



transfusions were screened for platelet antibodies. 1 of these refractory patients was negative for platelet antibody screening by LCT but positive by ELISA. Thus, the platelet crossmatching by LCT and ELISA were performed in parallel. The effectiveness of transfusions were monitored by CCI at 1h posttransfusion. The result showed that LCT alone was insufficient for platelet antibody screening and crossmatching. Platelet ELISA was used in conjunction with LCT and obtained the CCI > 7,500 at 1h posttransfusion. In this study, it was suggested that in early stage of sensitization, platelet ELISA had more advantages than LCT for the detection of platelet antibodies. And the test should be performed when LCT failed to detect platelet antibodies in refractory patients.