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1 Counting of single prion particles bound to a capture-antibody

2 surface (surface-FIDA)

3

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Abstract

Hitherto accredited prion tests use the PK resistance of PrP^{Sc}, the pathogenic isoform of the prion protein, as a marker for the disease. Because of variations in the amount of disease-related aggregated PrP, which is not PK-resistant, these prion tests offer only limited sensitivity. Therefore, a prion detection method that does not rely on PK digestion would allow for the detection of both PK-resistant as well as PK-sensitive PrP^{Sc}. Furthermore, single particle counting is more sensitive than methods measuring an integrated signal. Our new test system is based on dual-colour fluorescence correlation spectroscopy (FCS). This method

quantifies the number of protein aggregates that have been simultaneously labelled with two
different antibodies using dual-colour fluorescence intensity distribution analysis (2D-FIDA).
This only counts PrP aggregates, and not PrP monomers. To increase the sensitivity, PrPSc
was concentrated in a two-dimensional space by immobilizing it so that the antibodies could
be captured on the surface of the slide (surface-FIDA). When the surface was systematically
scanned, even single prion particles were detected. Using this new technique, the sensitivity to
identify samples from scrapie-infected hamster as well as BSE-infected cattle can be
dramatically increased in comparison with identification using FIDA in solution.

- **Keywords:** Prion; proteinase K-free diagnosis; TSE diagnosis; single particle detection;
- 36 surface-FIDA; BSE, scrapie, CSF

1. Introduction

Prions are the causing agent of transmissible spongiform encephalopathies (TSEs) such as Creutzfeldt-Jakob disease (CJD) in man, bovine spongiform encephalopathy (BSE) in cattle and scrapie in sheep. These diseases are characterised by an abnormally folded form of the host-encoded prion protein (PrP) (Prusiner, 1998). The cellular, i.e. non-pathological isoform of PrP (PrP^C), is present in most tissues and is most abundant in the central nervous system. Following infection, PrP^C undergoes a conformational change during a post-translational process, leading to altered physicochemical properties such as aggregation, insolubility and β-sheet rich secondary structure. This pathological isoform is designated human PrP^{Sc}, bovine PrP^{Sc} or hamster PrP^{Sc}.

Through digestion with proteinase K (PK), PrP^{Sc} is N-terminally truncated at amino acids 89/90, the C-terminal part is resistant against further PK digestion but still fully infectious (resPrP). The PK resistance is accounted for as a marker for the pathological

51	isoform of PrP, and is the basis for most commercially-available TSE tests. However, a
52	portion of the disease-related PrPSc is not PK resistant. These properties have been described
53	quantitatively for several hamster prion strains (Safar et al., 1998) and for human PrPSc (Safar
54	et al., 2005). In summary, the disease-related PrPSc is always aggregated, but not all PrPSc is
55	PK resistant. Consequently, it is likely that aggregated PrPSc is a more sensitive TSE marker
56	than PK-resistant PrP.
57	Following the emergence of BSE (Wilesmith et al., 1991) as well as "new variant"
58	CJD (vCJD) along with the strong evidence that they were connected (Bruce et al., 1997; Hill
59	et al., 1997, Lasmezas et al., 1996), BSE diagnosis became a matter of great scientific and
60	public interest. Scrapie in sheep was also the focus of diagnosis, due to the potential danger of
61	BSE transmission to sheep (Jeffrey et al., 2001).
62	As mentioned above, most diagnostic methods currently available are based on the
63	PK-resistant C-terminal part of PrP detected by ELISA or Western immunoblotting (Grassi et
64	al., 2000; Oesch et al., 2000; Ingrosso et al., 2002). The conformation-dependent
65	immunoassay (CDI: Safar et al., 1998; 2002; 2005) does not depend totally on PK resistance
66	but contains a PK-digestion step in its most sensitive version. These techniques are applied
67	post-mortem, and the infection can only be detected at the onset of clinical signs or, at best,
68	some months earlier. A test which could be conducted on living animals or a test on
69	slaughtered animals very early after the infection would be desirable. Therefore, the detection
70	of very small amounts of PrPSc aggregates, ideally, even single aggregates, is necessary.
71	In an earlier study we described a method of detecting bovine PrPSc and hamster PrPSc
72	aggregates prepared from brain samples without PK digestion by fluorescence correlation
73	spectroscopy (FCS) (Birkmann et al., 2006). In that method, originally developed by Eigen
74	and Rigler (1994), a laser beam is focused on a sample volume with a diameter of less than a
75	micrometer, and the exited fluorescence light is imaged confocally onto the detector. The

fluctuations of the fluorescence intensity within that femtolitre volume can be evaluated. If the particle number is low, the fluctuations from fluorescent PrP mono- or oligomers can be differentiated from large PrP aggregates. FCS was applied in a dual-colour mode so that only coincidental signals of both fluorescent markers within the confocal volume were counted as specific events by cross-correlation evaluation. The system has already been applied in the monocolour mode to the detection of the Aβ-peptide aggregates in the cerebrospinal fluid of Alzheimer's disease patients (Pitschke et al., 1998), in the dual colour mode for prion particles in the cerebrospinal fluid of CJD patients (Bieschke et al., 2000) In the latter case, the diagnostic sensitivity was only 20%. PrP aggregates purified, however, without any PK-digestion step, of SHa scrapie and BSE brain samples could be detected by FCS (Birkmann et al., 2006). In these studies, the detection of the particles was carried out in solution, and only a portion of all particles present in the sample volume could be detected.

One problem in the set-up of the former method was that aggregates show either very slow diffusion or no detectable movement at all within the time of measurement. In the worst case, the aggregates even sink to the bottom of the cuvette and vanish from the detectable volume. In the case of very low concentrations of the aggregates in particular, a second problem is that only a small part of the sample could be analysed. This was due to the very small detection volume of the FCS in comparison with the sample volume. In combination, these two problems lead to the large scattering of the measured number of particles and limited sensitivity. In the present study we present a new experimental set-up called surface-FIDA which avoids these problems. It was possible to raise the sensitivity to the extent that individual prion particles could be counted in the cerebrospinal fluid of BSE-infected cattle.

2. Materials and Methods

100	2.1. Proteinase K assays
101	Proteinase K (PK) was added to brain homogenate samples to the final concentration
102	of 5 μg/ml. The sample was agitated for 1 hour at 37°C. Then the digestion was stopped by
103	adding one volume loading buffer containing 5 mM PMSF and boiling for 10 min.
104	
105	2.2. SDS/PAGE and Western Blotting
106	SDS/PAGE (12%) was carried out according to Laemmli's protocol (1970). Proteins
107	were transferred onto PVDF membranes (Millipore, Schwalbach, Germany) (Towbin et al.,
108	1979). The membrane was blocked with 5% fat-free dried milk in TBST buffer (10 mM Tris-
109	HCl [pH8.0], 150mM NaCl, 0.05% Tween 20) for 1 hour and subsequently incubated with
110	anti-PrP monoclonal antibody Saf32 (1:10000 in TBST) (Kascsak et al., 1987). The detection
111	was carried out with peroxidase-conjugated secondary antibody (Jackson ImmunoResearch,
112	Newmarket, Suffolk, UK) and enhanced chemiluminescence system (Amersham Biosciences,
113	Buckingham, GB).
114	
115	2.3. Purification of PrP^{Sc} and bovine PrP^{Sc} without PK treatment
116	The purification of PrPSc was carried out as described earlier (Birkmann et al., 2006)
117	Bovine PrPSc was isolated to high purity using a modified protocol (Fig. 2A) of the NaPTA-
118	precipitation (Safar, 2002). BSE-infected cattle were killed in the terminal stage of disease
119	their brains were immediately frozen and stored at -70°C. A part of the medulla oblongator
120	was homogenized on ice by three 30-second strokes with a PowerGen homogeniser (Fisher
121	Scientific, Schwerte, Germany) in PBS pH 7.4 containing a protease inhibitor mix (complete
122	mini, EDTA-free, Roche, Mannheim, Germany). The resulting homogenates 10% (w/v) were

mixed 1:1 with 8.4 % sarkosyl in PBS pH 7.4 and mixed three times for 30 seconds with a homogeniser at medium speed. The resulting homogenates were spun down for 1 min at 5 000 x g and the supernatant was either used immediately or stored at -70°C. The negative control animals were treated the same way. Benzonase (Merck, Darmstadt, Germany) was added to a final concentration of 50 units/ml to brain homogenate (5% w/v) containing 4.2% sarkosyl and agitated for 45 min at 37°C. Then the sample was mixed with stock solution containing 4% sodium phosphotungstate (NaPTA) and 170 mM MgCl₂ pH 7.4 to a final concentration of 0.25% NaPTA / 10.6 mM MgCl₂ and agitated for four hours at 37°C. After a centrifugation step of 14 000 x g (EBA 12, Hettich Zentrifugen, Tuttlingen, Germany) for 30 min the resulting pellet was washed with 200 μl of PBS 200 mM EDTA pH 8 for 30 min at 37°C and centrifuged as before. The same washing step was repeated with PBS 0.1% sarkosyl. Finally the pellet was re-suspended in PBS by brief sonication (Bandelin sonopuls, Bandelin electronic, Berlin, Germany).

2.4. Fluorescence labelling of antibodies

R1 Antibodies were kindly provided by S.B. Prusiner, UCSF, USA (Williamson et al., 1998). Antibodies 12F10 and Saf32 were obtained from SpiBio (Massy Cedex, France); antibody D18 was obtained from InPro (San Francisco, USA). Antibodies were labelled in free amino groups via reactive succinimidyl ester groups of Alexa-633 and Alexa-488 (Molecular Probes, Oregon, USA). For labelling, approximately 50 μ g antibodies were incubated with 5 μ g dye in carbonate buffer, pH 8.4, in a total volume of 100 μ l for 1 hour. Conjugates were separated from free dye by gel filtration via NAP5-column (Pharmacia) with 10 mM TBS, pH 7.2 and 0.2 M NaCl as elution buffer. The labelled antibodies were stored in the dark at 4°C.

2.5. Fluorescence correlation spectroscopy

In fluorescence correlation spectroscopy (FCS) the fluorescence intensity is recorded in a very small volume, i.e. in the femtolitre range. Measurements were performed with the instrument FCS Olympus IX 50 (Evotec OAI, Hamburg, Germany) with a beam scanner unit in dual-colour mode with an Argon ion laser (excitation wavelength 488/514 nm) and a helium-neon laser (excitation wavelength 633 nm). Each sample was measured 3 times for 210 seconds. The beam scanner unit allows the scanning of the sample for aggregates. In practice the detection volume is moved through the sample in horizontal and vertical dimensions. The beam scanner was used by moving 1 mm in one direction a rectangular deviation of 100 μ m with a frequency of 50 Hz and an integration time of 50 μ s. These settings were applied seven times, site by site, in each sample. The statistical evaluation was carried out as described in Birkmann et al. 2006.

3. Results

162 3.1. The concept of surface-FIDA

The detection of prion aggregates in suspension using the dual-colour fluorescence intensity distribution analysis (2D-FIDA) (Birkmann et al., 2006) was usually done in a small volume taken from a much larger sample volume by moving the laser detection focus through a cuvette. Diffusion of the particles and scanning of the volume were superimposed so that it was difficult to account quantitatively for all particles in the sample.

The search for a solution to this problem led to the development of the surface-FIDA assay. With the surface-FIDA assay, the prion aggregates were immobilized on a surface similar to that of an ELISA experiment in order to reduce the sample volume from a three-dimensional volume to a two-dimensional surface. In contrast to the ELISA method, no integrated signal was measured. Instead, single particles were counted by scanning.

173	Superimposition of diffusion and scanning is completely avoided and scanning can be adapted
174	to the whole surface where all particles are fixed. A schematic presentation of the surface-
175	FIDA setup is shown in figure 1.
176	
177	3.2. Purification of full-length bovine PrP^{Sc} from cattle brain homogenate without PK
178	treatment
179	The full-length PrPSc was purified from hamster brain homogenate without PK
180	treatment following a modified protocol based on PTA precipitation (Safar et al., 1998) as
181	described earlier (Birkmann et al., 2006). For purification of full-length bovine PrPSc from
182	brain homogenate without PK treatment, the protocol shown in Figure 2A was used. Two
183	washing steps were added to the original PTA precipitation protocol with BSE material (Safar
184	et al., 2002) and nucleases were used to enhance the purity of the samples (see Materials and
185	Methods). The main difference was that the purification completely avoided any PK
186	treatment.
187	The analysis of the single steps of the precipitation is shown in Figures 2 B and C. One
188	of the BSE samples contains a very low amount of PK-resistant PrP as one can see in the PK-
189	treated starting material, where only a light shadow of the resistant bovine PrPSc can be seen
190	at 30 kDa (Fig 2B, bh +). No PrP ^C could be detected in the resulting pellet of the negative
191	control (Fig 2C, p -). Therefore, it can be concluded that the PrP detected in the BSE pellet
192	fraction consists only of bovine PrPSc, which means a combination of PK-sensitive but
193	aggregated bovine PrPSc and of PK-resistant bovine PrPSc (Fig 2B, p -).

3.3. Immobilisation and detection of prion aggregates on a glass surface with the surface-

196	FIDA set-up
197	To bind the capture antibody to the glass surface of the assay chip, the chip surface
198	was activated with poly-D-lysine and the capture antibody bound by adhesion. For this
199	purpose, the glass surface of the assay chips was singed and 20 μ l of poly-D-lysine ($10\mu g/\mu l$)
200	were incubated in the wells for one hour at 37°C. For scrapie, prions prepared from brain
201	homogenate antibody R1 (Williamson et al., 1998), in the case of BSE SAF32 (Krasemann et
202	al., 1999) or D18 (Peretz et al., 2001), were used as capture, with 1µg per well being used. To
203	bind the PrP particles, 20 µl of the suspension was agitated in the wells for two hours,
204	unspecific binding sites were blocked by incubation with 5% BSA before applying the
205	fluorescence-labelled detection antibodies (0.1 $\mu g/ml$). In the case of scrapie we used R1 and
206	D13 and for BSE SAF32 and 12F10. After three washing steps with TBST, we executed the
207	FIDA measurements in the special surface-FIDA set-up.
208	To arrange the FCS focus in a defined distance on top of the surface of the assay chip,
209	a piezoelement was installed in order to control the focus of the fluorescence correlation
210	spectroscope (Olympus IX 50, Evotec OAI, Hamburg, Germany) with an accuracy of 100 nm.
211	Because we did not know in advance which height is most suited for the detection of the
212	labelled aggregates, measurements were taken out at different heights above the glass surface.
213	
214	3.4. Analysis of PrP aggregates from scrapie-infected hamsters and from BSE-infected cattle
215	by surface-FIDA
216	Prion aggregates purified from scrapie-infected hamster brain homogenate were
217	immobilized on a glass surface as described above. Control samples from non-infected
218	hamster brains were treated the same way. Measurements were carried out at heights of 0 to
219	20 µm above the glass surface in order to determine the best height (Fig. 3A, B).

At a height of $0~\mu m$, high background signals were detected in the negative control,
which were probably caused by unspecifically bound fluorescence or by high scattering from
the surface. At a height of 5 μm , only background signals of low intensity were detected,
whereas in the scrapie-positive sample many fluorescence peaks occurred. At a height of
between 10 μm and 20 μm , peaks could be detected in the scrapie sample in contrast to the
negative control, but the number of peaks decreased with increasing height from the surface.

After the analysis of one scrapie sample and one negative control, samples from four different scrapie-infected animals were examined and the samples treated identically. Samples from four non-infected animals were used as negative controls. In Figure 4 the mean number of peaks is shown as histogram. The mean values are calculated as described in Materials and Methods. We can clearly distinguish the scrapie samples from the control group in the heights from $10~\mu m$ to $20~\mu m$ from the surface. Best results were achieved at a height of $10~\mu m$, as indicated by the largest number of peaks. The third scrapie sample at $10~\mu m$ showed a remarkably high number of peaks in comparison to the other three scrapie samples measured at the same height. We have no explanation for the difference in the peak number distribution. It seems likely that the size distribution of the prion particles may have been very different in these samples.

BSE prion aggregates purified from *medulla oblongata* of BSE-infected cattle were also examined and negative controls treated the same way (Fig. 5). The height above the glass surface varied between 10 μ m to 20 μ m. Infected animals and the control group could be clearly distinguished. At a height of 20 μ m in the third BSE sample, the number of peaks decreased notably, so that heights from 10 to 15 μ m turned out to be the most effective.

3.5. Test for BSE infection in the cerebrospinal fluid (CSF) of cattle

The applicability of surface-FIDA to cattle CSF was tested with samples consisting of
$20\ \mu l$ of crude CSF with no further treatment. Because we initially only had two different
samples available, we tested these two CSF samples from BSE-infected cattle in the clinical
state and two negative control samples from healthy cattle with different combinations of
capture and detection antibodies (Fig. 6). We were able to distinguish the BSE samples from
the control samples with all antibody combinations applied. The combination of D18 as
capture and SAF32 with 12F10 as detection antibodies seemed to be the best. But as we had
only analysed two samples we were not able to ascertain whether surface-FIDA is generally
adaptable for detecting BSE in CSF. Therefore we applied six other samples and controls to
the surface-FIDA assay with the D18 as capture and SAF32 and 12F10 as probes (Fig. 7).
Three of the six BSE-infected cattle could be clearly distinguished from the control group.

4. Discussion

Several diagnostic methods are routinely applied to detect TSE-afflicted animals. In the present study we used a characteristic feature of spongiform encephalopathies which is not used in the routine tests mentioned above. This feature is the insolubility of prions or, in molecular terms, the aggregated state of bovine PrP^{Sc} or hamster PrP^{Sc}, whether it is PK-resistant or not.

In an earlier publication (Birkmann et al., 2006) we described the basic method of detecting aggregated PrP from scrapie-infected hamsters and BSE-infected cattle using FCS to count single fluorescent particles. Fluorescence-labelled antibodies were bound to aggregated PrP thus making the aggregates highly fluorescent. When the PrP particles cross the laser beam in suspension, they are detected as fluorescence bursts. This method enabled the distinction of BSE-infected cattle, as well as scrapie-infected hamsters, from control groups using brain homogenate. But these results also showed clearly that the standard variation resulting from measuring the same sample ten times was very high. The problems associated with this set-up were described in the Results section. A new set up was developed which results in a more accurate determination of prion aggregates in the whole sample, but which is still able to detect single particles. This new set-up was named surface-FIDA, because the prion particles were immobilised on the surface of an assay chip. The immobilised PrP aggregates were systematically scanned and counted.

The surface-FIDA assay has several important advantages compared to the earlier FCS studies:

 The PrP aggregates are concentrated through the immobilisation from a threedimensional solution to a two-dimensional surface. This set-up should enable the detection of all prion particles present in a sample.

280	- The assay no longer depends on the superimposition of diffusion and scanning. In
281	contrast, the FCS method is carried out in solution, the detection of the particles either
282	by diffusion of the particles or moving of the laser beam does not require two distinct
283	steps.
284	- Surface-FIDA is a combination of four steps with independent specificity.
285	These are:
286	(i) PrP-specific capture on the surface;
287	(ii) and (iii) labelling by two independent PrP-specific antibodies, which are detected
288	as a cross-labelling signal;
289	(iv) detection of large prion specific PrP-aggregates by FIDA.
290	In order to prove the applicability of surface-FIDA, we used PrPSc purified from brain
291	homogenate of scrapie-infected hamsters in the clinical state prepared without a PK-digestion
292	step. We were clearly able to distinguish between infected animals and a control group in a
293	test series of four infected and four healthy animals. The standard variations of the results
294	were much smaller when comparing the 2D-FIDA experiments with those done with the same
295	material in suspension (Birkmann et al., 2006).
296	After proving the principle, the same test series was carried out with four BSE-
297	infected cattle and four negative control samples. A clear differentiation between infected and
298	control animals was achieved. Also in that series, the standard variations were much lower in
299	comparison with earlier experiments with the same samples in solution.
300	Using the surface-FIDA method, we also tested CSF samples. In the literature it was
301	reported that in CSF of CJD patients, no PK-resistant human PrPSc was found (Wong et al.,
302	2001). However, the transmission rate with CSF from patients with CJD to primates was 15%
303	and a SIFT analysis detected PrP particles in 21% of the CSF samples of CJD patients
304	(Bieschke et al., 2000). No infectivity could be detected by inoculation in transgenic mice in

305	the CSF samples of BSE-infected cattle (Buschmann and Groschup, 2005). In this study,
306	however, PrP aggregates were found in 5 out of 8 CSF samples from BSE-afflicted animals.
307	To find out whether the absence of PrP particles from CSF of BSE-infected cattle is a
308	general phenomenon, or if the detection limit had to be improved, e.g. by concentrating the
309	particles before application to the surface-FIDA assay, it will be necessary to optimise the
310	sample preparation and/or the capture/probe combination. This is why we plan to perform
311	systematic studies with CSF samples from many animals. However, at present it can be
312	concluded that, in principle, the surface-FIDA method is capable of detecting PrP-particles in
313	the CSF of BSE-infected cattle.
314	In the present study, we concentrated on the development of the surface-FIDA method
315	and its basic applicability to the analysis of scrapie in hamsters and BSE in cattle. So far the
316	number of samples has been limited and the samples were from animals in the clinical state. It
317	is now possible to develop the surface-FIDA assay further in several directions:
318	(i) to further increase the sensitivity and specificity as outlined above
319	(ii) to use samples from animals in the preclinical stage and
320	(iii) samples from other organs including body fluids.
321	Surface-FIDA will possibly be useful in diagnosing other neurodegenerative diseases such
322	as Parkinson's disease, Huntington's disease or Alzheimer's in which peptide aggregates are
323	generated and could serve as molecular markers.

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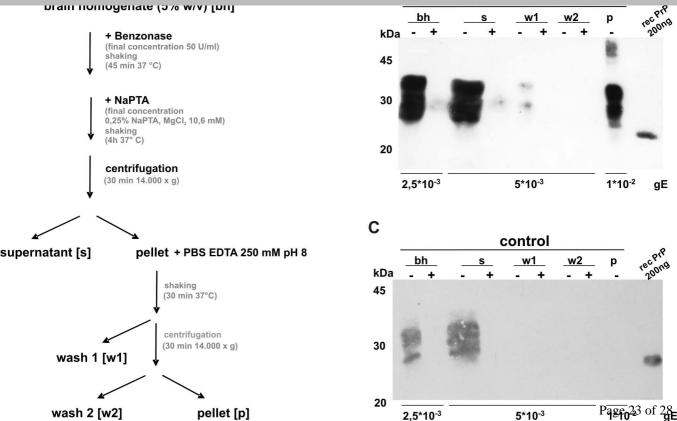
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410	Figure legends
411	Figure 1: Model of surface-FIDA
412	
413	Figure 2: Enrichment of bovine PrPSc without PK. A. purification procedure. B. Western
414	blot analysis of the purification procedure with brain homogenate from BSE-infected cattle.
415	C. Western blot analysis of the purification procedure with brain homogenate from non-
416	infected cattle. gE: gram equivalents.
417	
418	Figure 3: Comparison of fluorescence bursts of one SHa PrP ^{Sc} sample and one negative
419	control in different distances above the glass surface. The fluorescence intensities are
420	shown in the diagrams. They were detected with fluorescence labelled D13 as probe and R1
421	as capture by surface-FIDA within 30 seconds. The measurements were carried out at heights
422	of 0 μm to 20 μm above the glass surface.
423	
424	Figure 4: Surface-FIDA of purified brain homogenate of scrapie-infected hamsters and
425	healthy controls. In the histograms the mean values of burst number detected by surface-FIDA at
426	a height of 10 μm to 20 μm above the glass surface are shown. PrP^{Sc} samples from four different
427	scrapie-infected hamsters (dark grey) and four different healthy controls (light grey) were
428	analysed. The capture R1 and the probe combination D13 and R1 were used.
429	
430	Figure 5: Surface-FIDA of purified brain homogenate of BSE-infected and healthy cattle. In
431	the histograms the mean values of burst number detected by surface-FIDA at a height of 10 μm to
432	$20\;\mu\text{m}$ above the glass surface are shown. BSE samples from four different BSE-infected cattle
433	(dark grey) and four different healthy controls (light grey) were analysed. The capture Saf32 and
434	the probe combination 12F10 and Saf32 were used

Figure 6: Surface-FIDA of BSE-infected and healthy cattle CSF with different
capture/probe combination. In the histograms the mean values of burst number detected within
the surface-FIDA measurements at a height of 5 μm above the glass surface are shown. CSF
samples from two different BSE-infected cattle (bse1, bse2) and two different healthy controls
(neg1, neg2) were analysed. As shown in the histogram, different capture/probe combinations are
compared.
Figure 7: Surface-FIDA of BSE-infected and healthy cattle CSF. In the histograms the mean
values of burst number detected within the surface-FIDA measurements utilizing D18 as capture
with SAF32 and 12F10 as probes are shown. CSF samples from six different BSE-infected cattle
(dark grey) and six different healthy controls (light grey) were analysed. The number of peaks
varied independently of the labelling grade of the probes. Here the relative differences are
meaningful.

ACCEPTED MANUSCRIP detection volume scanning Page 22 of 28





capture binding

1 µg capture solved in PBS

incubation for 1 h at 37°C

blocking 5% BSA solved in PBS

incubation for 1 h at 37°C

target bindung

PrP-aggregates suspended in PBS

shaking for 2 h at RT

washing steps 3x with TBST

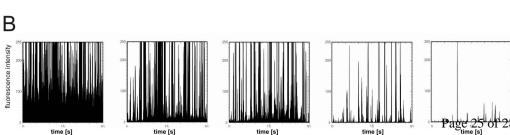
shaking for 10 min RT

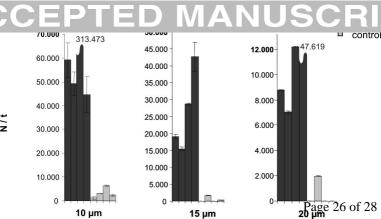
binding of detection antibodies fluorescent labelled probes 0,1 µg/ml in PBS

shaking for 2 h at RT

washing steps 24 of 28 3x for 1 h with TBS

fluorescence intensity 200 7-30 260 200 time [s] time [s] time [s] time [s] time [s]





200./04 20.321 controls 300.000 25.000 40.000 250.000 20.000 30.000 200.000 15.000 150.000 20.000 10.000 100.000 10.000 5.000 50.000 15 µm 10 µm

