene within the same family. For the MHC gene locus, the intent is to amplify genomic DNA.

EXAMPLES

Calculation of Sharing Index

[0052] Assuming that **S** is a subject's immunoprofile (IP), which is represented by **N** unique CDR3 sequences CDR3₁, CDR3₂, ... CDR3_n, each CDR3 has its own frequency **s**₁, **s**₂, ... **s**_n.

[0053] **D** is a disease library, which is the sum of a certain number of patients' immunoprofile with **M** unique CDR3s. All patients in the disease library were diagnosed to have the same disease.

[0054] **P** is a public library, which is the sum of a large number of control's immunoprofile.

[0055] The Sharing Index is defined as the sum of **s**_x, **s**_y, ... **s**_z, where CDR3_x, CDR3_y, ... CDR3_z are shared in the subject's immunoprofile and a library. Note that **s**_x, **s**_y, ... **s**_z is the frequency of CDR3s in the subject's immunoprofile, not in the library.

[0056] Assuming that there are always more unique CDR3s in a public library (**P**) than in a disease library (**D**), **M** unique CDR3s in the public library are randomly selected and used to create a sub-library **P**₁ and the sharing index (**SI**_{p1}) between the subject and the sub-library computed according to above formula. The sampling procedure is repeated 1000 or more times and 1000 or more **SI**_{px} are computed.

[0057] The sharing index **SI**_d between the subject and the disease library are computed in the same manner. The **P-value** is defined as the fraction of all **SI**s (**SI**_{p1}, **SI**_{p2}, ... **SI**_{px}, **SI**_d) (Note that **SI**_d is included), which is equal to or greater than **SI**_d. Note that, when sampling CDR3s in the public library, CDR3s found in **x** control's immunoprofiles are given **x** times of chances to be sampled.

Amplification of T or B Cell Rearrangement Sites

[0058] All oligos were resuspended using 1x TE. All oligos except 454A and 454B were resuspended to a concentration of 100pmol/µL. 454A and 454B were resuspended to a concentration of 1000pmol/µL. 454A and 454B are functionally the same as the communal primers described previously, the different sequences were used for follow up high throughput sequencing procedures.

[0059] Three different primer mixes were made. An Alpha Delta primer mix included 82 primers (all of TRAV-C + TRDV-C), a Beta Gamma primer mix included 79 primers (all of TRBVC and TRGV-C) and a B cell primer mix that included a total of 70 primers. F_o, F_i, and R_i primers were at a concentration of 1pmol/µL. R_o primers were at a concentration of 5 pmol/µL. 454A and 454B were at a concentration of 30 pmol/µL.

[0060] Three different RNA samples were ordered from ALLCELLS (www.allcells.com). All samples were diluted down to a final concentration of 4 ng/uL. The samples ordered were:

Cell type:	Source:
ALL-PB-MNC	A patient with acute lymphoblastic leukemia
NPB-Pan T Cells	Normal T cells
NPB-B Cells	Normal B cells

[0061] RT-PCR was performed using a Qiagen One-Step RT-PCR kit. Each sample contained the following:

10 µL of Qiagen Buffer
 2 µL of DNTP's
 2 µl of Enzyme
 23.5 µL of dH₂O
 10 µL of the appropriate primer mix
 2.5 µL of the appropriate template (10ng of RNA total)

The samples were run using the following cycling conditions:

50°C for 30 minutes

95°C for 15 minutes
94°C for 30 seconds
15 cycles of
55°C for 1 minute
72°C for 1 minute
94°C for 15 seconds
6 cycles of
70°C for 1 minute 30 seconds
94°C for 15 seconds
30 cycles of
55°C for 15 seconds
72°C for 15 seconds
72°C for 3 minutes
4°C Hold

[0062] The order of samples placed in the gel shown in Fig. 1a was: (1) Ladder (500bp being the largest working down in steps of 20bp, the middle bright band in Fig. 1a is 200bp); (2) $\alpha + \delta$ primer mix with 10ng Pan T Cells Template; (3) $\beta + \gamma$ primer mix with 10ng Pan T Cells Template; (4) B Cell primer mix with 10ng B Cells Template; (5) B Cell primer mix with 10ng ALL Cells Template; (6) $\alpha + \delta$ primer mix with 10ng ALL Cells Template; (7) $\beta + \gamma$ primer mix with 10ng ALL Cells Template; (8) $\alpha + \delta$ primer mix blank; (9) $\beta + \gamma$ primer mix blank; (10) B Cell primer mix blank; (11) Running buffer blank. These samples were run on a pre-cast ClearPAGE® SDS 10% gel using 1X ClearPAGE® DNA native running buffer.

[0063] The initial experiment showed that a smear is generated from PCR reactions where templates were included. The smears indicate different sizes of PCR products were generated that represented a mixture of different VDJ rearrangements. There is some background amplification from the B cell reaction. Further improvement on that primer mix was required to clean up the reaction.

[0064] To determine whether the PCR products indeed include different VDJ rearrangements, it was necessary to isolate and sequence the single clones. Instead of using the routine cloning procedures, the inventor used a different strategy. PCR products generated from the Alpha Delta mix and the Beta Gamma mix (lanes 2 and 3 in Fig. 1a) were diluted 1:1000 and a 2 μ l aliquot used as PCR template in the following reaction. Then, instead of using a mixture of primers that targeting the entire repertoire,

one pair of specific F_i and R_i primers were used (5 pmol each) to amplify only one specific PCR product. The following cycling conditions were used to amplify the samples:

95°C for 5 minutes
 30 cycles of
 94°C for 30 seconds
 72°C for 1 minute
 72°C for 3 minutes
 4°C hold

[0065] A Qiagen PCR kit was used to amplify the products. The Master Mix used for the PCR contained the following:

	Per Reaction	Master Mix x 12
10x PCR Buffer	5 μ L	60 μ L
dNTP	1 μ L	12 μ L
HotStartTaq Plus	0.25 μ L	3 μ L
H ₂ O	39.75 μ L	477 μ L

[0066] The photograph of the gel in Fig. 1b shows the PCR products of the following reactions: (1) Ladder; (2) TRAV1F_i+TRACR_i with alpha delta Pan T PCR product; (3) TRAV2F_i+TRACR_i with alpha delta Pan T PCR product; (4) TRAV3F_i+TRACR_i with alpha delta Pan T PCR product; (5) TRAV4F_i+TRACR_i with alpha delta Pan T PCR product; (6) TRAV5F_i+TRACR_i with alpha delta Pan T PCR product; (7) TRAV1F_i+TRACR_i with alpha delta Pan T PCR product; (8) TRAV2F_i+TRACR_i with alpha delta Pan T PCR product; (9) TRAV3F_i+TRACR_i with alpha delta Pan T PCR product; (10) TRAV4F_i+TRACR_i with alpha delta Pan T PCR product; (11) TRAV5F_i+TRACR_i with alpha delta Pan T PCR product; (12) PCR Blank. Primers listed as F_i are “forward inner” primers and primers listed as F_o are “forward outer” primers, with R_i and R_o indicating “reverse inner” and “reverse outer” primers, respectively.

[0067] As illustrated by Fig. 1b, a single PCR product was generated from each reaction. Different size bands were generated from different reactions. This PCR cloning approach is successful for two major reasons—(1) The PCR templates used in this reaction were diluted PCR products (1:1000) of previous reactions that used primer mixes to amplify all possible VDJ rearrangements (for example, a primer mix was used that included total of 82 primers to amplify T cell receptor Alpha and Delta genes) and (2) Only one pair of PCR primers, targeting a specific V gene, are used in each reaction during this “cloning” experiment. Some of these products were gel purified and sequenced. The following are example sequences obtained from the protocol described above. In every case, a single clone was obtained, and a specific T cell receptor V gene that matched the F1 primer was identified.

TRAV1 template + 454A as sequencing primer:

NNNNNNNNNNCNTANTCGGTCTAAGGGTACNGNTACCTCCTTTGAAGGAGCT
CCAGATGAAAGACTCTGCCTCTTACCTCTGTGCTGTGAGAGATANCAACNATCA
CTTAATCTTGGCGCTGGGAGCAGACTAATTATAATGCCAGATATCCACAAACCC
TGACCCTGCCGCGTACCAGCTGAAAGACTATGAACAGGATGGGGAGGCAGNAG
NAGNAG (SEQ ID NO. 1)

TRAV1 template + 454A as sequencing primer:

NNNNNNNNNNNGNANGNNCAGGGTTCTGGATATTGGTTNACAATTAGCTTGGT
CCCTGCTCCAAAGATTAATTGTAGTTGCTATCCCTCACAGCACAGAGGTAAGA
GGAAGAGTATTCTTCTGGAGCTCCTAACAGGAGGAAACTGTACCCTTATA
CCTACTAAGGAATGAAGA (SEQ ID NO. 2)

TRAV2 template + 454A as sequencing primer:

NNNNNNNNNNNNNNNCGGTTCTCTNNNTCGCTGCTCATCCTCCAGGTGCGGGA
GGCAGATGCTGCTGTTACTACTGTGCTGTGNANNANGCANNNGACAACAAACCT
CNTCTTGTTGGAGGNACCTACTNNNTGGTTATNCNAATANCCANAACCTGAA
CCCTGCCGAGNAGCAGCANAAAAACTNNNAGGGGGTGGAGAAGNANNNN
(SEQ ID NO. 3)

TRAV3 template + 454A as sequencing primer:

NNNNNNNNNNNNNNNGNNNGNAGCTATGGCTTGAAGCTGAATTAAACAAGA
GCCAACCTCCTCCACCTGAAGAACCATCTGCCCTGTGAGCGACTCCGCTT
TGTACTTCTGTGCTGTGAGAGACATCAACGCTGCCGGCAACAACCTAACTTTG
GAGGAAGAACCATGGTGCTAGTTAACCAAATATCCATAACCCTGACGCTGCCG
TGTACCAGCTGAAAGACTCTGAGGGGGCTGGAGAGGNAGGNG (SEQ ID NO. 4)

TRAV4 template + 454A as sequencing primer:

NNNNNANNNGNNNNNGTTTATCCCTGCCGACAGAAAGTCCAGCACTCTGAGCC
TGCCCCGGGTTCCCTGAGCGACACTGCTGTGACTACTGCCCTCGTGGGTGAC
CGGTCTGGAAACAGCGATGAAATTTCATCTTAGGAAGAAGAACGCTTCTAGTC
ATCCANCCAACATCCACAACCTGCCGGAGNAGCACCAGAAAAAGATGA
TGAGGGGGANGNAGNAGNANNNN (SEQ ID NO. 5)

TRAV5 template + 454A as sequencing primer:

NNNNNNNNNNNNNTCTGNTCTATTGAATAAAAAGGATAAACATCTGTCT
CTGCGCATTGCAGACACCCAGACTGGGGACTCAGCTATCTACTTCTGTGCAGA
GAGCCCCGGTGGCGGCAGCAACTTCTTGGTGGAGGAGCANTACTACTAG
TCGTTCTACATANCCACAAACCATGATNCCGCCAGTACNTGCTGAAAAAATATG
ATGAGGATGGAGAAGAAGNAGCATNAN (SEQ ID NO. 6)

TRBV19Fi template + 454A as sequencing primer:

NNNNNNNNCTGAGGGTANNCGTCTCTCGGGAGAAGAAGGAATCCTTCCTCTC
ACTGTGACATCGGCCAAAAGAACCCGACAGCTTCTATCTCTGTGCCAGTAGT
ATGGGGGGGGGGGGCCTACAATGAGNACGGCGGCGGGGAGGGACNNTGCTC
GTCGTGGAGGAGGACATGAAGGTCTTCCCCGCNNCNGAGGAAGNTGNANANG
AACCATAAAAATGCGCTGGCTGAANN (SEQ ID NO. 7)

TRBV20Fi template + 454A as sequencing primer:

NNNNNNNNNNNGCTCNNNNNCATACGAGCAAGGCCTGAGAAGGACAAG
TTTCTCACAAACCATGCAAGCCTGACCTTGCCACTCTGACAGTGACCGTGC
ATCCTGAAGACAGCAGCTTCTACATCTGCAGTGTAGAGGGGGGGGGGG
CGACTACTACTACTTCGGCGGGGGGCGATGCTGATCGTGGAGGAGGAGGAC
ATGNAGCTCCTCCCCGCCGCCGAGGTTGTTGTNTNNANCATCATACTGNTG
GTGGAGNAGNAGNAGCN (SEQ ID NO. 8)

TRBV21Fi template + 454A as sequencing primer:

TRBV23Fi template + 454A as sequencing primer:

NNNNNNNNNNNANNGANANGCACAAGAACGATTCTCATCTCAATGCCCAA
GAACGCACCCCTGCAGCCTGGCAATCCTGTCCTCAGAACCGGGAGACACGGCAC
TGTATCTCTGCGCCAGCAGTCATCGGGGGGGGGGGAGGGGCCGTCCGCAG
CGGGGGGGGGGGGGCCGGGGACGGTCCCCAAAGAGAAAAGAAAACCTGCC
CCCGCGCTCGGGCGGTGTGATTGAGCGAACAGACAGGAAGGNAAGNAAAAAA
NNNNANCNNCNCTCNN (SEQ ID NO. 10)

TRBV24Fi template + 454A as sequencing primer:

NNNNNNNNNNNNNNNNNNNTCTGATGGANACAGTGTCTCTCGACAGGCACAGGCTAA
ATTCTCCCTGTCCCTAGAGTCTGCCATCCCCAACAGACAGCTTTACTTCTGT
GCCACCAGTGANGCGGGGGGGGGGGGACCACTACTTCGGGGGGGGGAGGCAG
ACCAGGGTGCTGGTCGACGAGAAAAAGGAGCTCCCCCCCCGCCCGCGCTGTGG
TTGTTGCTTCATAATAATCAGGNNNGNGAGGNAGNAGNAANN (SEQ ID NO. 11)

[0068] To investigate the impact of artifacts on the overall repertoire analysis of the TCR β transcriptome, the inventors conducted control experiments using chemically synthesized TCR β CDR3 templates. For this, the inventors chemically synthesized four distinct clones, clonally purified each clone, and prepared different mixes of the four constructs as templates for amplicon rescue multiplex (ARM)-PCR. Two different

reaction mixtures were subjected to two independent ARM-PCR reactions, and the pooled PCR products were sequenced at a length of 100bp from both ends using the Illumina HiSeq2000®. The inventors first joined together paired-end reads through overlapping alignment with a modified Needleman-Wunsch algorithm, and then mapped the merged sequences to germline V, D and J reference sequences.

[0069] Without cleaning, the inventors obtained a total of 5,729,613 sequences from template mix I that could be mapped to TCR β V, D and J segments. Surprisingly, the sequence reads purportedly represented a total of 36,439 unique CDR3 variants. Therefore, given that only four distinct CDR3 variants were present in the template mixtures, virtually all of the identified CDR3 variants must be non-authentic. Similar results were obtained for the second template mix, in which a total of 9,131,681 VDJ-mapped sequences were identified that mimicked the existence of 50,354 unique TCR β CDR3 variants. The inventors' independent sequencing experiments show that only a few distinct CDR3 template variants can create artifactual repertoire diversities that far outweigh the real template diversity, and thus the inventors set out to eliminate these artifacts.

[0070] The quality of 3' end Illumina sequencing reads is generally considered to be low. In the context of repertoire sequencing, this is troublesome because PCR primers need to be positioned distal enough from the hypervariable V(D)J junctions to avoid negative effects due to primer-template mismatching. As a consequence, the CDR3 segments of interest are generally "shifted" closer to the 3' end of the sequencing reads, the region with increased sequencing error rates. Another technical issue that deserves attention is the observation that sequencing errors are context-specific and consequently strand-specific. Therefore, it is realistic to assume that the probability that a sequencing error in a forward read coincides with that in the corresponding reverse read is rare.

[0071] Considering this, the inventors devised a paired-end strategy that affords double-strand sequencing of complete TCR CDR3 segments on the basis of the

Illumina® technology. In this approach, forward and reverse sequencing primers are positioned at the framework region 3 and at the TCR J region or the 5' end of the C region, respectively. Taking into account the average length of Illumina sequence reads (currently 100-150 bp) this design enables the complete sequencing of both strands that define a CDR3 segment. In a second step, the forward and reverse reads are then analyzed for sequence mismatches and CDR3 sequences that exhibit non-identity of both strands are eliminated using a newly developed paired-end filtering algorithm.

[0072] Applying this sequencing error filter to the 5,729,613 CDR3 sequences obtained for template mix I, the inventors identified a total of 2,751,131 (48%) CDR3 sequences that contained conflicting sequence information on their opposite strands. Discarding of these sequences resulted in the elimination of 35,455 (97.2%) distinct artifactual CDR3 variants. Consistent with this, the paired-end filter removed 4,308,020 (47%) CDR3 sequences from template mix II, leading to the elimination of 49,063 (97.4%) artifactual CDR3 variants. A total of 973 and 1271 unique CDR3 variants, respectively, passed through the filter. These results indicate that paired-end sequencing and filtering reduces the total number of non-authentic unique CDR3 sequences by almost two orders of magnitude.

[0073] Detailed analysis of the frequency distribution of the non-authentic CDR3 variants after the sequencing error filter revealed that in both mixtures approximately 50% of all artifacts were single-copy sequences. About 10% of these artifactual CDR3s displayed >100 copy numbers and accounted for > 80% of all artifactual CDR3 variants. Given that variable TCR genes do not undergo somatic hypermutation, the inventors developed a reference algorithm that identifies and removes CDR3 sequence reads that display nucleotide mismatches relative to the mapped germline V, D and J reference sequences, as these must be artifacts generated at the level of PCR amplification or sequencing.

[0074] Applying this filtering algorithm to the “paired-end filtered” sequences of template mix I, a total of 29,804 sequences, which corresponded to 609 unique CDR3

variants, were removed. For template mix II, 54,516 artifactual sequences (831 unique CDR3 variants) were identified. Thus, the use of the reference sequence filter leads to a 60% reduction of non-authentic distinct CDR3 sequences. The reference filter is ineffective at the V-J and D-J junctions because the randomly added nucleotides in these regions during somatic recombination cannot be mapped. Therefore, the inventors implemented a PCR filter after computational simulation experiments to better understand four variables: the impact of the initial template number, the replication efficiency of each cycle, the cycle number (n), and the DNA polymerase error rate (μ) on the total end-point error rate. In contrast, the inventors noted that the PCR polymerase error rate has a pronounced effect on the number of accumulated errors

[0075] In the inventors' control sequencing experiments, PCR amplification was performed with 15 cycles and 45 cycles in the first and second reaction, using Taq polymerase. To simulate error accumulation during the ARM-PCR reactions more realistically, the PCR efficiency was set to decreased 5% per cycle for the first 25 cycles and 10% per cycle for the remaining cycles. The PCR efficiency was reset to 1.0 for each fresh PCR reaction. Furthermore, the inventors allowed mutation at the second position. Published substitution error rates for Taq enzyme, expressed as errors per bp per cycle, range from 0.023×10^{-4} to 2.1×10^{-4} . In the simulation experiments, the substitution error rate was set at 2.7×10^{-5} , and the insertion-deletion (indel) error rate was set as 1.0×10^{-6} . Taq polymerase is known to have a much higher insertion-and-deletion (indel) mutation rate in homopolymeric region of templates. For a homopolymeric region, indel mutation in any position of this region generates identical pattern. Therefore, the indel error rate in a homopolymeric region was set as $n \times \mu$, where n is the length of the homopolymeric region and μ is 1.0×10^{-6} .

[0076] Because the impact of the initial template number and the PCR efficiency on the endpoint error rate is small, it should be safe to apply the same end-point error rate estimated from the simulation experiments to molecules with different initial number and different replication efficiencies in a multiplex PCR reaction. The cutoff error rates (μ)

were empirically set as error rates at the 9999th 10000-quantiles point for each category. For two similar CDR3 sequences, A and B, of frequency NA and NB (NA > NB) that differ in less than three positions, if $NA * \mu \geq NB$, where μ is the corresponding cutoff error rate, CDR3 sequence B will be excluded. Applying this filtering algorithm to the “reference filtered” sequences of template mix I, a total of 22,369 sequences, which corresponded to 281 unique CDR3 variants, were removed. For template mix II, 39,920 artifactual sequences (348 unique CDR3 variants) were identified (Table 1). Thus, the use of the PCR amplification error filter leads to a further reduction of non-authentic distinct CDR3 sequences by around 80%.

[0077] In the pool of sequences that had passed through the above filters, the inventors identified several high-abundance CDR3 variants, which differed from their most similar input template sequences at multiple positions. Because the occurrence of PCR substitution and/or indel mutation at multiple positions of CDR3 fragments is extremely rare according to simulation experiments, those CDR3 variants must arise from other source of artifacts. Intriguingly, the inventors noted that some of these sequences were composed of the fragments of two distinct input templates and exhibited clear breakpoints, which identified them as chimeras. Chimeric sequences are PCR artifacts that arise from incomplete primer extension or template switching during PCR and form mosaic-like structures. In light of this unexpected PCR artifact, the inventors developed a computational “mosaic filter.” Using this filtering algorithm, the inventors identified a total of 17 and 15 chimeric sequences in template mixtures I and II, respectively. Of note, some of these CDR3 chimeras displayed sequence copy numbers >1000, indicating that the inventors’ algorithm for the filter is capable of identifying high-abundance chimeric CDR3 sequences.

[0078] Application of the filtering algorithms resulted in the elimination of 99.8% of the non-authentic unique CDR3 sequences generated by high-throughput sequencing of only four defined TCR CDR3 templates. Only 62 and 73 artifactual CDR3 sequences, respectively, passed through all filters. Among these, the two most abundant CDR3

sequences were identical in both mixing experiments. Most likely they represent chimeric artifacts which escaped filtering because of a single nucleotide substitution located exactly at the breakpoint. Among the remaining erroneous CDR3, 85% (n=53) and 75% (n=55) were single reads, respectively. To eliminate this minor fraction of artifacts, the inventors propose that high-stringency data analysis of TCR immune repertoires should include an additional filter that removes single copy CDR3 reads (frequency threshold filter).

Table 1

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
TRAV-C	TRAV1Fo	TGCACGTACC AGACATCTGG	12	TGCACGTACCA GACATCTGG	12
	TRAV1Fi	AGGTCGTTT TCTTCATTCC	13	GCCTCCCTCGC GCCATCAGAGG TCGTTTTCTTC ATTCC	14
	TRAV2Fo	TCTGTAATCA CTCTGTGTCC	15	TCTGTAATCACT CTGTGTCC	15
	TRAV2Fi	AGGGACGATA CAACATGACC	16	GCCTCCCTCGC GCCATCAGAGG GACGATACAAC ATGACC	17
	TRAV3Fo	CTATTCAAGTC TCTGGAAACC	18	CTATTCAAGTCT CTGGAAACC	18
	TRAV3Fi	ATACATCACA GGGGATAACC	19	GCCTCCCTCGC GCCATCAGATA CATCACAGGGG ATAACC	20
	TRAV4Fo	TGTAGCCACA ACAACATTGC	21	TGTAGCCACAA CAACATTGC	21
	TRAV4Fi	AAAGTTACAA ACGAAGTGGC	22	GCCTCCCTCGC GCCATCAGAAA GTTACAAACGA AGTGGC	23
	TRAV5Fo	GCACTTACAC AGACAGCTCC	24	GCACTTACACA GACAGCTCC	24
	TRAV5Fi	TATGGACATG AAACAAGACC	25	GCCTCCCTCGC GCCATCAGTAT GGACATGAAAC AAGACC	26
TRAV	TRAV6Fo	GCAACTATAC AAACTATTCC	27	GCAACTATACA AACTATTCC	27
	TRAV6Fi	GTTCCTTGC TACTCATAACG	28	GCCTCCCTCGC GCCATCAGGTT TTCTTGCTACTC ATACG	29
	TRAV7Fo	TGCACGTACT CTGTCAGTCG	30	TGCACGTACTC TGTCAAGTCG	30
	TRAV7Fi	GGATATGAGA AGCAGAAAGG	31	GCCTCCCTCGC GCCATCAGGGA TATGAGAAGCA GAAAGG	32
TRAV8	TRAV8Fo	AATCTCTTCT GGTATGTSCA	33	AATCTCTTCTG GTATGTSCA	33
	TRAV8Fi	GGYTTTGAGG CTGAATTAA	34	GCCTCCCTCGC GCCATCAGGGY	35

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
				TTTGAGGCTGA ATTAA	
	TRAV9Fo	GTCCAATATC CTGGAGAAG G	36	GTCCAATATCC TGGAGAAGG	36
	TRAV9Fi	AACCACCTCT TTCCACTTGG	37	GCCTCCCTCGC GCCATCAGAAC CACTTCTTCCA CTTGG	38
	TRAV10Fo	AATGCAATTAA TACAGTGAGC	39	AATGCAATTATA CAGTGAGC	39
	TRAV10Fi	TGAGAACACA AAGTCGAACG	40	GCCTCCCTCGC GCCATCAGTGA GAACACAAAGT CGAACG	41
	TRAV11Fo	TCTTAATTGTA CTTATCAGG	42	TCTTAATTGTAC TTATCAGG	42
	TRAV11Fi	TCAATCAAGC CAGAAGGAG C	43	GCCTCCCTCGC GCCATCAGTCA ATCAAGCCAGA AGGAGC	44
	TRAV12Fo	TCAGTGTCC AGAGGGAGC C	45	TCAGTGTCCA GAGGGAGCC	45
	TRAV12Fi	ATGGAAGGTT TACAGCACAG	46	GCCTCCCTCGC GCCATCAGATG GAAGGTTACA GCACAG	47
	TRAV13Fo	ACCCCTGAGTG TCCAGGAGG G	48	ACCCCTGAGTGT CCAGGAGGG	48
	TRAV13Fi	TTATAGACAT TCGTTCAAAT	49	GCCTCCCTCGC GCCATCAGTTA TAGACATTCTGT TCAAAT	50
	TRAV14Fo	TGGACTGCAC ATATGACACC	51	TGGACTGCACA TATGACACC	51
	TRAV14Fi	CAGCAAAATG CAACAGAAAGG	52	GCCTCCCTCGC GCCATCAGCAG CAAAATGCAAC AGAAGG	53
	TRAV16Fo	AGCTGAAGTG CAACTATTCC	54	AGCTGAAGTGC AACTATTCC	54
	TRAV16Fi	TCTAGAGAGA GCATCAAAGG	55	GCCTCCCTCGC GCCATCAGTCT AGAGAGAGCAT CAAAGG	56
	TRAV17Fo	AATGCCACCA TGAAGTCAG	57	AATGCCACCAT GAAGTCAG	57
	TRAV17Fi	GAAAGAGAGA AACACAGTGG	58	GCCTCCCTCGC GCCATCAGGAA	59

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
				AGAGAGAAACA CAGTGG	
	TRAV18Fo	GCTCTGACAT TAAACTGCAC	60	GCTCTGACATT AAACTGCAC	60
	TRAV18Fi	CAGGAGACG GACAGCAGA GG	61	GCCTCCCTCGC GCCATCAGCAG GAGACGGACAG CAGAGG	62
	TRAV19Fo	ATGTGACCTT GGACTGTGTG	63	ATGTGACCTTG GAECTGTGTG	63
	TRAV19Fi	GAGCAAAATG AAATAAGTGG	64	GCCTCCCTCGC GCCATCAGGAG CAAAATGAAAT AAGTGG	65
	TRAV20Fo	ACTGCAGTTA CACAGTCAGC	66	ACTGCAGTTAC ACAGTCAGC	66
	TRAV20Fi	AGAAAAGAAAG GCTAAAAGCC	67	GCCTCCCTCGC GCCATCAGAGA AAGAAAGGCTA AAAGCC	68
	TRAV21Fo	ACTGCAGTTT CACTGATAGC	69	ACTGCAGTTTC ACTGATAGC	69
	TRAV21Fi	CAAGTGGAAAG ACTTAATGCC	70	GCCTCCCTCGC GCCATCAGCAA GTGAAAGACTT AATGCC	71
	TRAV22Fo	GGGAGCCAAT TCCACGCTGC	72	GGGAGCCAATT CCACGCTGC	72
	TRAV22Fi	ATGGAAGATT AAGCGCCAC G	73	GCCTCCCTCGC GCCATCAGATG GAAGATTAAGC GCCACG	74
	TRAV23Fo	ATTCAATTAT AAACTGTGC	75	ATTCAATTATA AACTGTGC	75
	TRAV23Fi	AAGGAAGATT CACAATCTCC	76	GCCTCCCTCGC GCCATCAGAAG GAAGATTACA ATCTCC	77
	TRAV24Fo	GCACCAATT CACCTGCAGC	78	GCACCAATTTC ACCTGCAGC	78
	TRAV24Fi	AGGACGAATA AGTGCCACTC	79	GCCTCCCTCGC GCCATCAGAGG ACGAATAAGTG CCACTC	80
	TRAV25Fo	TCACCACGTA CTGCAATTCC	81	TCACCACGTAC TGCAATTCC	81
	TRAV25Fi	AGACTGACAT TTCAGTTGG	82	GCCTCCCTCGC GCCATCAGAGA CTGACATTCA GTTTGG	83
	TRAV26Fo	TCGACAGATT	84	TCGACAGATT	84

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
		CMCTCCCAGG		MCTCCCAGG	
	TRAV26Fi	GTCCAGYACC TTGATCCTGC	85	GCCTCCCTCGC GCCATCAGGTC CAGYACCTTGA TCCTGC	86
	TRAV27Fo	CCTCAAGTGT TTTTCCAGC	87	CCTCAAGTGT TTTTCCAGC	87
	TRAV27Fi	GTGACAGTAG TTACGGGTGG	88	GCCTCCCTCGC GCCATCAGGTG ACAGTAGTTAC GGGTGG	89
	TRAV29Fo	CAGCATGTT GATTATTCC	90	CAGCATGTT ATTATTCC	90
	TRAV29Fi	ATCTATAAGT TCCATTAAGG	91	GCCTCCCTCGC GCCATCAGATC TATAAGTTCCAT TAAGG	92
	TRAV30Fo	CTCCAAGGCT TTATATTCTG	93	CTCCAAGGCTT TATATTCTG	93
	TRAV30Fi	ATGATATTAC TGAAGGGTG G	94	GCCTCCCTCGC GCCATCAGATG ATATTACTGAA GGGTGG	95
	TRAV34Fo	ACTGCACGTC ATCAAAGACG	96	ACTGCACGTCA TCAAAGACG	96
	TRAV34Fi	TTGATGATGC TACAGAAAGG	97	GCCTCCCTCGC GCCATCAGTTG ATGATGCTACA GAAAGG	98
	TRAV35Fo	TGAAC TGAC TTCTTCAAGC	99	TGAAC TGACT TCTTCAAGC	99
	TRAV35Fi	CTTGATAGCC TTATATAAGG	100	GCCTCCCTCGC GCCATCAGCTT GATAGCCTTAT ATAAGG	101
	TRAV36Fo	TCAATTGCAG TTATGAAGTG	102	TCAATTGCAGT TATGAAGTG	102
	TRAV36Fi	TTTATGCTAA CTTCAAGTGG	103	GCCTCCCTCGC GCCATCAGTTT ATGCTAACTTC AAGTGG	104
	TRAV38Fo	GCACATATGA CACCAAGTGAG	105	GCACATATGAC ACCAAGTGAG	105
	TRAV38Fi	TCGCCAAGAA GCTTATAAGC	106	GCCTCCCTCGC GCCATCAGTCG CCAAGAAGCTT ATAAGC	107
	TRAV39Fo	TCTACTGCAA TTATTCAACC	108	TCTACTGCAA ATTCAACC	108
	TRAV39Fi	CAGGAGGGAA	109	GCCTCCCTCGC	110

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
		CGATTAATGGC		GCCATCAGCAGAGGGACGATT AATGGC	
	TRAV40Fo	TGAAC TGAC ATACACATCC	111	TGAAC TGACA TACACATCC	111
	TRAV40Fi	ACAGCAAAAA CTTCGGAGGC	112	GCCTCCCTCGC GCCATCAGACA GCAAAAACCTC GGAGGC	113
	TRAV41Fo	AACTGCAGTT ACTCGGTAGG	114	AACTGCAGTTA CTCGGTAGG	114
	TRAV41Fi	AAGCATGGAA GATTAATTGC	115	GCCTCCCTCGC GCCATCAGAAG CATGGAAGATT AATTGC	116
	TRACRo	GCAGACAGAC TTGTCACTGG	117	GCAGACAGACT TGTCACTGG	117
	TRACRi	AGTCTCTCAG CTGGTACACG	118	GCCTGCCAGC CCGCTCAGAGT CTCTCAGCTGG TACACG	119
TRBV-C	TRBV1Fo	AATGAAACGT GAGCATCTGG	120	AATGAAACGTG AGCATCTGG	120
	TRBV1Fi	CATTGAAAAC AAGACTGTGC	121	GCCTCCCTCGC GCCATCAGCAT TGAAAACAAGA CTGTGC	122
	TRBV2Fo	GTGTCCCCAT CTCTAACAC	123	GTGTCCCCATC TCTAACAC	123
	TRBV2Fi	TGAAATCTCA GAGAAGTCTG	124	GCCTCCCTCGC GCCATCAGTGA AATCTCAGAGA AGTCTG	125
	TRBV3Fo	TATGTATTGG TATAAACAGG	126	TATGTATTGGTA TAAACAGG	126
	TRBV3Fi	CTCTAACAAA TTTCTGAAGA	127	GCCTCCCTCGC GCCATCAGCTC TAAGAAATTCT GAAGA	128
	TRBV4Fo	GTCTTTGAAA TGTGAACAAC	129	GTCTTTGAAAT GTGAACAAC	129
	TRBV4Fi	GGAGCTCATG TTTGTCTACA	130	GCCTCCCTCGC GCCATCAGGGAA GCTCATGTTG TCTACA	131
	TRBV5Fo	GATCAAAACG AGAGGACAGC	132	GATCAAAACGA GAGGACAGC	132

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
	TRBV5aFi	CAGGGGCC CAGTTATCT T	133	GCCTCCCTCGC GCCATCAGCAG GGGCCAGTT TATCTT	134
	TRBV5bFi	GAAACARAGG AAACCTCCCT	135	GCCTCCCTCGC GCCATCAGGAA ACARAGGAAAC TTCCCT	136
	TRBV6aFo	GTGTGCCAG GATATGAACC	137	GTGTGCCAGG ATATGAACC	137
	TRBV6bFo	CAGGATATGA GACATAATGC	138	CAGGATATGAG ACATAATGC	138
	TRBV6aFi	GGTATCGACA AGACCCAGG C	139	GCCTCCCTCGC GCCATCAGGGT ATCGACAAGAC CCAGGC	140
	TRBV6bFi	TAGACAAGAT CTAGGACTGG	141	GCCTCCCTCGC GCCATCAGTAG ACAAGATCTAG GAATGG	142
	TRBV7Fo	CTCAGGTGTG ATCCAATTTC	143	CTCAGGTGTGA TCCAATTTC	143
	TRBV7aFi	TCTAATTACT TCCAAGGCA	144	GCCTCCCTCGC GCCATCAGTCT AATTTACTTCCA AGGCA	145
	TRBV7bFi	TCCCAGAGTG ATGCTCAACG	146	GCCTCCCTCGC GCCATCAGTCC CAGAGTGTATGC TCAACG	147
	TRBV7cFi	ACTTACTTCA ATTATGAAGC	148	GCCTCCCTCGC GCCATCAGACT TACTTCAATTAT GAAGC	149
	TRBV7dFi	CCAGAATGAA GCTCAACTAG	150	GCCTCCCTCGC GCCATCAGCCA GAATGAAGCTC AACTAG	151
	TRBV9Fo	GAGACCTCTC TGTGTACTGG	152	GAGACCTCTCT GTGTACTGG	152
	TRBV9Fi	CTCATTCACT ATTATAATGG	153	GCCTCCCTCGC GCCATCAGCTC ATTCACTTATT AATGG	154
	TRBV10Fo	GGAATCACCC AGAGCCCAAG	155	GGAATCACCC AGAGCCCAAG	155
	TRBV10Fi	GACATGGGCT GAGGCTGATC	156	GCCTCCCTCGC GCCATCAGGAC ATGGGCTGAGG CTGATC	157
	TRBV11Fo	CCTAAGGATC	158	CCTAAGGATCG	158

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
		GATTTCTGC		ATTTCTGC	
	TRBV11Fi	ACTCTCAAGA TCCAGCCTGC	159	GCCTCCCTCGC GCCATCAGACT CTCAAGATCCA GCCTGC	160
	TRBV12Fo	AGGTGACAGA GATGGGACAA	161	AGGTGACAGAG ATGGGACAA	161
	TRBV12aFi	TGCAGGGACT GGAATTGCTG	162	GCCTCCCTCGC GCCATCAGTGC AGGGACTGGAA TTGCTG	163
	TRBV12bFi	GTACAGACAG ACCATGATGC	164	GCCTCCCTCGC GCCATCAGGTA CAGACAGACCA TGATGC	165
	TRBV13Fo	CTATCCTATC CCTAGACACG	166	CTATCCTATCC CTAGACACG	166
	TRBV13Fi	AAGATGCAGA GCGATAAAGG	167	GCCTCCCTCGC GCCATCAGAAG ATGCAGAGCGA TAAAGG	168
	TRBV14Fo	AGATGTGACC CAATTCTGG	169	AGATGTGACCC AATTCTGG	169
	TRBV14Fi	AGTCTAAACA GGATGAGTCC	170	GCCTCCCTCGC GCCATCAGAGT CTAACACAGGAT GAGTCC	171
	TRBV15Fo	TCAGACTTTG AACCATAACG	172	TCAGACTTTGA ACCATAACG	172
	TRBV15Fi	AAAGATTTA ACAATGAAGC	173	GCCTCCCTCGC GCCATCAGAAA GATTTAACAAAT GAAGC	174
	TRBV16Fo	TATTGTGCC CAATAAAAGG	175	TATTGTGCC AATAAAAGG	175
	TRBV16Fi	AATGTCTTG ATGAAACAGG	176	GCCTCCCTCGC GCCATCAGAAT GTCTTGATGA AACAGG	177
	TRBV17Fo	ATCCATCTTC TGGTCACATG	178	ATCCATCTTCT GGTCACATG	178
	TRBV17Fi	AACATTGCAG TTGATTCAAGG	179	GCCTCCCTCGC GCCATCAGAAC ATTGCAGTTGA TTCAGG	180
	TRBV18Fo	GCAGCCCAAT GAAAGGACAC	181	GCAGCCCAATG AAAGGACAC	181
	TRBV18Fi	AATATCATAG ATGAGTCAGG	182	GCCTCCCTCGC GCCATCAGAAT ATCATAGATGA GTCAGG	183

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
	TRBV19Fo	TGAACAGAAT TTGAACCACG	184	TGAACAGAATT TGAACCACG	184
	TRBV19Fi	TTTCAGAAAG GAGATATAGC	185	GCCTCCCTCGC GCCATCAGTT CAGAAAGGAGA TATAGC	186
	TRBV20Fo	TCGAGTGCCG TTCCCTGGAC	187	TCGAGTGCCGT TCCCTGGAC	187
	TRBV20Fi	GATGGCAACT TCCAATGAGG	188	GCCTCCCTCGC GCCATCAGGAT GGCAACTTCCA ATGAGG	189
	TRBV21Fo	GCAAAGATGG ATTGTGTTCC	190	GCAAAGATGGA TTGTGTTCC	190
	TRBV21Fi	CGCTGGAAGA AGAGCTCAAG	191	GCCTCCCTCGC GCCATCAGCGC TGGAAAGAAGAG CTCAAG	192
	TRBV23Fo	CATTTGGTCA AAGGAAAAGG	193	CATTTGGTCAA AGGAAAAGG	193
	TRBV23Fi	GAATGAACAA GTTCTTCAAG	194	GCCTCCCTCGC GCCATCAGGAA TGAACAAAGTTC TTCAAG	195
	TRBV24Fo	ATGCTGGAAT GTTCTCAGAC	196	ATGCTGGAATG TTCTCAGAC	196
	TRBV24Fi	GTCAAAGATA TAAACAAAGG	197	GCCTCCCTCGC GCCATCAGGTC AAAGATATAAA CAAAGG	198
	TRBV25Fo	CTCTGGAATG TTCTCAAACC	199	CTCTGGAATGT TCTCAAACC	199
	TRBV25Fi	TAATTCCACA GAGAAGGGAG G	200	GCCTCCCTCGC GCCATCAGTAA TTCCACAGAGA AGGGAG	201
	TRBV26Fo	CCCAGAATAT GAATCATGTT	202	CCCAGAATATG AATCATGTT	202
	TRBV26Fi	ATTCACCTGG CACTGGGAG C	203	GCCTCCCTCGC GCCATCAGATT CACCTGGCACT GGGAGC	204
	TRBV27Fo	TTGTTCTCAG AATATGAACC	205	TTGTTCTCAGA ATATGAACC	205
	TRBV27Fi	TGAGGTGACT GATAAGGGAG	206	GCCTCCCTCGC GCCATCAGTGA GGTGAAGTATA AGGGAG	207
	TRBV28Fo	ATGTGTCCAG GATATGGACC	208	ATGTGTCCAGG ATATGGACC	208
	TRBV28Fi	AAAAGGAGAT	209	GCCTCCCTCGC	210

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
		ATTCCCTGAGG		GCCATCAGAAA AGGAGATATTCTGAGG	
	TRBV29Fo	TCACCAGATGAT GTTCTGGTAC	211	TCACCAGATGATG TTCTGGTAC	211
	TRBV29Fi	CTGGACAGAG CCTGACACTG	212	GCCTCCCTCGC GCCATCAGCTG GACAGAGCCTG ACACTG	213
	TRBV30Fo	TGTGGAGGG AACATCAAAC C	214	TGTGGAGGGAA CATCAAACC	214
	TRBV30Fi	TTCTACTCCG TTGGTATTGG	215	GCCTCCCTCGC GCCATCAGTTC TACTCCGTTGG TATTGG	216
	TRBCRo	GTGTGGCCTT TTGGGTGTGG	217	GTGTGGCCTTT TGGGTGTGG	217
	TRBCRi	TCTGATGGCT CAAACACAGC	218	GCCTTGCCAGC CCGCTCAGTCT GATGGCTAAA CACAGC	219
TRDV-C	TRDV1Fo	TGTATGAAAC AAGTTGGTGG	220	TGTATGAAACA AGTTGGTGG	220
	TRDV1Fi	CAGAATGCAA AAAGTGGTCG	221	GCCTCCCTCGC GCCATCAGCAG AATGCAAAAG TGGTCG	222
	TRDV2Fo	ATGAAAGGAG AAGCGATCGG	223	ATGAAAGGAGA AGCGATCGG	223
	TRDV2Fi	TGGTTTCAA GACAATTCC	224	GCCTCCCTCGC GCCATCAGTGG TTTCAAAGACA ATTTC	225
	TRDV3Fo	GACACTGTAT ATTCAAATCC	226	GACACTGTATA TTCAAATCC	226
	TRDV3Fi	GCAGATTAA CTCAAGGACG	227	GCCTCCCTCGC GCCATCAGGCA GATTTACTCAA GGACG	228
	TRDCRo	AGACAAGCGA CATTGTTCC	229	AGACAAGCGAC ATTGTTCC	229
	TRDCRi	ACGGATGGTT TGGTATGAGG	230	GCCTTGCCAGC CCGCTCAGACG GATGGTTGGT ATGAGG	231

Locus	Primer Name	Sequence	SEQ ID NO.	Sequence	SEQ ID NO.
TRGV-C	TRGV1-5Fo	GGGTCACTTG CTGAAATCAC	232	GGGTCACTTGC TGAAATCAC	232
	TRGV1-5,8Fi	AGGAGGGGA AGGCCCCACAG	233	GCCTCCCTCGC GCCATCAGAGG AGGGGAAGGC CCCACAG	234
	TRGV8Fo	GGGTCACTCAG CTGTAATCAC	235	GGGTCACTCAGC TGTAATCAC	235
	TRGV5pFi	AGGAGGGGA AGACCCCCACAG	236	GCCTCCCTCGC GCCATCAGAGG AGGGGAAGACC CCACAG	237
	TRGV9Fo	AGCCCGCCT GGAATGTGTGG	238	AGCCCGCCTGG AATGTGTGG	238
	TRGV9Fi	GCACTGTCAG AAAGGAATCC	239	GCCTCCCTCGC GCCATCAGGCA CTGTCAGAAAG GAATCC	240
	TRGV10Fo	AAGAAAAGTA TTGACATACC	241	AAGAAAAGTAT TGACATACC	241
	TRGV10Fi	ATATTGTCTC AACAAAATCC	242	GCCTCCCTCGC GCCATCAGATA TTGTCTCAACA AAATCC	243
	TRGV11Fo	AGAGTGCCCA CATATCTTGG	244	AGAGTGCCCAC ATATCTTGG	244
	TRGV11Fi	GCTCAAGATT GCTCAGGTG G	245	GCCTCCCTCGC GCCATCAGGCT CAAGATTGCTC AGGTGG	246
TRGCR	TRGCRo	GGATCCCAGA ATCGTGTTC	247	GGATCCCAGAA TCGTGTTC	247
	TRGCRi	GGTATGTTCC AGCCTTCTGG	248	GCCTTGCCAGC CCGCTCAGGGT ATGTTCCAGCC TTCTGG	249

Table 2

Locus	Primer Name	Sequence	SEQ ID NO.	Ordered	SEQ ID NO.
IgHV-J	IgHV1aFo	AGTGAAGGTCTC CTGCAAGG	250	AGTGAAGGTCTC CTGCAAGG	250
	IgHV1bFo	AGTGAAGGTTTC CTGCAAGG	251	AGTGAAGGTTTC CTGCAAGG	251
	IgHV1aFi	AGTTCCAGGGCA GAGTCAC	252	GCCTCCCTCGCG CCATCAGAGTTC CAGGGCAGAGTC AC	253
	IgHV1bFi	AGTTTCAGGGCA GGGTCAC	254	GCCTCCCTCGCG CCATCAGAGTT CAGGGCAGGGTC AC	255
	IgHV1cFi	AGTTCCAGGAAA GAGTCAC	256	GCCTCCCTCGCG CCATCAGAGTTC CAGGAAAGAGTC AC	257
	IgHV1dFi	AATTCCAGGACA GAGTCAC	258	GCCTCCCTCGCG CCATCAGAATT CAGGACAGAGTC AC	259
	IgHV2Fo	TCTCTGGGTCT CACTCAGC	260	TCTCTGGGTCT CACTCAGC	260
	IgHV2Fi	AAGGCCCTGGAG TGGCTTGC	261	GCCTCCCTCGCG CCATCAGAAAGGC CCTGGAGTGGCT TGC	262
	IgHV3aFo	TCCCTGAGACTC TCCTGTGC	263	TCCCTGAGACTC TCCTGTGC	263
	IgHV3bFo	CTCTCCTGTGCA GCCTCTGG	264	CTCTCCTGTGCA GCCTCTGG	264
	IgHV3cFo	GGTCCCTGAGAC TCTCCTGT	265	GGTCCCTGAGAC TCTCCTGT	265
	IgHV3dFo	CTGAGACTCTCC TGTGTAGC	266	CTGAGACTCTCC TGTGTAGC	266
	IgHV3aFi	CTCCAGGGAAAGG GGCTGG	267	GCCTCCCTCGCG CCATCAGCTCCA GGGAAGGGGCT GG	268
	IgHV3bFi	GGCTCCAGGCAA GGGGCT	269	GCCTCCCTCGCG CCATCAGGGCTC CAGGCAAGGGGC T	270
	IgHV3cFi	ACTGGGTCCGCC AGGCTCC	271	GCCTCCCTCGCG CCATCAGACTGG GTCCGCCAGGCT CC	272
	IgHV3dFi	GAAGGGGCTGGA GTGGGT	273	GCCTCCCTCGCG CCATCAGGAAGG GGCTGGAGTGGG T	274

Locus	Primer Name	Sequence	SEQ ID NO.	Ordered	SEQ ID NO.
	IgHV3eFi	AAAAGGTCTGGA GTGGGT	275	GCCTCCCTCGCG CCATCAGAAAAG GTCTGGAGTGGG T	276
	IgHV4Fo	AGACCCTGTCCC TCACCTGC	277	AGACCCTGTCCC TCACCTGC	277
	IgHV4Fi	AGGGVCTGGAGT GGATTGGG	278	GCCTCCCTCGCG CCATCAGAGGGV CTGGAGTGGATT GGG	279
	IgHV5Fo	GCGCCAGATGCC CGGGAAAG	280	GCGCCAGATGCC CGGGAAAG	280
	IgHV5Fi	GGCCASGTCACC ATCTCAGC	281	GCCTCCCTCGCG CCATCAGGGCCA SGTCACCATCTC AGC	282
	IgHV6Fo	CCGGGGACAGTG TCTCTAGC	283	CCGGGGACAGTG TCTCTAGC	283
	IgHV6Fi	GCCTTGAGTGGC TGGGAAGG	284	GCCTCCCTCGCG CCATCAGGCCTT GAGTGGCTGGGA AGG	285
	IgHV7Fo	GTTCCTGCAAG GCTTCTGG	286	GTTCCTGCAAG GCTTCTGG	286
	IgHV7Fi	GGCTTGAGTGGA TGGGATGG	287	GCCTCCCTCGCG CCATCAGGGCTT GAGTGGATGGGA TGG	288
	IgHJRo	ACCTGAGGAGAC GGTGACC	289	ACCTGAGGAGAC GGTGACC	289
	IgHJ1Ri	CAGTGCTGGAAG TATTCAAGC	290	GCCTTGCCAGCC CGCTCAGCAGTG CTGGAAGTATTCA AGC	291
	IgHJ2Ri	AGAGATCGAAGT ACCAGTAG	292	GCCTTGCCAGCC CGCTCAGAGAGA TCGAAGTACCAAG TAG	293
	IgHJ3Ri	CCCCAGATATCA AAAGCATC	294	GCCTTGCCAGCC CGCTCAGCCCCA GATATCAAAGC ATC	295
	IgHJ4Ri	GGCCCCAGTAGT CAAAGTAG	296	GCCTTGCCAGCC CGCTCAGGGCCC CAGTAGTCAAAG TAG	297
	IgHJ5Ri	CCCAGGGTCGA ACCAGTTG	298	GCCTTGCCAGCC CGCTCAGCCCCAG GGGTCGAACCAG TTG	299

Locus	Primer Name	Sequence	SEQ ID NO.	Ordered	SEQ ID NO.
	IgHJ6Ri	CCCAGACGTCCA TGTAGTAG	300	GCCTTGCAGCC CGCTCAGCCCAG ACGTCCATGTAG TAG	301
IgKV-C	IgKV1Fo	TAGGAGACAGAG TCACCATC	302	TAGGAGACAGAG TCACCATC	302
	IgKV1Fi	TTCAGYGRCACT GGATCTGG	303	GCCTCCCTCGCG CCATCAGTTCA YGRCACTGGATC TGG	304
	IgKV2Fo	GGAGAGCCGGC CTCCATCTC	305	GGAGAGCCGGC CTCCATCTC	305
	IgKV2aFi	TGGTACCTGCAG AAGCCAGG	306	GCCTCCCTCGCG CCATCAGTGGTA CCTGCAGAAGCC AGG	307
	IgKV2bFi	CTTCAGCAGAGG CCAGGCCA	308	GCCTCCCTCGCG CCATCAGCTTCA GCAGAGGCCAGG CCA	309
	IgKV3-7Fo	GCCTGGTACCAAG CAGAAACC	310	GCCTGGTACCAAG CAGAAACC	310
	IgKV3Fi	GCCAGGTTCACT GGCAGTGG	311	GCCTCCCTCGCG CCATCAGGCCAG GTTCACTGGCAG TGG	312
	IgKV6-7Fi	TCGAGGTTCACT GGCAGTGG	313	GCCTCCCTCGCG CCATCAGTCGAG GTTCACTGGCAG TGG	314
	IgKV4-5Fi	GACCGATTCACT GGCAGCGG	315	GCCTCCCTCGCG CCATCAGGCCAG ATTCAGTGGCAG CGG	316
	IgKCRo	TTCAACTGCTCAT CAGATGG	317	TTCAACTGCTCAT CAGATGG	317
	IgKCRi	ATGAAGACAGAT GGTGCAGC	318	GCCTTGCAGCC CGCTCAGATGAA GACAGATGGTGC AGC	319
IgLV-C	IgLV1aFo	GGGCAGAGGGTC ACCATCTC	320	GGGCAGAGGGTC ACCATCTC	320
	IgLV1bFo	GGACAGAAGGTC ACCATCTC	321	GGACAGAAGGTC ACCATCTC	321
	IgLV1aFi	TGGTACCACTGCAG CTCCCCAGG	322	GCCTCCCTCGCG CCATCAGTGGTA CCAGCAGCTCCC AGG	323

Locus	Primer Name	Sequence	SEQ ID NO.	Ordered	SEQ ID NO.
	IgLV1bFi	TGGTACCAGCAG CTTCCAGG	324	GCCTCCCTCGCG CCATCAGTGGTA CCAGCAGCTTCC AGG	325
	IgLV2Fo	CTGCACTGGAAC CAGCAGTG	326	CTGCACTGGAAC CAGCAGTG	326
	IgLV2Fi	TCTCTGGCTCCA AGTCTGGC	327	GCCTCCCTCGCG CCATCAGTCTCT GGCTCCAAGTCT GGC	328
	IgLV3aFo	ACCAGCAGAAGC CAGGCCAG	329	ACCAGCAGAAGC CAGGCCAG	329
	IgLV3bFo	GAAGCCAGGACA GGCCCCCTG	330	GAAGCCAGGACA GGCCCCCTG	330
	IgLV3aFi	CTGAGCGATTCT CTGGCTCC	331	GCCTCCCTCGCG CCATCAGCTGAG CGATTCTCTGGC TCC	332
	IgLV3bFi	TTCTCTGGGTCC ACCTCAGG	333	GCCTCCCTCGCG CCATCAGTTCTCT GGGTCCACCTCA GG	334
	IgLV3cFi	TTCTCTGGCTCC AGCTCAGG	335	GCCTCCCTCGCG CCATCAGTTCTCT GGCTCCAGCTCA GG	336
	IgLV4Fo	TCGGTCAAGCTC ACCTGCAC	337	TCGGTCAAGCTC ACCTGCAC	337
	IgLV4Fi	GGGCTGACCGCT ACCTCACC	358	GCCTCCCTCGCG CCATCAGGGGCT GACCGCTACCTC ACC	338
	IgLV5Fo	CAGCCTGTGCTG ACTCAGCC	339	CAGCCTGTGCTG ACTCAGCC	339
	IgLV5Fi	CCAGCCGCTTCT CTGGATCC	340	GCCTCCCTCGCG CCATCAGCCAGC CGCTTCTCTGGA TCC	341
	IgLV6Fo	CCATCTCCTGCA CCCGCAGC	342	CCATCTCCTGCA CCCGCAGC	342
	IgLV7-8Fo	TCCCCWGGAGG GACAGTCAC	343	TCCCCWGGAGG GACAGTCAC	343
	IgLV9,11Fo	CTCMCCTGCACC CTGAGCAG	344	CTCMCCTGCACC CTGAGCAG	344
	IgLV10Fo	AGACCGCCACAC TCACCTGC	345	AGACCGCCACAC TCACCTGC	345
	IgLV6,8Fi	CTGATCGSTTCTC TGGCTCC	346	GCCTCCCTCGCG CCATCAGCTGAT CGSTTCTCTGGC TCC	347
	IgLV7Fi	CTGCCCGGTTCT	348	CTGCCCGGTTCT	348

Locus	Primer Name	Sequence	SEQ ID NO.	Ordered	SEQ ID NO.
		CAGGCTCC		CAGGCTCC	
	IgLV9Fi	ATCCAGGAAGAG GATGAGAG	349	GCCTCCCTCGCG CCATCAGATCCA GGAAGAGGATGA GAG	350
	IgLV10-11Fi	CTCCAGCCTGAG GACGAGGC	351	GCCTCCCTCGCG CCATCAGCTCCA GCCTGAGGACGA GGC	352
	IgLC1-7Ro	GCTCCCGGGTAG AAGTCACT	353	GCTCCCGGGTAG AAGTCACT	353
	IgLC1-7Ri	AGTGTGGCCTTG TTGGCTTG	354	GCCTTGCCAGCC CGCTCAGAGTGT GCCCTTGTGGC TTG	355
	454A	GCCTCCCTCGCG CCATCAG	356	GCCTCCCTCGCG CCATCAG	356
	454B	GCCTTGCCAGCC CGCTCAG	357	GCCTTGCCAGCC CGCTCAG	357

CLAIMS

Now, therefore, the following is claimed:

1. A method for evaluating changes in immune response cell populations and associating those changes with a specific disease, the method comprising the steps of:
 - (a) isolating a subpopulation of white blood cells from at least one human or animal subject;
 - (b) isolating RNA from the subpopulation of cells;
 - (c) amplifying the RNA using RT-PCR in a first amplification reaction to produce amplicons using nested primers, at least a portion of the nested primers comprising additional nucleotides to incorporate into a resulting amplicon a binding site for a communal primer;
 - (d) separating the amplicons from the first amplification reaction from one or more unused primers from the first amplification reaction;
 - (e) amplifying, by the addition of communal primers in a second amplification reaction, the amplicons of the first amplification reaction having at least one binding site for a communal primer; and
 - (f) sequencing the amplicons of the second amplification reaction to identify antibody and/or receptor rearrangements in the subpopulation of cells.
2. The method of claim 1, wherein the product of the second amplification reaction is a polynucleotide comprising the complementarity determining region 3 (CDR3).
3. The method of claim 1, wherein the step of isolating a subpopulation of white blood cells is performed by flow cytometry.

4. The method of claim 1, wherein the subpopulation of white blood cells comprises T cells.
5. The method of claim 4, wherein the T cells are selected from the group consisting of naïve T cells, mature T cells and memory T cells.
6. The method of claim 1, wherein the subpopulation of white blood cells comprises B cells.
7. The method of claim 6, wherein the B cells are selected from the group consisting of naïve B cells, mature B cells and memory B cells.
8. The method of claim 1, wherein the rearrangements in the subpopulations of cells are selected from the group consisting of rearrangements of B-cell immunoglobulin heavy chain (IgH), B-cell kappa, B-cell lambda light chains, T-cell receptor Beta, T-cell Gamma and T-cell Delta.
9. The method of claim 1, further comprising the steps of:
 - (g) comparing the rearrangements identified for a population of individuals to whom a vaccine has been administered with the rearrangements identified for a population of individuals to whom the vaccine was not administered; and
 - (h) evaluating the efficacy of the vaccine in producing an immune response.
10. The method of claim 1, further comprising the steps of:

- (g) comparing the rearrangements identified for a population of normal individuals with the rearrangements identified for a population of individuals who have been diagnosed with a disease;
- (h) determining if there is a correlation between a specific rearrangement or set of rearrangements and the disease.

11. A method for analyzing semi-quantitative sequence information to provide one or more immune status reports for a human or animal, the method comprising the steps of:

- (a) identifying one or more distinct CDR3 sequences that are shared between a subject's immunoprofile and a cumulative immunoprofile from a disease library stored in a database;
- (b) summing a total number of a subject's detected sequences corresponding to those shared distinct CDR3 sequences;
- (c) computing the percentage of the total number of detected sequences in the subject's immunoprofile that are representative of those distinct CDR3s shared between the subject's immunoprofile and the disease library to create one or more original sharing indices;
- (d) randomly selecting sequences from a public library stored in a database to form a sub-library, the sub-library comprising a number of distinct CDR3 sequences that is approximately equal to the number of distinct CDR3 sequences in the disease library;
- (e) identifying one or more distinct CDR3 sequences that are shared between the subject's immunoprofile and the sub-library;
- (f) summing a total number of detected sequences corresponding to those shared CDR3 sequences and calculating a percentage of the total number of detected sequences in the subject's immunoprofile that are shared between the subject's immunoprofile and the sub-library to create a sampling sharing index;

(g) repeating steps (d)-(f) at least 1000 or more times; and
(h) estimating the P-value as the fraction of times the sampling sharing indices are greater than or equal to the original sharing index between a patient's immunoprofile and a disease library.

12. A method for developing a database of personal immunorepertoires, the method comprising the steps of:

(a) amplifying and sequencing one or more RNAs from a subpopulation of white blood cells from one or more individuals;
(b) inputting the sequences into a database to provide data which may be stored on a computer, server, or other electronic storage device;
(c) inputting identifying information and characteristics for an individual corresponding to the sequences of the one or more RNAs as data which may also be stored on a computer, server, or other electronic storage device, and
(d) evaluating the data of step (b) and step (e) for one or more individuals to determine whether a correlation exists between the one or more RNA sequences and one or more characteristics of the individual corresponding to the sequence(s).

13. The method of claim 12, wherein the identifying information is selected from the group consisting of a patient identification number, a code comprising the patient's HLA type, a disease code comprising one or more clinical diagnoses that may have been made, a "staging code" comprising the date of the sample, a cell type code comprising the type of cell subpopulation from which the RNA was amplified and sequenced, and one or more sequence codes comprising the sequences identified for the sample.

14. The method of claim 12, wherein the subpopulation of white blood cells comprises T cells.

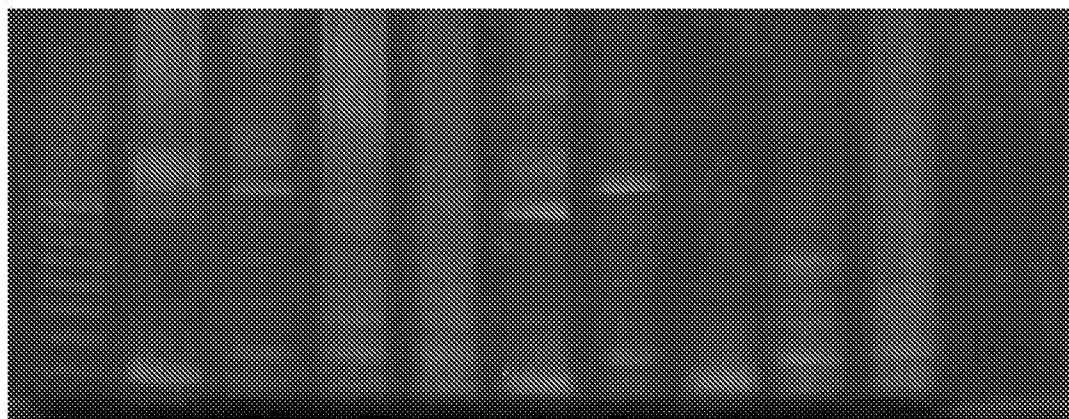
15. The method of claim 14, wherein the T cells are selected from the group consisting of naïve T cells, mature T cells and memory T cells.

16. The method of claim 12, wherein the subpopulation of white blood cells comprises B cells.

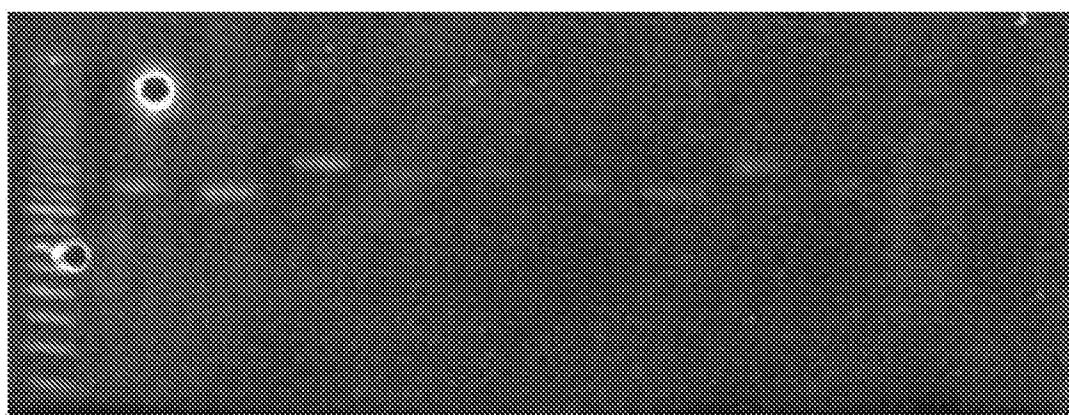
17. The method of claim 16, wherein the B cells are selected from the group consisting of naïve B cells, mature B cells and memory B cells.

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1 2 3 4 5 6 7 8 9 10 11

*FIG. 1a*

1 2 3 4 5 6 7 8 9 10 11 12

*FIG. 1b*

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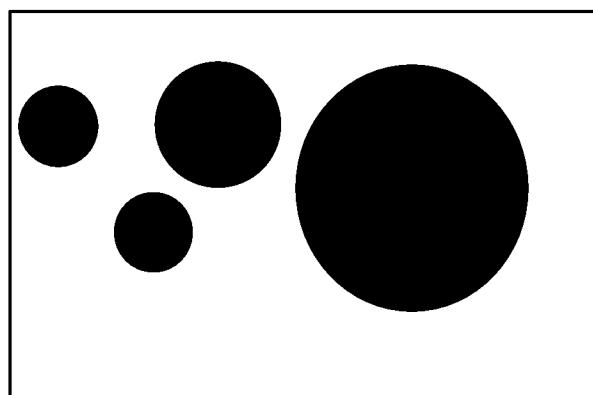


FIG. 2a

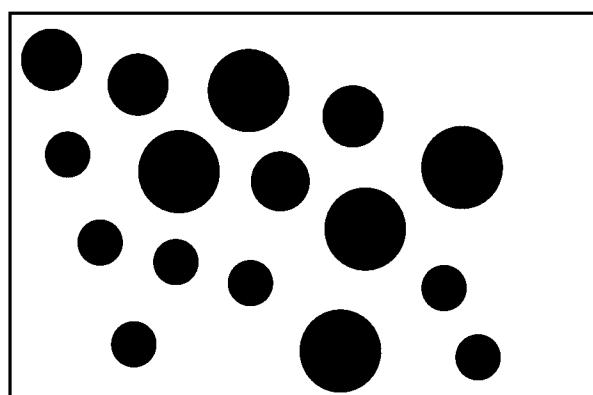
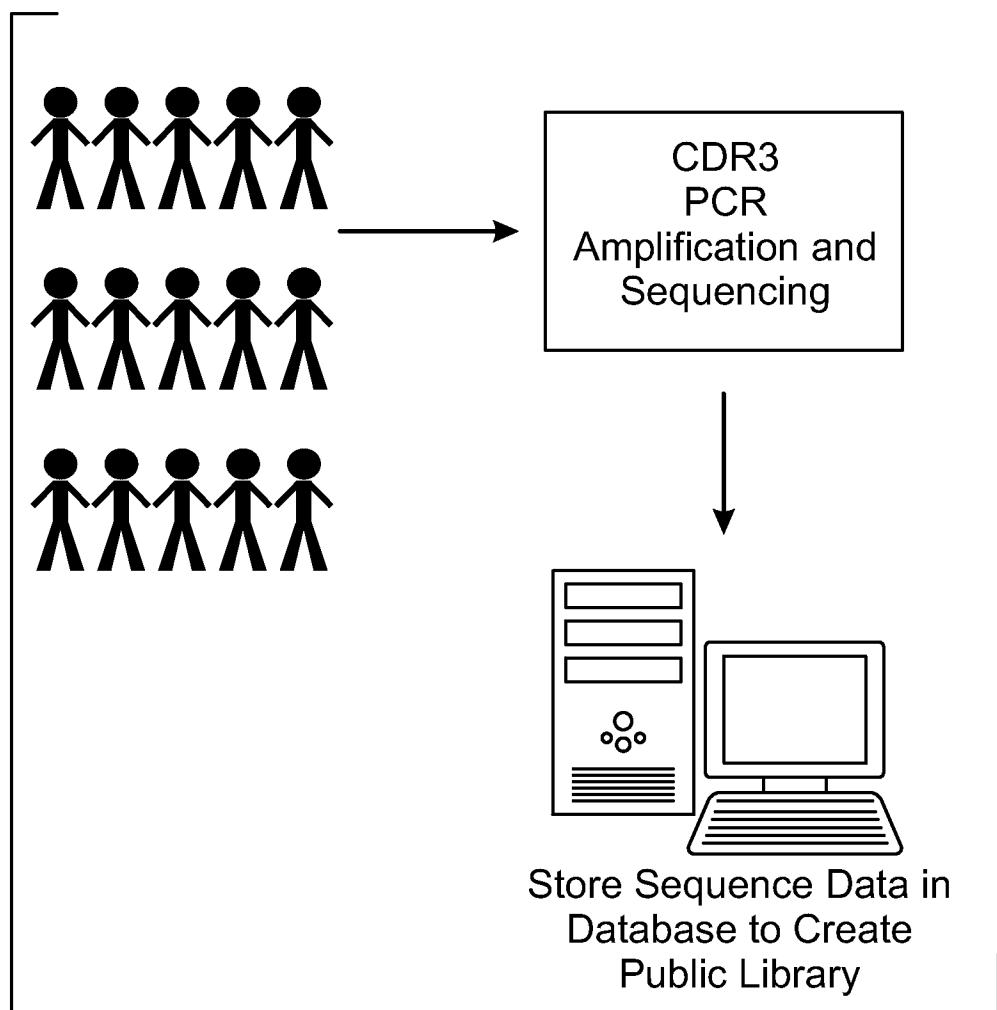
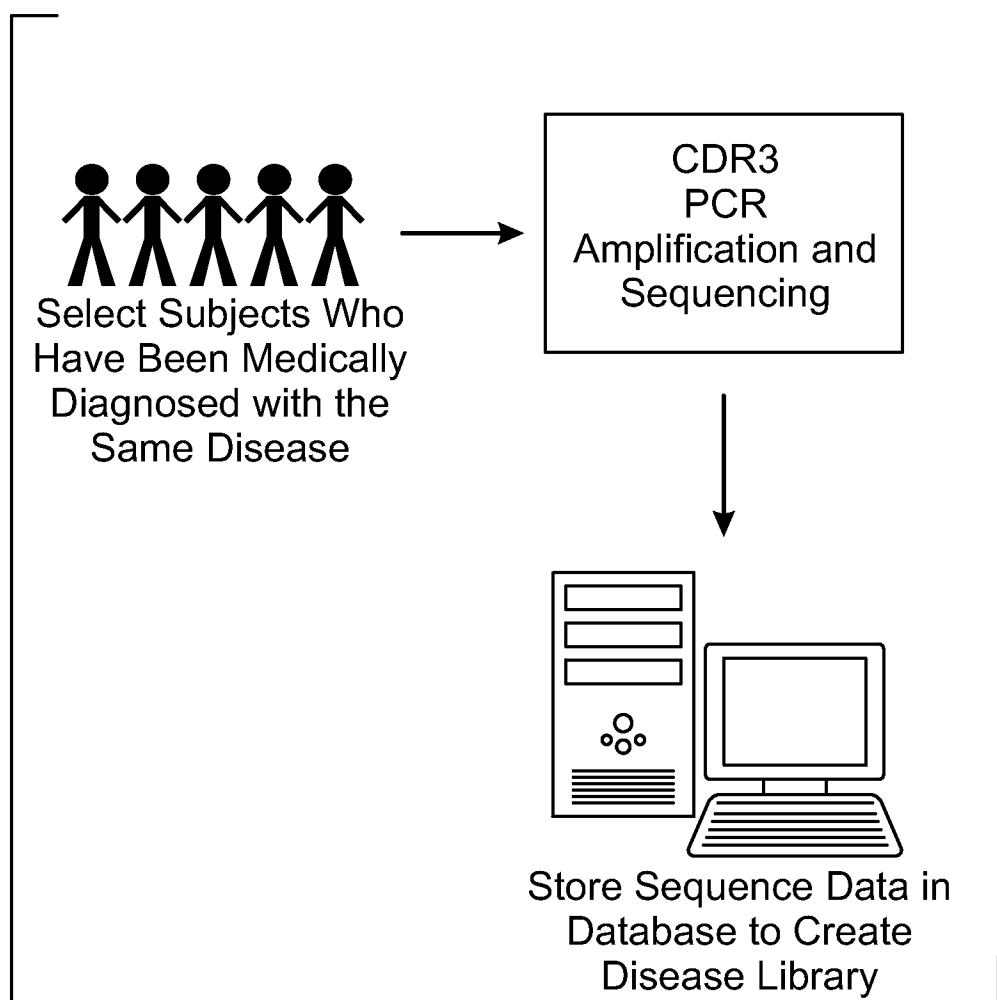


FIG. 2b

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*FIG. 3*

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***FIG. 4***

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CDR3	Read count	Percentage	Shared?
CDR3 ₁	120345	0.0602%	Yes
CDR3 ₂	1542	0.0008%	No
CDR3 ₃	4530	0.0023%	No
CDR3 ₄	8762	0.0044%	Yes
CDR3 ₅	689	0.0003%	No
CDR3 ₆	325	0.0002%	No
CDR3 ₇	8452	0.0042%	Yes
CDR3 ₈	23540	0.0118%	Yes
CDR3 ₉	3841	0.0019%	No
CDR3 _n	20	0.0000%	No
Sum			0.0805495%

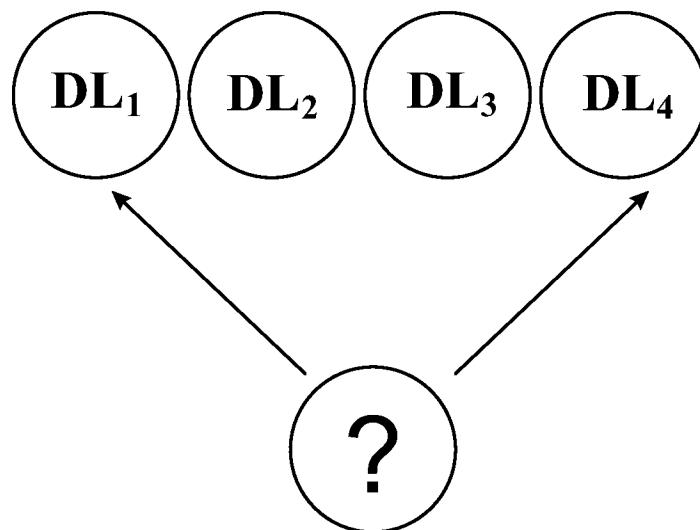


FIG. 5

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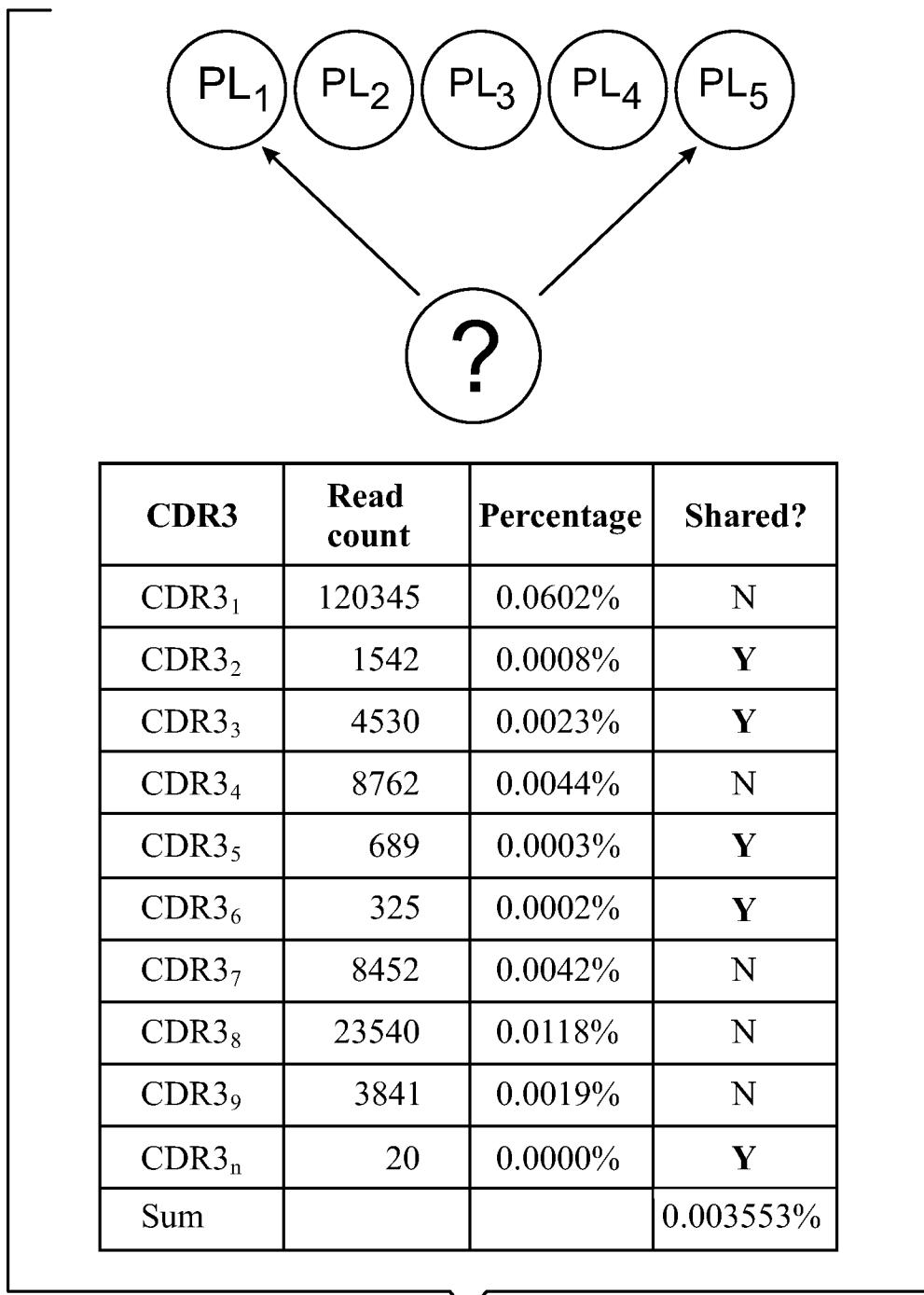


FIG. 6

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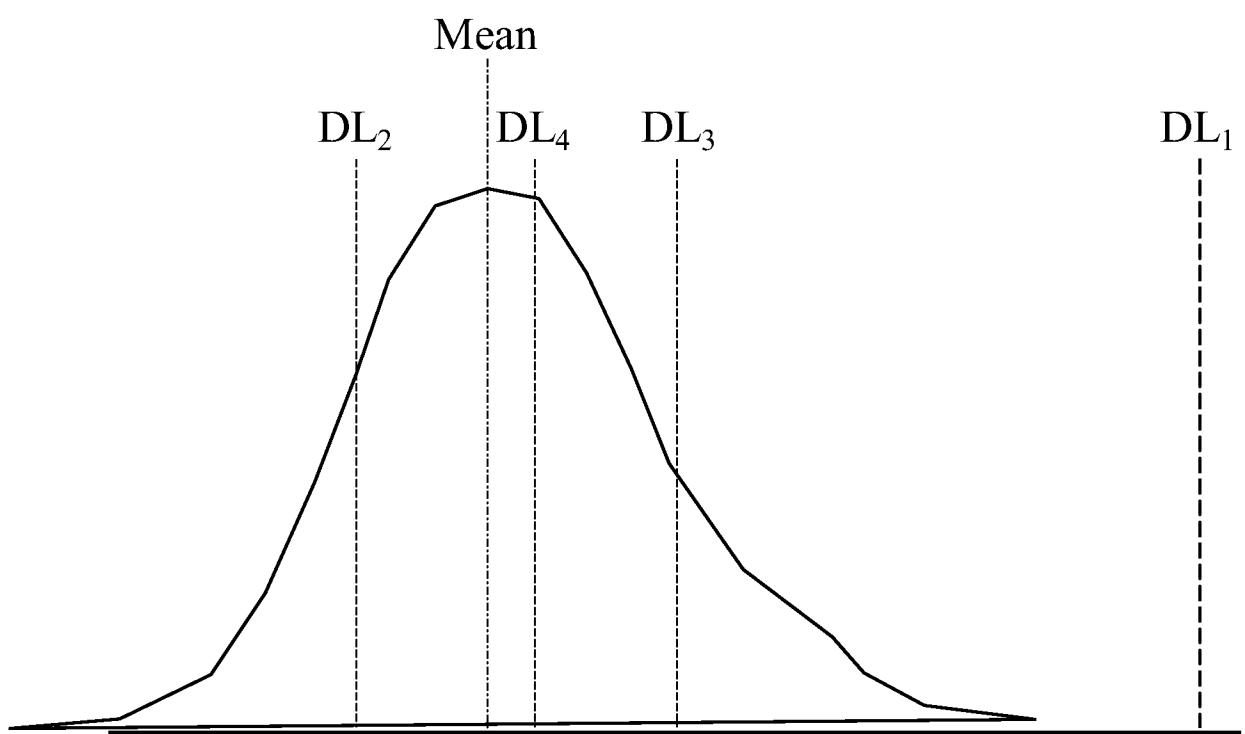


FIG. 7

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US14/15841

A. CLASSIFICATION OF SUBJECT MATTER

IPC(8) - C12Q 1/68 (2014.01)

USPC - 435/6.12, 6.11, 6.1, 4

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC(8): C12Q 1/68 (2014.01)

USPC: 435/6.12, 6.11, 6.1, 4

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

MicroPatent (US-G, US-A, EP-A, EP-B, WO, JP-bib, DE-C,B, DE-A, DE-T, DE-U, GB-A, FR-A); Google; Google Scholar; PubMed; ProQuest; evaluating, determine, identify, changes, rearrangements, recombination, 'immune response cell population,' 'T cells,' 'B Cells,' 'RNA amplification,' 'RT-PCR,' sequencing, associating, link, connect, correlate, disease

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2010/0021896 A1 (HAN, J) January 28, 2010; abstract; paragraphs [0007], [0009]-[0011], [0014], [0016], [0017], [0020], [0024], [0026], [0034], [0039], [0077]	12-17
—		—
Y	US 2012/0171725 A1 (HAN, J) July 5, 2012; paragraphs [0017], [0019]	1-10
Y	WO 2012/097374 A1 (HAN, J) July 19, 2012; paragraphs [0007], [0021], [0022]	1-10
Y	WANG, C et al. High Throughput Sequencing Reveals A Complex Pattern Of Dynamic Interrelationships Among Human T Cell Subsets. PNAS. 26 January 2010, Vol. 107; pages 1518-1523, Supporting Information; pages 1-16; page 1518, column 1, paragraph 3, column 2, paragraphs 1-2; page 1519, column 2, paragraph 2; page 1520, column 2, paragraphs 5-6; Supporting Information, page 3, paragraph 3; Supporting Information, page 10, paragraph 1; Table 1; Table S5; figure S2.	2, 11
A	WO 2011/140433 A2 (QUAKE, SR et al.) November 10, 2011; entire document	11

Further documents are listed in the continuation of Box C.



* Special categories of cited documents:	
"A" document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"E" earlier application or patent but published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"O" document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

22 April 2014 (22.04.2014)

Date of mailing of the international search report

12 MAY 2014

Name and mailing address of the ISA/US

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Authorized officer:

Shane Thomas

PCT Helpdesk: 571-272-4300
PCT OSP: 571-272-7774

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US14/15841

Box No. I Nucleotide and/or amino acid sequence(s) (Continuation of item 1.c of the first sheet)

1. With regard to any nucleotide and/or amino acid sequence disclosed in the international application, the international search was carried out on the basis of a sequence listing filed or furnished:
 - a. (means)
 on paper
 in electronic form
 - b. (time)
 in the international application as filed
 together with the international application in electronic form
 subsequently to this Authority for the purposes of search
2. In addition, in the case that more than one version or copy of a sequence listing has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that in the application as filed or does not go beyond the application as filed, as appropriate, were furnished.
3. Additional comments: