

Immobilization of Nonactivated Unfixed Platelets for Real-Time Single-Cell Analysis

Alexander P. Bye, Zeki Ilkan, Amanda J. Unsworth, and Chris I. Jones

Abstract

Existing methods for measuring the response of individual platelets to stimulation are limited. They either measure each platelet at one discrete time-point (flow cytometry) or rely on adhesive ligands to immobilize platelets that concomitantly generate activation signals (microscopy). Such methods of immobilization make it impossible to assess resting platelets, the changes that occur as platelets transition from resting to active states, or the signals generated by soluble agonists, such as ADP and thrombin, or by mechanical stimulus, independently from those generated by the adhesive ligand. Here we describe a microscopy method that allows the immobilization of platelets to a glass cover slip without triggering platelet activation. This method makes use of specific antibodies that bind platelet PECAM-1 without activating it. Platelets can therefore be immobilized to PECAM-1 antibody coated biochips without causing activation and perfused with agonists or inhibitors. Using this method, platelets can be stimulated by an array of soluble agonists at any concentration or combination, in the presence or absence of inhibitors or shear forces. This chapter describes in detail this PECAM-1 mediated immobilized platelet method and its use for measuring changes in Ca²⁺ signaling in individual platelets under a number of different conditions. While we focus on the measurement of Ca²⁺ dynamics in this chapter, it is important to consider that the basic method we describe will easily lend its self to other measures of platelet activation (integrin activation, shape change, actin dynamics, degranulation), and may, therefore, be used to measure almost any facet of platelet activation.

Key words Immobilized Platelet, Calcium, ADP, Thrombin, Microscopy, Biochip

Introduction

It is desirable, in many cases, to monitor the cellular processes in individual platelets rather than a population of platelets. This is relatively straight forward and can be done either by flow cytometry or by microscopy. Flow cytometry enables analysis of both resting platelets and platelets activated by an array of agonists either individually or in combination, at fixed time points or in real-time assays, but with the limitation of only measuring each platelet at one discrete time-point [1–3]. Microscopy assays, by contrast, allow changes in individual platelets to be followed over time but with the limitation that platelets must be adhered to coverslips coated with adhesive receptor ligands such as fibrinogen, collagen, von Willebrand factor, or synthetic peptides [4 – 7]. In this approach activation signals are, however, generated by the adhesive ligand making it impossible to assess resting platelets or the changes that occur as platelets transition from resting to active states. It also makes it impossible to assess signals generated by soluble agonists, such as ADP or thrombin, or by mechanical stimulus, independently from those generated by the adhesive ligand. With these limitations in mind we have developed a microscopy method that allows the immobilization of platelets to a glass cover slip without triggering platelet activation. This approach allows the measurement of calcium transients in individual resting platelets and the changes in platelets in response to agonist- or shear-induced mechanical stimulation.

The method we outline in detail below is carried out in five stages using biochips which provide a convenient small capillary channel onto which platelets can be immobilized and through which agonists or inhibitors can be infused over the immobilized platelets (Fig. 1a). The biochips are initially coated in PECAM-1 (WM59) antibodies (Fig. 1b—Stage 1). Excess antibody is removed and the channel is blocked with 2% BSA to prevent artifactual platelet activation (Fig. 1b—Stage 2). Platelets are gently loaded into the flow channel, allowed to bind to the immobilized antibody and nonadherent

platelets are removed leaving just immobilized nonactivated platelets (Fig. 1b—Stages 3 and 4). Image acquisition of the immobilized platelets is started and concomitantly agonists are perfused, or shear is increased to cause platelet activation which can be imaged (Fig. 1b—Stage 5). This method makes use of the ability of certain antibodies to bind platelet PECAM-1 without activating it. On the platelet surface PECAM-1 has been estimated to be expressed at between 5000 and 8800 copies per cell [8–10]. Although the level of platelet PECAM-1 varies widely within the human population with levels up to 20,000 molecules per platelet seen in around 20% of the population [11]. PECAM-1 is made up of a 574-amino acid residue extracellular portion organized into six immunoglobulin (Ig)-like homology domains (Fig. 1c), a 19-amino acid transmembrane domain and a cytoplasmic domain which includes an Immunoreceptor Tyrosine-based Inhibitory Motif (ITIM) ((L/V/I/S/T)XYXX(L/V)) and an Immunoreceptor Tyrosine-based Switch Motif (ITSM) (TxYxx(V/I)) contained in a lipid-interacting α -helical segment [12–14]. The principal ligand for PECAM-1 is PECAM-1 itself through homophilic interaction between immunoglobulin (Ig) domains 1 and 2 of the molecules on nearby platelets [15].

In laboratory studies activation of PECAM-1 is most usually achieved through the binding of selected antibodies that bind to membrane proximal Ig domain 6 of PECAM-1 [16–18]. These antibodies bind to PECAM-1 but importantly leave Ig domains 1 and 2 free to undergo homophilic interaction that is enhanced when cross-linking secondary antibodies are used to cluster the primary antibody and hence PECAM-1 [16–19]. In response to this direct stimulation of PECAM-1 tyrosine phosphorylation and signaling occurs leading to an array of inhibitory (and some activatory) responses [16–18, 20, 21]. In the method described below we use antibodies specifically directed against the Ig domain 1 and 2 of PECAM-1 which inhibit the activation of PECAM-1 by blocking homophilic ligation that is dependent on these domains (Fig. 1c) [15, 16]. Thus detailed knowledge of PECAM-1 physiology and the availability of well characterized specific reagents have allowed us to design a method that provides a surface onto which platelets can attach, via an abundant receptor, and become immobilized without becoming overtly activated.

This chapter describes in detail the PECAM-1 mediated immobilized platelet method developed in our laboratory, and its use for measuring changes in Ca^{2+} signaling in individual platelets under a number of different conditions. We endeavour to provide all of the important technical details needed to successfully use this method. While we focus on the measurement of Ca^{2+} dynamics in this chapter it is important to bear in mind that the basic method we describe (the capture and immobilization of nonactivated platelets on a PECAM-1 antibody surface in capillary channels) will easily lend itself to other measures of platelet activation (integrin activation, shape change, actin dynamics, degranulation), and may, therefore, be used to measure almost any facet of platelet activation.

Materials

Reagents

1. Acid Citrate Dextrose (ACD): 85 mM sodium citrate 111 mM glucose, and 78 mM citric acid [pH 6.4].
2. 1 μ M ADP, 1 μ M TRAP-6, or 10 μ g/ml CRP-XL (collagen-related peptide-cross-linked, monomeric sequence GCI[GPO]10GCOG) was prepared as described previously [22] (see Note 1, Fig. 2).
3. 500 μ M Fluo-4 AM in DMSO (see Notes 2–5).

Flow Chip Preparation and Imaging

1. Tyrode's-HEPES buffer—134 mM NaCl, 0.34 mM Na₂HPO₄, 2.9 mM KCl, 12 mM NaHCO₃, 20 mM N-2-hydroxyethylpiperazine-N-2-ethanesulfonic acid, 5 mM glucose and 1 mM MgCl₂, pH 7.3—filter using 0.2 μm, 32 mm Syringe Filters.
2. Monoclonal mouse anti-human antibody against the first or second Ig domain of PECAM-1 (CD31), clone: WM59 (Serotec, UK). The antibody binds to PECAM-1 but prevents its activation [15, 16].
3. 2% bovine serum albumin (BSA) in Tyrode's-HEPES buffer filtered using 0.2 μm, 32 mm Syringe Filters.
4. Glass-bottom biochips which are precast disposable perfusion chambers comprising channels, each 1.6 mm wide, 0.16 mm high, and 28 mm long, with a volume of 0.8 μl.
5. Nanopump to enable precision microfluidic flow at variable shear rates.
6. Confocal microscope with Resonant Scanner housed in an environmental hood to maintain the temperature of the biochips, platelets, and any buffer or agonist perfused over the immobilized platelets and a constant 37 °C.
7. ImageJ 1.47v52 using the Time Series Analyzer V2.0 plugin.

Method

The method outlined below is for imaging of Ca²⁺ transients in single immobilized platelets. The method of preparing and immobilizing platelets to a glass biochip without causing their activation is, however, adaptable to many experimental designs of which this is one example.

Biochip Preparation

1. Coat glass-bottom biochips with monoclonal mouse antihuman PECAM-1 (CD31, WM59) antibody by pipetting 1 μl (containing 1 μg) of antibody into each channel and incubating at 37 °C for 1 h.
2. Remove excess antibody by very gently flushing each channel by directly pipetting 10 μl of Tyrode's-HEPES buffer into the channels. The buffer should be prewarmed to 37 °C.
3. To prevent glass-induced platelet activation block each channel by gently directly pipetting 10 μl of 2% BSA, prewarmed to 37 °C, into each channel. Then incubate for 1 h at 37 °C.
4. Remove excess BSA by gently flushing each channel by directly pipetting 50 μl of Tyrode's-HEPES buffer (prewarmed to 37 °C) into each channel (see Note 6).
5. Biochips are now ready to use and can be kept at 37 °C or stored in the fridge at 4 °C overnight. If storing in at 4 °C overnight make sure that the biochips are brought up to 37 °C prior to use.

Blood Collection and platelet preparation

1. Obtain human blood (see Note 7) from consenting healthy volunteers who have not taken anti-platelet medication (for example aspirin or ibuprofen) in the previous 10 days, via venesection of the antecubital vein. Collect the blood into 3.8% (w/v) sodium citrate at a ratio of 9 parts blood to 1 part sodium citrate, adding acid citrate dextrose (ACD) to a final concentration of 12.5% (v/v).
2. Transfer the blood into 12 × 75 mm polystyrene test tubes and prepare platelet rich plasma (PRP) by centrifugation at 100 × g for 20 min using the slowest centrifuge braking setting.
3. Transfer PRP slowly using a wide bore pipette tip to avoid artifactual shear-induced activation and maintain at 30 °C.

Dye Loading

1. Load PRP with 2 μM Fluo-4 for 1 h at 30 °C.

2. Wash the platelets by centrifugation at $350 \times g$ for 20 min and resuspension in Tyrode's-HEPES buffer prewarmed to $30\text{ }^{\circ}\text{C}$ (see Note 8). Adjust platelet concentration to 4×10^7 cells/ml to ensure that platelets are spatially separated on the biochip, thereby minimizing artifactual platelet-platelet interaction.
3. Rest platelet for 10 min at $30\text{ }^{\circ}\text{C}$ prior to introducing them into the biochips.

Immobilisation of Platelets on Biochips

1. Immediately prior to each experiment (see Note 9), introduce the Fluo-4 loaded washed platelets into the biochip channel by very gently pipetting $1\ \mu\text{l}$ of Fluo-4 loaded washed platelets directly into the channel ensuring that the platelets are not exposed to shear stress (see Note 10).
2. Incubate at $37\text{ }^{\circ}\text{C}$ for 10 min with occasional very gentle shaking.
3. The biochip can then be mounted on the microscope stage making sure that the environmental chamber and the stage are at $37\text{ }^{\circ}\text{C}$.
4. Using the pump slowly ($<5\text{ dyne/cm}^3$) draw Tyrode's-HEPES buffer prewarmed to $37\text{ }^{\circ}\text{C}$ through the channel to wash off any nonimmobilized platelets.

Imaging

1. Set up the confocal microscope to monitor platelet calcium signaling (see Note 11). Observe fluorescence with excitation at 488 nm and emission at 525 nm with a $60\times$ magnification lens.
2. Record fluorescence in unstimulated platelets for 5 min prior to stimulation. The frequency of image acquisition should be at least 2 FPS (see Note 12)

Inhibiting or Stimulating Platelets

1. Pharmacological reagents may be introduced at a very low shear rate ($<200\text{ s}^{-1}$) prior to stimulation.
2. When the microscope is set up and fluorescence has been monitored in unstimulated platelets for 5 min, perfuse agonists through the channels at low shear rate ($<400\text{ s}^{-1}$) (see Note 10) whilst continuously recording the calcium signal for 5 min (Fig. 2)

Image Analysis

1. Captured time-series images are analyzed on ImageJ 1.47v52 using the Time Series Analyzer V2.0 plugin, to obtain the Ca^{2+} traces (Fig. 2).
2. Changes in Ca^{2+} concentration can be plotted as F/F_0 , where F is the fluorescence intensity (at $t = x\text{ s}$) minus background and F_0 is the fluorescence intensity (at $t = 0\text{ s}$) minus background.

NOTES

1. Using this method, platelets can be stimulated by an array of soluble agonists at any concentration or combination, in the presence or absence of inhibitors or shear stress. Figure 2 provides typical Ca^{2+} traces obtained when stimulating with $1\ \mu\text{M}$ ADP, $1\ \mu\text{M}$ TRAP-6, or $10\ \mu\text{g/ml}$ CRP-XL. 2.
2. Both Fluo-3 and Fura-2 AM may be used with this method if the confocal microscope is fitted with appropriate lasers.
3. Fluo-4 AM is generally preferable to Fluo-3. Because of its greater absorption near 488 nm. Fluo-4 emits significantly brighter fluorescence than Fluo-3, enabling it to be used at lower

intracellular concentrations, both reducing the cost of experimentation and the amount of invasive dye loading [23].

4. Fura-2 AM: This ratiometric dye allows the measurement of Ca²⁺-dependent fluorescence at 340 nm and 380 nm generating 340/380 ratios to represent intracellular Ca²⁺ concentrations. The main advantage of using Fura-2 is that variables such as differences in dye loading, cell thickness or potential cell movement can be eliminated. These variables could generate artifacts when nonratiometric dyes are used to measure intracellular Ca²⁺ concentrations. The standard procedure of Fura-2 dye loading involves the treatment of PRP with 2 μM Fura-2 AM for 45 min at 37 °C, with gentle inversions throughout the incubation period to allow mixing.
5. Ensure that platelets are not exposed to light during and after the dye loading steps to avoid photobleaching of Fluo-4.
6. When removing excess antibody or BSA care must be taken not to flush too vigorously, otherwise the coating will be disrupted.
7. The technique may be used to study platelets from nonhuman species, but dye-loading conditions are likely to differ from those described and may require optimization.
8. Include 0.32 U/ml apyrase in the buffer used to resuspend platelets and in the external buffer, if P2X1 receptors are being studied under shear. This will prevent P2X1 channels from desensitization by ATP which may be found in the extracellular milieu [24]. Apyrase can be omitted from these steps depending on the objectives of the study.
9. In our experience it is advisable to immobilize and then stimulate the platelets in one channel at a time to obtain optimal results.
10. Human platelets have been reported to express several shear stress-operated mechanosensitive ion channels including Piezo1 [25–28], whose contribution to function in singly attached platelets can be studied using this protocol. For further details on how this method can be adapted to monitor fluid-shear induced mechanosensitive Ca²⁺ entry in singly attached platelets, see Ilkan et al. [28]. Fluid shear stress can cause mechanosensitive ion channel activation by inducing tensions within the lipid bilayer of the membrane, which in turn operate mechanosensitive ion channels permitting ionic fluxes from the cell exterior [29, 30]. Evidence indicates that this mechanism is independent of any links to the cytoskeleton [31], and thus shear stress is directly sensed and transmitted to the ion channels by the membrane. Using the in vitro approach described in this chapter, normal or pathological venous or arterial flow rates (in ml/min) can be applied to immobilized platelets in biochips by drawing physiological saline through the biochip channels. The conversion between flow rate (ml/min) and shear rate (s⁻¹) can be performed using the following formula, taking into account the dimensions of the biochip channels:

$$Q = \frac{wb^2t}{6\mu}$$

where Q = flow rate (ml/s), w = microslide lumen width in cm for biochip (0.08); h = microslide lumen height in cm biochip (0.008); t = shear stress (Pa); μ = viscosity of water (0.001002 Pa/s). Finally, to calculate the shear rate (s⁻¹), t is divided by μ.

11. It is essential that everything in the system is at a stable 37 °C. It is therefore advisable to turn the microscope incubator on early (1–2 h prior to the start of the experiment) to ensure that the stage reaches a uniform 37 °C.
12. If shear-induced Ca²⁺ responses are being studied (such as mechanosensitive cation channel responses), image capturing frequency can be adjusted to optimally to capture Ca²⁺ responses. Higher frequencies will allow the recording of very brief Ca²⁺ elevations which would not be captured using lower frequencies.

References

1. Jones CI, Garner SF, Angenent W, Bernard A, Berzuini C, Burns P, Farndale RW, Hogwood J, Rankin A, Stephens JC, Tom BD, Walton J, Dudbridge F, Ouwehand WH, Goodall AH (2007) Mapping the platelet profile for functional genomic studies and demonstration of the effect size of the GP6 locus. *J Thromb Haemost* 5(8):1756–1765. <https://doi.org/10.1111/j.1538-7836.2007.02632.x>
2. Jones CI, Tucker KL, Sasikumar P, Sage T, Kaiser WJ, Moore C, Emerson M, Gibbins JM (2014) Integrin-linked kinase regulates the rate of platelet activation and is essential for the formation of stable thrombi. *J Thromb Haemost Immobilised Platelet Imaging* 10 12(8):1342–1352. <https://doi.org/10.1111/jth.12620>
3. Stefanini L, Boulaftali Y, Ouellette TD, Holinstat M, Desire L, Leblond B, Andre P, Conley PB, Bergmeier W (2012) Rap1-Rac1 circuits potentiate platelet activation. *Arterioscler Thromb Vasc Biol* 32(2):434–441. <https://doi.org/10.1161/ATVBAHA.111.239194>
4. Nesbitt WS, Harper IS, Schoenwaelder SM, Yuan Y, Jackson SP (2012) A live cell microimaging technique to examine platelet calcium signaling dynamics under blood flow. *Methods Mol Biol* 788:73–89. https://doi.org/10.1007/978-1-61779-307-3_6
5. Mazzucato M, Pradella P, Cozzi MR, De Marco L, Ruggeri ZM (2002) Sequential cytoplasmic calcium signals in a 2-stage platelet activation process induced by the glycoprotein Ibalpha mechanoreceptor. *Blood* 100(8):2793–2800. <https://doi.org/10.1182/blood-2002-02-0514>
6. Nesbitt WS, Kulkarni S, Giuliano S, Goncalves I, Dopheide SM, Yap CL, Harper IS, Salem HH, Jackson SP (2002) Distinct glycoprotein Ib/V/IX and integrin alpha IIb beta 3-dependent calcium signals cooperatively regulate platelet adhesion under flow. *J Biol Chem* 277(4):2965–2972. <https://doi.org/10.1074/jbc.M110070200>
7. Yap CL, Anderson KE, Hughan SC, Dopheide SM, Salem HH, Jackson SP (2002) Essential role for phosphoinositide 3-kinase in shear dependent signaling between platelet glycoprotein Ib/V/IX and integrin alpha(IIb) beta(3). *Blood* 99(1):151–158
8. Metzelaar MJ, Korteweg J, Sixma JJ, Nieuwenhuis HK (1991) Biochemical characterization of PECAM-1 (CD31 antigen) on human platelets. *Thromb Haemost* 66(6):700–707
9. Wu XW, Lian EC (1997) Binding properties and inhibition of platelet aggregation by a monoclonal antibody to CD31 (PECAM-1). *Arterioscler Thromb Vasc Biol* 17(11):3154–3158
10. Newman PJ (1994) The role of PECAM-1 in vascular cell biology. *Ann N Y Acad Sci* 714:165–174
11. Novinska MS, Rathore V, Newman DK, Newman PJ (2007) PECAM-1. *Platelets:chapter 11*. Elsevier, London, pp 221–230
12. Jackson DE, Kupcho KR, Newman PJ (1997) Characterization of Phosphotyrosine binding motifs in the cytoplasmic domain of platelet/ endothelial cell adhesion Molecule-1 (PECAM1) that are required for the cellular association and activation of the protein-tyrosine phosphatase, SHP-2. *J Biol Chem* 272(40):24868–24875
13. Vivier E, Daeron M (1997) Immunoreceptor tyrosine-based inhibitory motifs. *Immunol Today* 18:286–291
14. Paddock C, Lytle BL, Peterson FC, Holyst T, Newman PJ, Volkman BF, Newman DK (2011) Residues within a lipid-associated segment of the PECAM-1 cytoplasmic domain are susceptible to inducible, sequential phosphorylation. *Blood* 117(22):6012–6023. <https://doi.org/10.1182/blood-2010-11-317867>
15. Sun QH, DeLisser HM, Zukowski MM, Paddock C, Albelda SM, Newman PJ (1996) Individually distinct Ig homology domains in PECAM-1 regulate homophilic binding and modulate receptor affinity. *J Biol Chem* 271(19):11090–11098

16. Jones CI, Sage T, Moraes LA, Vaiyapuri S, Hussain U, Tucker KL, Barrett NE, Gibbins JM (2014) Platelet endothelial cell adhesion molecule-1 inhibits platelet response to thrombin and von Willebrand factor by regulating the internalization of glycoprotein Ib via AKT/ glycogen synthase kinase-3/dynamin and integrin α IIb β 3. *Arterioscler Thromb Vasc Biol* 34(9):1968–1976. <https://doi.org/10.1161/ATVBAHA.114.304097>
17. Moraes LA, Barrett NE, Jones CI, Holbrook LM, Spyridon M, Sage T, Newman DK, Gibbins JM (2010) Platelet endothelial cell adhesion molecule-1 regulates collagen-stimulated platelet function by modulating the association of phosphatidylinositol 3-kinase with Grb-2-associated binding protein-1 and linker for activation of T cells. *J Thromb Haemost* 8(11):2530–2541. <https://doi.org/10.1111/j.1538-7836.2010.04025.x>
18. Jones CI, Garner SF, Moraes LA, Kaiser WJ, Rankin A, Bloodomics C, Ouwehand WH, Goodall AH, Gibbins JM (2009) PECAM-1 expression and activity negatively regulate multiple platelet signaling pathways. *FEBS Lett* 583(22):3618–3624. <https://doi.org/10.1016/j.febslet.2009.10.037>
19. Cicmil M, Thomas JM, Leduc M, Bon C, Gibbins JM (2002) PECAM-1 signalling inhibits the activation of human platelets. *Blood* 99:137–144
20. Jackson DE, Ward CM, Wang R, Newman PJ (1997) The protein-tyrosine phosphatase SHP-2 binds platelet/endothelial cell adhesion molecule-1 (PECAM-1) and forms a distinct signaling complex during platelet aggregation. *J Biol Chem* 272(11):6986–6993
21. Varon D, Jackson DE, Shenkman B, Dardik R, Tamarin I, Savion N, Newman PJ (1998) Platelet/endothelial cell adhesion molecule-1 serves as a costimulatory agonist receptor that modulates integrin-dependent adhesion and aggregation of human platelets. *Blood* 91(2):500–507
22. Morton LF, Hargreaves PG, Farndale RW, Young RD, Barnes MJ (1995) Integrin α 2 β 1-independent activation of platelets by simple collagen-like peptides: collagen tertiary (triple-helical) and quaternary (polymeric) structures are sufficient alone for α 2 β 1-independent platelet reactivity. *Biochem J* 306:337–344
23. Gee KR, Brown KA, Chen WN, Bishop-Stewart J, Gray D, Johnson I (2000) Chemical and physiological characterization of fluo-4 Ca^{2+} -indicator dyes. *Cell Calcium* 27(2):97–106. <https://doi.org/10.1054/ceca.1999.0095>
24. Rolf MG, Brearley CA, Mahaut-Smith MP (2001) Platelet shape change evoked by selective activation of P2X1 purinoceptors with α , β -methylene ATP. *Thromb Haemost* 85(2):303–308
25. Burkhart JM, Vaudel M, Gambaryan S, Radau S, Walter U, Martens L, Geiger J, Sickmann A, Zahedi RP (2012) The first comprehensive and quantitative analysis of human platelet protein composition allows the comparative analysis of structural and functional pathways. *Blood* 120(15):e73–e82. <https://doi.org/10.1182/blood-2012-04-416594>
26. Wright JR, Amisten S, Goodall AH, Mahaut-Smith MP (2016) Transcriptomic analysis of the ion channelome of human platelets and megakaryocytic cell lines. *Thromb Haemost* 116(2):272–284. <https://doi.org/10.1160/TH15-11-0891>
27. Boyanova D, Nilla S, Birschmann I, Dandekar T, Dittrich M (2012) PlateletWeb: a systems biologic analysis of signaling networks in human platelets. *Blood* 119(3):e22–e34. <https://doi.org/10.1182/blood-2011-10-387308>
28. Ilkan Z, Wright JR, Goodall AH, Gibbins JM, Jones CI, Mahaut-Smith MP (2017) Evidence for shear-mediated Ca^{2+} entry through Mechanosensitive Cation channels in human platelets and a megakaryocytic cell line. *J Biol Chem* 292(22):9204–9217. <https://doi.org/10.1074/jbc.M116.766196>

29. Coste B, Mathur J, Schmidt M, Earley TJ, Ranade S, Petrus MJ, Dubin AE, Patapoutian A (2010) Piezo1 and Piezo2 are essential components of distinct mechanically activated cation channels. *Science* 330(6000):55–60. <https://doi.org/10.1126/science.1193270>
30. Coste B, Xiao B, Santos JS, Syeda R, Grandl J, Spencer KS, Kim SE, Schmidt M, Mathur J, Dubin AE, Montal M, Patapoutian A (2012) Piezo proteins are pore-forming subunits of mechanically activated channels. *Nature* 483(7388):176–181. <https://doi.org/10.1038/nature10812>
31. Cox CD, Bae C, Ziegler L, Hartley S, Nikolova-Krstevska V, Rohde PR, Ng CA, Sachs F, Gottlieb PA, Martinac B (2016) Removal of the mechanoprotective influence of the cytoskeleton reveals PIEZO1 is gated by bilayer tension. *Nat Commun* 7:10366. <https://doi.org/10.1038/ncomms10366>

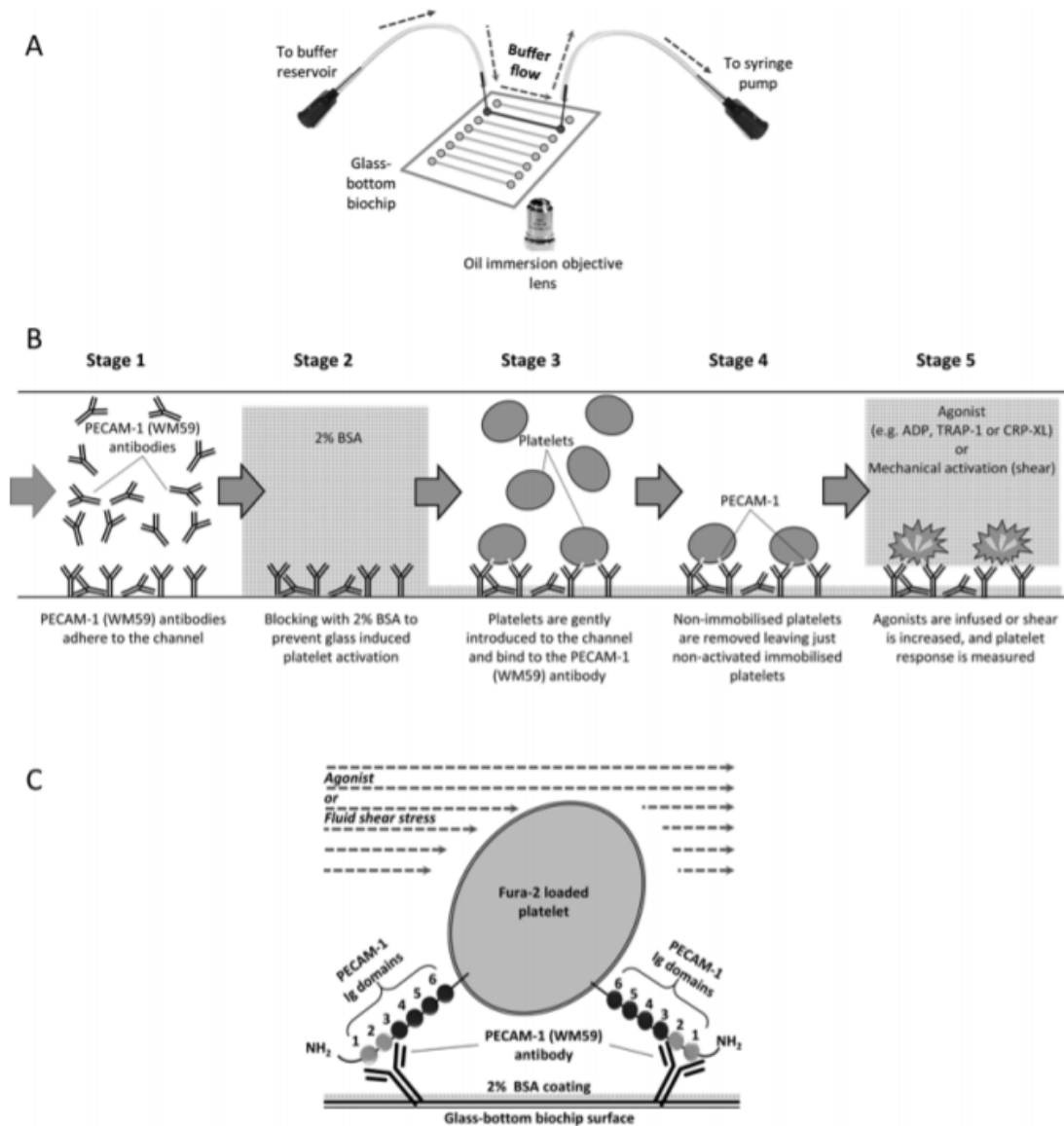


Fig. 1 PECAM-1 immobilized platelet method. Cartoon representations of the PECAM-1 immobilized platelet method. (a) Nonactivated platelets are immobilized on to glass-bottom biochips allowing for agonists, inhibitors, or buffered to be flowed over them at a range of shear stress while continuously imaging changes in platelet activation (e.g. calcium flux). (b) The five stages of the method for immobilizing platelets. Stage 1—Biochips are coated in PECAM-1 (WM59) antibodies. Stage 2—Exposed glass is coated with 2% BSA to prevent artifactual platelet activation. Stage 3—Platelets are loaded into the flow channel and allowed to bind to the immobilized antibody. Stage 4—Nonadherent platelets are removed leaving just immobilized nonactivated platelets. At which point image acquisition can start. Stage 5—Agonists are infused or shear is increased to cause platelet activation which can be measured. (c) Closer image of Stage 4, showing a platelet immobilized by PECAM-1 tethers. The PECAM-1 (WM59) antibody binds to Ig domains 1 or 2 of the PECAM-1 molecule which prevents its activation, thereby tethering the platelets without inducing their activation or inhibitory PECAM-1 signaling [15, 16]

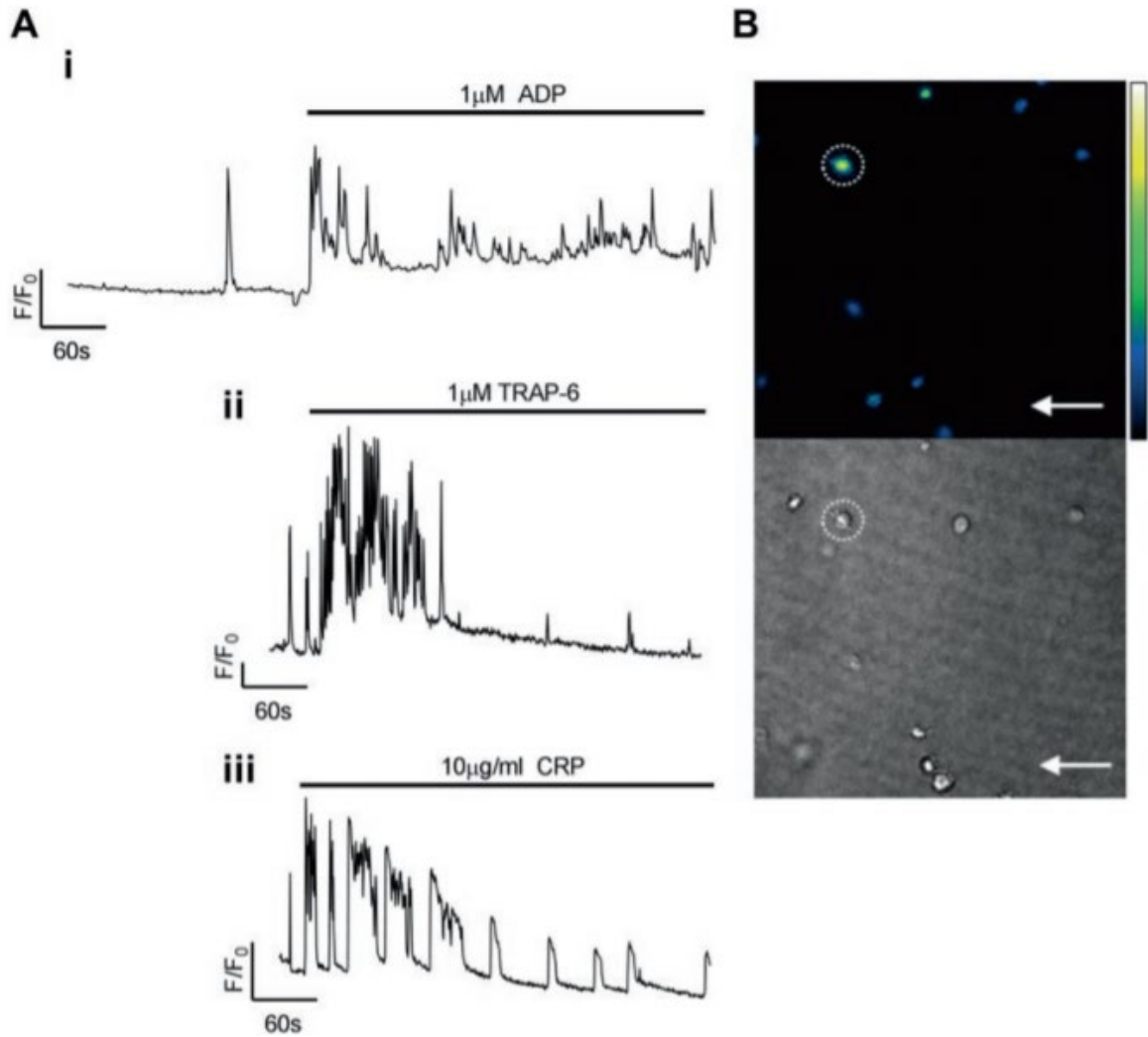


Fig. 2 Intracellular Ca²⁺ measured in platelets adhered to anti-PECAM-1 coated flow chambers during perfusion with agonists. Washed human platelets incubated with Fluo-4 AM for 1 h at 30 °C were adhered to a microfluidic flow cell chamber coated with anti-PECAM-1 antibody for 30 min and then perfused with agonist. (a) Traces are pseudoratio (F/F₀) of Fluo-4 fluorescence measured in single platelets (indicated in images by dashed circle) during perfusion with (i) 1 μM ADP, (ii) 1 μM TRAP-6, or (iii) 10 μg/ml CRP-XL for 7 min. (b) Fluo-4 fluorescence image (top) and brightfield image (bottom) of platelets during perfusion with ADP (white arrow indicates direction of flow)