Checklist for Reporting Human Islet Preparations Used in Research

Adapted from Hart NJ, Powers AC (2018) Progress, challenges, and suggestions for using human islets to understand islet biology and human diabetes. Diabetologia https://doi.org/10.1007/s00125-018-4772-2.

Manuscript DOI: https://doi.org/10.2337/**[insert manuscript submission number]** **(**Example, https://doi.org/10.2337/db18-1234)	
Title: Potential protection against type 2 diabetes in obesity through lower CD36 expression and improved exocytosis in β-cells	
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Islet preparation	57	58	59	60	61	62	63	64[a]
MANDATORY INFORMATION								
Unique identifier	130	132	134	135	137	138	139	140
Donor age (years)	67	57	64	61	62	70	51	46
Donor sex (M/F)	M	M	F	M	M	F	F	F
Donor BMI (kg/m^2)	36.2	24.5	24	23.1	34	23.3	31.1	30.8

Donor HbA$_{1c}$ (%)	6.2	5.8	6	6.2	5.6	5.4	5.6	5.4
Origin/source of islets[b]	NICS	NICS	NICS	NICS	NICS	NICS	NICS	NICS
Islet isolation centre	Uppsala University	Uppsala University	Uppsala University	Uppsala University	Uppsala University	Uppsala University	Uppsala University	Uppsala University
Donor history of diabetes? Yes/No	No	Yes	No	No	No	No	No	No
If Yes, complete the next two lines if this information is available								
Diabetes duration (years)								
Glucose-lowering therapy at time of death[c]								

RECOMMENDED INFORMATION								
Donor cause of death								
Warm ischaemia time (h)								
Cold ischaemia time (h)								

Estimated purity (%)	52	75	88	67	34	86	67	60
Estimated viability (%)								
Total culture time (h)[d]								
Glucose-stimulated insulin secretion (Stimulation index)[e]	7.3	5.2	23.4	N/A	3.2	23.8	11.1	2.6
Handpicked to purity? Yes/No								
Additional notes								

[a]If you have used more than eight islet preparations, please complete additional forms as necessary
[b]For example, IIDP, ECIT, Alberta IsletCore
[c]Please specify the therapy/therapies
[d]Time of islet culture at the isolation centre, during shipment and at the receiving laboratory
[e]Please specify the test and the results: Stimulation index was calculated by dividing the average insulin concentration of the high-glucose phase by that of the low-glucose phase in a dynamic perfusion.