



BLOG

Cell Viability Measurement

Guide to Evaluating Cell Quality After Cryopreservation

: Pitfalls of Post-Thaw Viability Measurement and Strategies for Accurate Cell Counting



Introduction

Cryopreservation is an essential technique in cell therapy development, stem cell research, and immune cell-based studies. It allows cells to be stored safely for extended periods and used whenever needed. However, in real experimental settings, one recurring question always remains:

“Are cells truly the same before and after cryopreservation?”

Many researchers measure cell viability immediately after thawing and rely heavily on those results, only to encounter unexpected problems in downstream experiments. This is because post-thaw cell quality assessment is not simply about determining the percentage of “live cells.” Rather, it is a comprehensive evaluation of whether the cells have functionally recovered after the freeze–thaw process.

In this article, we will discuss the basic principles of cryopreservation, common pitfalls and measurement errors in post-thaw cell quality assessment, and strategies for more accurate cell counting and viability analysis.

1. What is Cryopreservation?

Cryopreservation is a technique used to store cells for extended periods at ultra-low temperatures, typically at -80°C or in liquid nitrogen (-196°C). The key objective during cryopreservation is to minimize the formation of intracellular ice crystals during the freezing process. Ice crystals can physically damage cellular membranes and organelles, ultimately leading to cell death.

To prevent this, cryoprotectant agents (CPAs) are used. The most commonly used CPA is DMSO (Dimethyl Sulfoxide), which suppresses ice crystal formation by replacing intracellular water. However, DMSO itself can also exhibit cytotoxic effects, making careful optimization and control of both freezing and thawing protocols critically important.

Major Stress Factors During Cryopreservation

- Osmotic stress caused by changes in solute concentration during freezing
- Mechanical damage caused by ice crystal formation
- Chemical toxicity from CPAs such as DMSO
- Thermal shock caused by rapid temperature changes during thawing
- Physical stress during the resuspension process

2. Pitfalls in Post-Thaw Cell Quality Assessment

Representative dyes include Acridine Orange (AO), DAPI, and SYTO9. Even if post-thaw viability is measured at “over 90 %,” it does not necessarily mean that the cells are fully healthy or functionally intact. There are several important pitfalls in post-thaw cell quality assessment that researchers should be aware of.

Pitfall 1. Time Sensitivity of Trypan Blue Staining

Trypan Blue (TB) is one of the most commonly used dyes for measuring post-thaw cell viability. However, TB itself is cytotoxic, and over time it can gradually penetrate even live cells, leading to an underestimation of viability. This issue becomes even more pronounced in post-thaw cells, whose plasma membranes are often temporarily weakened due to cryopreservation stress. Under these conditions, TB staining may produce larger measurement errors. It is generally recommended that TB-based counting be completed within 5 minutes after staining. The longer the exposure time, the more likely TB is to slowly penetrate viable cells, causing artificially reduced viability values.

Conversely, in sensitive cell types such as PBMCs, some dead or damaged cells may rapidly rupture immediately upon TB exposure and disappear from the microscopic field, potentially causing viability to be overestimated.

In other words, depending on TB exposure time and cell type, viability may be either underestimated or overestimated, requiring careful interpretation.

Recommended approach:

When using TB, cell counting should ideally be performed within 1–2 minutes after staining. Alternatively, switching to lower-toxicity stains such as Erythrosine B (EB) or fluorescence-based AO/PI staining is recommended.

Pitfall 2. Differences Between Immediate Post-Thaw Viability and Post-Recovery Viability

Viability measured immediately after thawing can differ substantially from viability measured after a recovery or stabilization period. This is because cells require time to recover from cryopreservation-induced stress.

Immediately after thawing, cell membranes may be temporarily damaged or exhibit increased permeability. Under these conditions:

- viability may appear artificially low due to transient membrane damage, or
- damaged cells that are not yet fully dead may still be counted as “live,” leading to artificially high viability.

Therefore, immediate post-thaw measurement is not always the most accurate approach.

Recommended protocol:

After thawing, thoroughly remove the CPA (e.g., DMSO), then allow the cells to recover in a 37°C incubator for approximately 30 minutes to 1 hour before evaluating cell quality. This generally provides more reliable and physiologically relevant data.

Pitfall 3. Viability Is Not the Same as Functionality

High post-thaw viability does not necessarily mean that cells have fully recovered their biological function. Most viability assays simply distinguish live and dead cells based on membrane integrity. They do not directly evaluate:

- metabolic activity
- proliferative capacity
- cytokine secretion
- cytotoxic activity
- or other cell-specific functional properties

For example, even if post-thaw viability is measured at 85 %, the proportion of cells that can actually proliferate or perform their intended biological functions may be significantly lower.

This issue is particularly important for highly functional cell types such as:

- CAR-T cells
- NK cells
- PBMCs
- stem cells

where functional recovery is often more critical than viability alone.

Pitfall 4. Effects of Cell Debris and Cellular Fragments

During the freeze–thaw process, some cells rupture and generate cellular debris. In manual counting or image-based automated counting systems, this debris may be mistakenly identified as intact cells, resulting in overcounting.

Recommended approach:

Using dual-fluorescence stains such as AO/PI helps minimize the impact of debris.

- Acridine Orange (AO, green) stains nucleated particles, allowing identification of intact cells containing nuclei.
- Propidium Iodide (PI, red) selectively stains dead cells.

This approach reduces the likelihood that non-cellular debris will be counted as viable cells.

In addition, automated cell counters such as the LUNA-FX7™ can further exclude debris using size-gating functions, improving counting accuracy.

3. Best Practices for Post-Thaw Cell Quality Assessment

Step 1. Choose the Appropriate Viability Stain

The first step in accurate post-thaw cell quality assessment is selecting a staining method that properly reflects the condition of thawed cells.

Viability Stain	Detection Method	Cytotoxicity	Suitability for Post-Thaw Cells	Recommended Use
Trypan blue (TB)	Brightfield	Moderate to High	Requires caution (time-sensitive)	General cell lines, short measurement workflows
Erythrosine B (EB)	Brightfield	Low	Suitable (stable for up to 30 minutes)	Image - based automated counting
AO/PI	Fluorescence	Low	Highly suitable	Fluorescence - based high - precision analysis
FDA/PI	Fluorescence	Very Low	Highly suitable	Enzyme activity - based viability analysis

For cell types that are particularly sensitive to cryopreservation stress—such as PBMCs, iPSCs, and CAR-T cells—fluorescence-based viability stains such as AO/PI or FDA/PI are generally recommended.

Step 2. Allow Adequate Recovery Time After Thawing

Rather than evaluating cells immediately after thawing, it is important to provide sufficient recovery time so that cells can recover from cryopreservation-induced stress.

A commonly recommended workflow is as follows:

- 1. DMSO dilution immediately after thawing**

Immediately dilute the thawed cells with pre-warmed culture medium to reduce DMSO concentration.

- 2. Removal of DMSO by centrifugation**

Centrifuge the cells and resuspend the cell pellet in fresh medium

- 3. Recovery incubation**

Incubate the cells at 37°C with 5 % CO₂ for approximately 30 minutes to 1 hour.

- 4. Quality assessment**

After stabilization, measure cell count and viability.

Step 3. Calculate Post-Thaw Recovery Rate

In addition to measuring viability alone, it is important to compare viable cell numbers before freezing and after thawing to calculate the cell recovery rate. This allows quantitative evaluation of the efficiency of the cryopreservation protocol.

$$\text{Recovery Rate (\%)} = (\text{Viable cells after thawing} / \text{Viable cells before freezing}) \times 100$$

In general, a recovery rate above 70 % is often considered acceptable, although the target threshold may vary depending on the cell type and experimental purpose. In particular, in GMP environments for cell therapy manufacturing, recovery rate is frequently used as a critical quality control parameter.

Step 4. Utilize Automated Cell Counters

Manual counting can introduce substantial errors, particularly in post-thaw samples where cell conditions are heterogeneous and debris levels are high. Automated cell counters such as the LUNA-FX7™ provide several advantages:

- Automatic exclusion of debris through size-gating functions
- High compatibility with fluorescence-based viability stains such as AO/PI and FDA/PI
- Reduced user-to-user variability through standardized analysis parameters
- Improved traceability through automatic data storage and record management
- Time-course monitoring of post-thaw recovery using Bioprocess functions

4. Key Considerations for Post-Thaw Quality Assessment by Cell Type

Cell Type	Key Considerations	Recommended Viability Stain
PBMC	Highly sensitive to TB toxicity, high debris levels, variable recovery rates	AO/PI
iPsc / Stems cells	Prone to clumping, differentiation status should be monitored	AO/PI
CAR-T / NK cells	Functional assessment is critical; viability alone is insufficient	AO/PI, FDA/PI
CHO / HEK cells (cell lines)	Relatively robust; standard protocols generally applicable	TB, EB, AO/PI
Yeast	Small cell size and weak fluorescence signal	FDA/PI (Yeast Viability Kit)

Conclusion

Post-thaw cell quality assessment should not be limited to simply checking viability immediately after thawing. Reliable evaluation requires a comprehensive approach that includes:

- appropriate selection of viability stains,
- sufficient post-thaw recovery time,
- quantitative calculation of recovery rate, and
- precise counting using automated systems.

In high-value applications such as cell therapy development, stem cell research, and immune cell-based assays, the accuracy of post-thaw quality assessment can directly influence experimental success and data reliability. For more robust and reproducible quality control, the use of fluorescence-based viability stains together with automated cell counters should be strongly considered.

For more detailed information on post-thaw cell quality assessment, please refer to:

["How to Choose the Right Viability Stain for Automated Cell Counting"](#)

Frequently Asked Questions (FAQ)

Q1. Should cells be counted immediately after thawing, or should I wait?

A. In general, more reliable results are obtained when cells are allowed to recover after thawing rather than being measured immediately. A commonly recommended approach is to remove DMSO and incubate the cells at 37°C for approximately 30 minutes to 1 hour before evaluation. However, protocols may need to be adjusted depending on the cell type and experimental purpose.

Q2. What are the main reasons for low post-thaw viability?

A. Common causes include:

- Problems with the cryopreservation protocol (cooling rate, CPA concentration, etc.)
- Improper thawing conditions (especially slow thawing)
- Delayed removal of DMSO
- Cytotoxic effects of viability stains, particularly prolonged exposure to Trypan Blue

To minimize these issues, cells should be counted promptly after staining, or lower-toxicity stains such as AO/PI or Erythrosine B should be considered.

Q3. What should I do if the cell recovery rate is low?

A. First, review the cryopreservation protocol, including:

- CPA concentration
- Cooling rate
- Cell density during freezing

The thawing protocol should also be evaluated, including:

- Thawing temperature and speed
- DMSO removal procedures

In addition, the condition of the cells before freezing—including viability, passage number, and overall cell health—can significantly affect post-thaw recovery. Therefore, pre-freeze quality control is equally important.

Q4. Which viability stain is most suitable for evaluating sensitive cells such as PBMCs after thawing?

A. For sensitive cell types such as PBMCs, iPSCs, and CAR-T cells, fluorescence-based viability stains such as AO/PI or FDA/PI are generally recommended over Trypan Blue. These stains exhibit lower cytotoxicity and provide more stable staining performance, allowing more reliable results in vulnerable post-thaw conditions where cells may already be stressed or membrane-compromised.

Reference

1. Strober W. Trypan Blue Exclusion Test of Cell Viability. *Curr Protoc Immunol.* 2015;111:A3.B.1-3. doi: 10.1002/0471142735.ima03bs111. PMID: PMC6716531.
2. Chan LL, Rice WL, Qiu J. Observation and quantification of the morphological effect of trypan blue rupturing dead or dying cells. *PLoS One.* 2020;15(1):e0227950. doi: 10.1371/journal.pone.0227950. PMID: PMC6980413.
3. Kwok AKH, Yeung CK, Lai TYY, Chan KP, Pang CP. Effects of trypan blue on cell viability and gene expression in human retinal pigment epithelial cells. *Br J Ophthalmol.* 2004;88(12):1590-4. doi: 10.1136/bjo.2004.044917. PMID: PMC1772415.
4. Geissler N, et al. Assessment and comparison of viability assays for cellular products. *Cytotherapy.* 2024;26(3):282-290. doi: 10.1016/j.jcyt.2023.11.006. PMID: PMC10872314.
5. Hunt CJ. Technical Considerations in the Freezing, Low-Temperature Storage and Thawing of Stem Cells for Cellular Therapies. *Transfus Med Hemother.* 2019;46(3):134-150. doi: 10.1159/000497289. PMID: PMC6558355.
6. Meneghel J, Kilbride P, Morris GJ. Cryopreservation as a Key Element in the Successful Delivery of Cell-Based Therapies-A Review. *Front Med (Lausanne).* 2020;7:592242. doi: 10.3389/fmed.2020.592242. PMID: PMC7793902.