

## Checklist for Reporting Human Islet Preparations Used in Research

<b>Manuscript DOI:</b> <a href="https://doi.org/10.2337/[insert manuscript submission number]">https://doi.org/10.2337/[insert manuscript submission number]</a> (Example, <a href="https://doi.org/10.2337/db18-1234">https://doi.org/10.2337/db18-1234</a> )	
<b>Title:</b> Epigenetic changes in Langerhans islets preceding the onset of diabetes	
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Islet preparation	1	2	3	4	5	6	7	8 <sup>a</sup>
MANDATORY INFORMATION								
Unique identifier	41	42	43	44	45	46	47	48
Donor age (years)	52	62	55	58	65	52	69	62
Donor sex (M/F)	Female	Male	Female	Female	Male	Female	Male	Male
Donor BMI (kg/m <sup>2</sup> )	25.4	35	28.5	25	27.8	27	24.7	20.1

Donor HbA <sub>1c</sub> or other measure of blood glucose control	38	46	42	39	55	33	40	56
Origin/source of islets <sup>b</sup>	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation	The Nordic Network For Clinical Islet Transplantation
Islet isolation centre	Uppsala	Uppsala	Uppsala	Uppsala	Uppsala	Uppsala	Uppsala	Uppsala
Donor history of diabetes? Yes/No	no	yes	yes	no	yes	no	no	yes
<b>If Yes, complete the next two lines if this information is available</b>								
Diabetes duration (years)								
Glucose-lowering therapy at time of death <sup>c</sup>								

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

Estimated purity (%)								
Estimated viability (%)								
Total culture time (h) <sup>d</sup>								
Glucose-stimulated insulin secretion or other functional measurement <sup>e</sup>								
Handpicked to purity? Yes/No								
Additional notes								

<sup>a</sup>If you have used more than eight islet preparations, please complete additional forms as necessary

<sup>b</sup>For example, IIDP, ECIT, Alberta IsletCore

<sup>c</sup>Please specify the therapy/therapies

<sup>d</sup>Time of islet culture at the isolation centre, during shipment and at the receiving laboratory

<sup>e</sup>Please specify the test and the results