

Checklist for Reporting Human Islet Preparations Used in Research

Manuscript DOI: DB20-0204	
Title: Epigenetic changes in Langerhans islets preceding the onset of diabetes	
Author list: Meriem Ouni, PhD, Sophie Saussenthaler, MSc*, Fabian Eichelmann, PhD*, Markus Jähnert, MSc, Clemens Wittenbecher PhD, Tina Rönn PhD, Lisa Zellner, MSc, Pascal Gottmann, PhD, Charlotte Ling, PhD, Matthias B. Schulze, DrPH and Annette Schürmann, PhD	
Corresponding author: Prof. Dr. Annette Schürmann	Email address: schuermann@dife.de

Islet preparation	1	2	3	4	5	6	7	8 ^a
MANDATORY INFORMATION								
Unique identifier	33	34	35	36	37	38	39	40
Donor age (years)	49	51	65	40	60	39	64	68
Donor sex (M/F)	Female	Male	Male	Male	Male	Male	Male	Male
Donor BMI (kg/m ²)	33.4	25	24.9	24.2	24.2	31	26	24.5

Donor HbA _{1c} or other measure of blood glucose control	40	36	40	36	33	39	33	36
Origin/source of islets ^b	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	no	yes	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 (%)								
Estimated viability (%)								
Total culture time (h) ^d								
Glucose-stimulated insulin secretion or other functional measurement ^e								
Handpicked to purity? Yes/No								
Additional notes								

^aIf you have used more than eight islet preparations, please complete additional forms as necessary

^bFor example, IIDP, ECIT, Alberta IsletCore

^cPlease specify the therapy/therapies

^dTime of islet culture at the isolation centre, during shipment and at the receiving laboratory

^ePlease specify the test and the results