

## 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>.

<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> ) DB20-1115.R1	
<b>Title:</b> Pancreatic pseudoislets: an organoid archetype for metabolism research	
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Islet preparation	1	2	3	4	5	6	7	8 <sup>a</sup>
<b>MANDATORY INFORMATION</b>								
Unique identifier	SAMN12496597	SAMN12731217	SAMN12274306	SAMN12500521	SAMN12670838	SAMN13028024	SAMN14132340	SAMN13866285
Donor age (years)	39	30	37	52	40	57	31	30
Donor sex (M/F)	Female	Male	Male	Male	Male	Female	Male	Female
Donor BMI (kg/m <sup>2</sup> )	24.2	25.5	25.3	29	30.7	23.5	27	27.1

Donor HbA <sub>1c</sub> or other measure of blood glucose control	-							
Origin/source of islets <sup>b</sup>	ADI	ADI	IIDP	IIDP	IIDP	IIDP	IIDP	IIDP
Islet isolation centre	Alberta	Alberta	Univ of Miami	Univ of Wisconsin	Univ of Wisconsin	Southern California Islet Cell Resource Center	Southern California Islet Cell Resource Center	Univ of Miami
Donor history of diabetes? Yes/No	No	No	No	No	No	No	No	No
<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