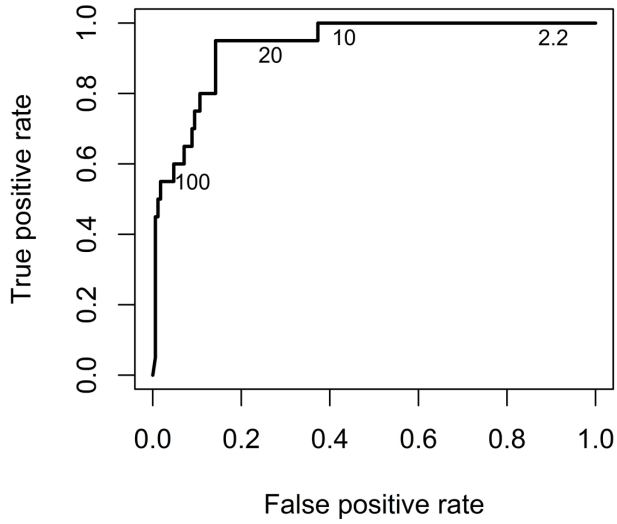
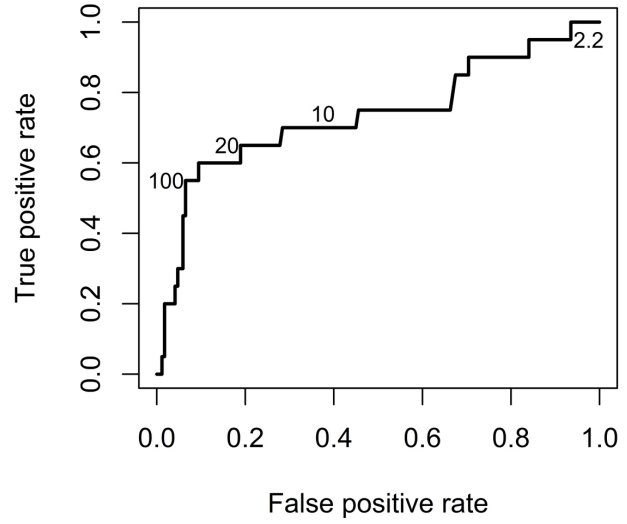


A ROC: Class I NBG to predict LCA
(n=189, AUC=0.94)



B ROC: Class II NBG to predict LCA
(n=189, AUC=0.74)



C ROC: New ELISA to predict old ELISA
(n=190, AUC=0.61)

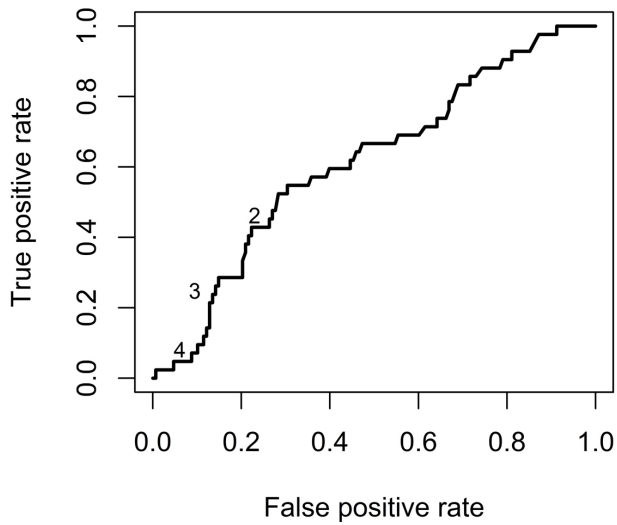


Figure S1

Figure S1. NBG ratios predict LCA⁺ subjects. Longitudinal samples of platelet transfusion recipients from the TRAP study that had been previously screened for HLA antibodies using the LCA were screened for HLA antibodies using a multi-analyte, bead-based fluorescent antibody detection assay. ROC analysis was used to predict LCA status using peak class I (A) or class II (B) HLA antibody NBG ratios. True and false positive rates using different NBG ratios cutoffs are plotted against each other. Numbers on line indicate specific NBG cutoff values, and area under the curve (AUC) is reported above. Samples from platelet transfusion recipients from the TRAP study that had been previously screened for HPA antibodies using an ELISA were screened for HPA antibodies using a new ELISA. (C) ROC analysis using maximum normalized OD values for HPA antibody to predict an ELISA⁺ result in the original analysis. Numbers on line represent normalized OD cutoff values on the new ELISA test.

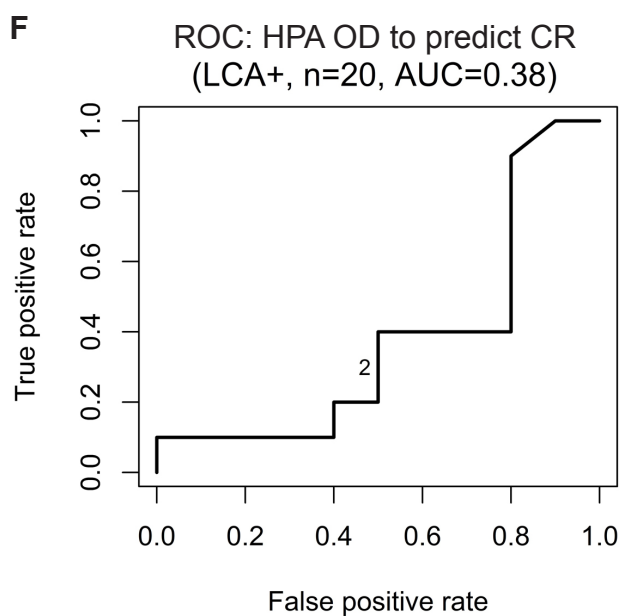
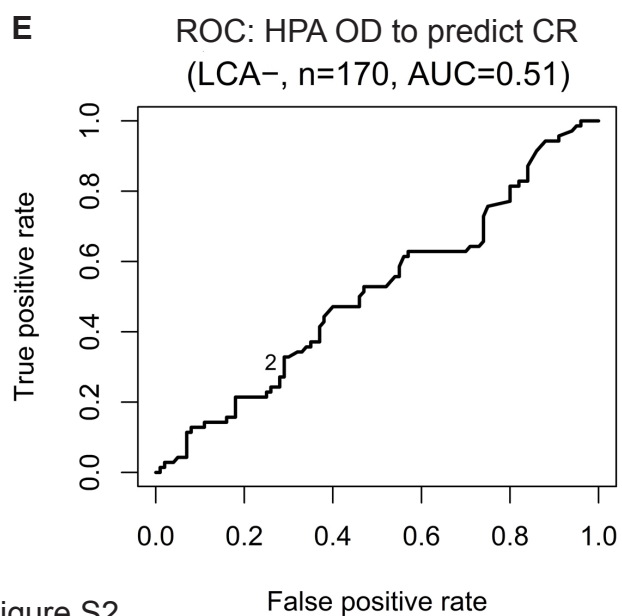
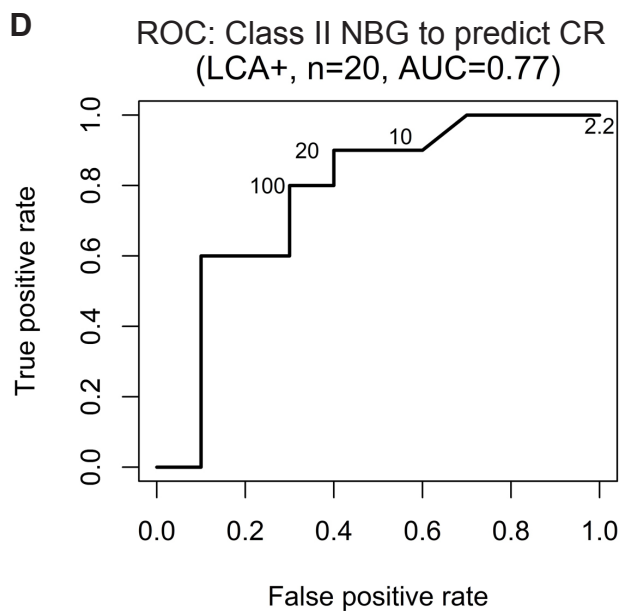
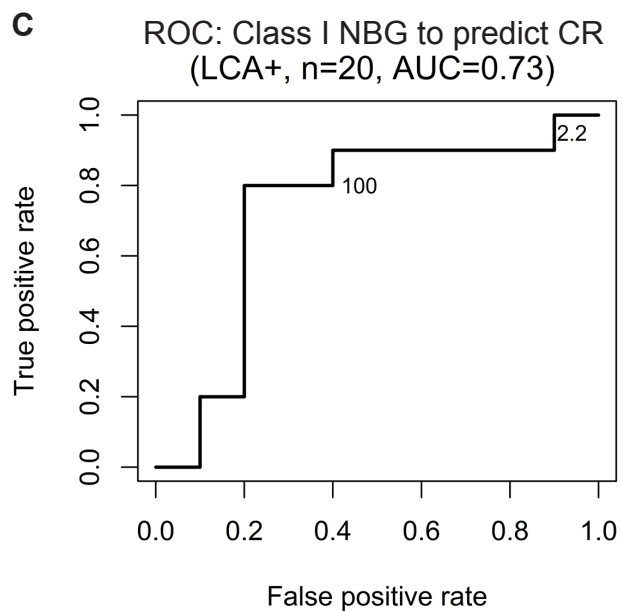
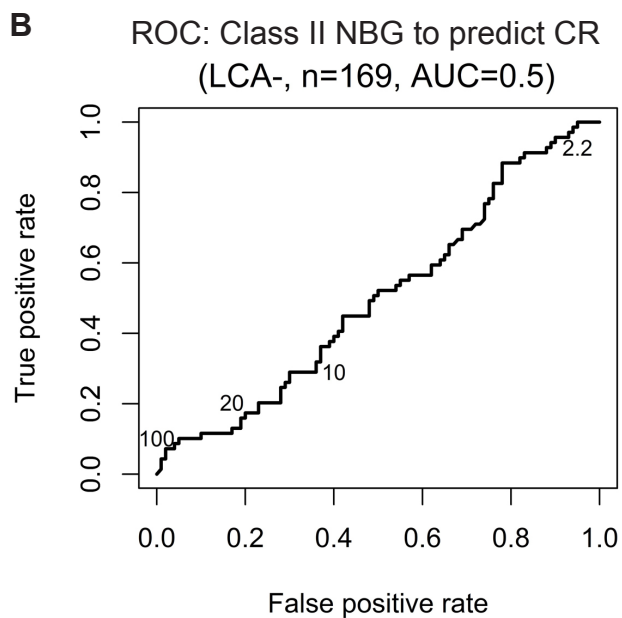
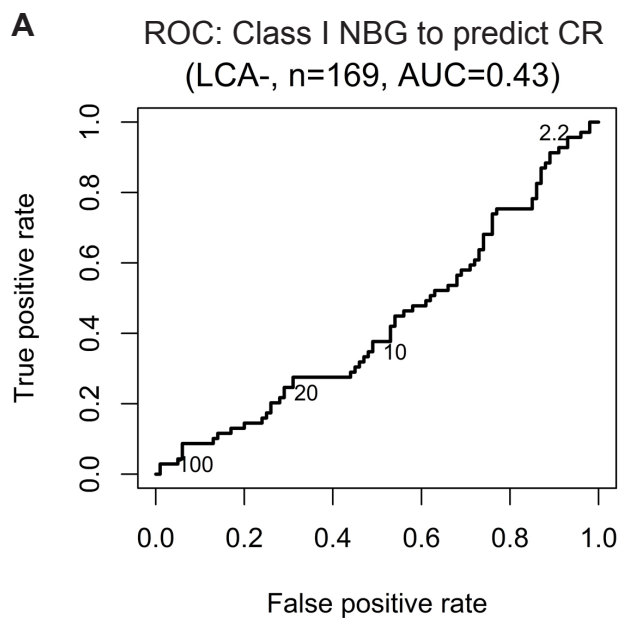


Figure S2

Figure S2. NBG ratios predict refractoriness among LCA⁺, but not LCA⁻, subjects.

ROC analysis using peak class I (A,C) or class II (B,D) HLA antibody NBG ratios or normalized maximum absorbance values for HPA Abs (E,F) to predict clinical refractoriness among LCA⁻ (A,B,E) or LCA⁺ (C,D,F) recipients. True and false positive rates using different NBG ratios cutoffs are plotted against each other. Numbers on line indicate specific NBG or normalized OD cutoff values for the HLA and HPA Ab tests, respectively.