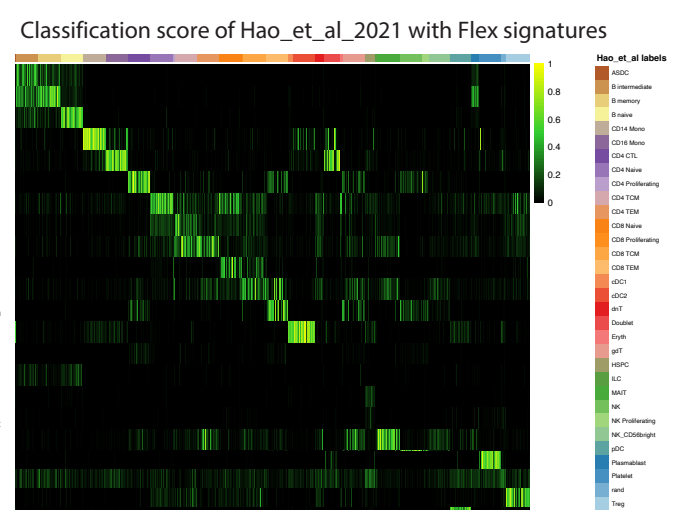
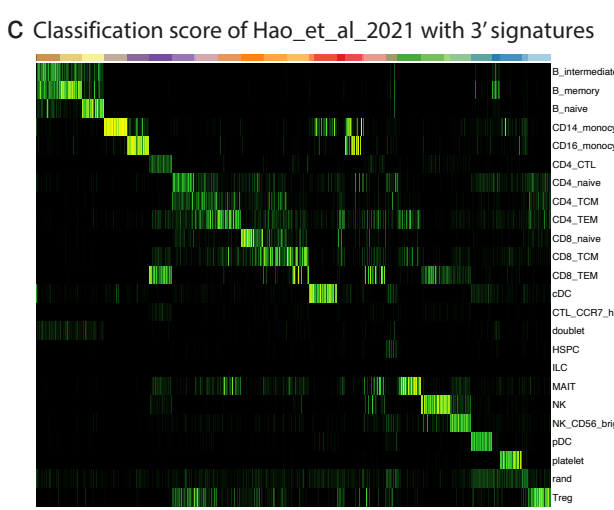
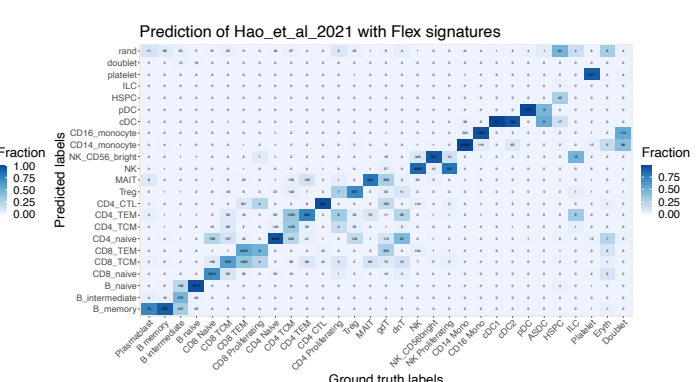
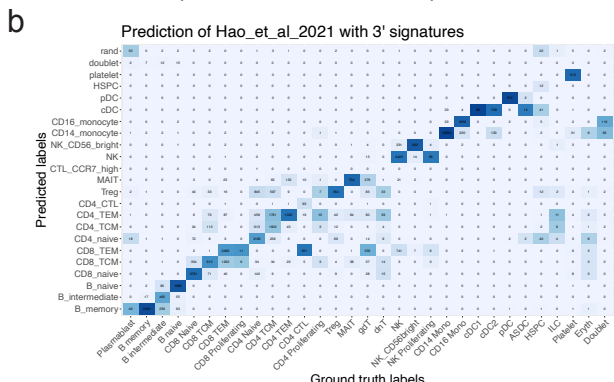
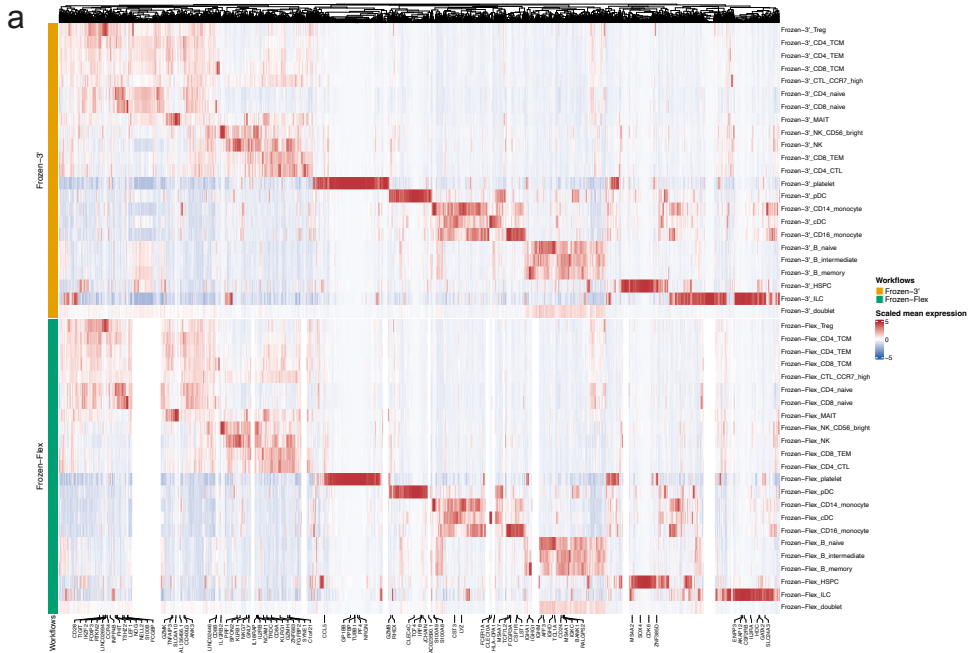
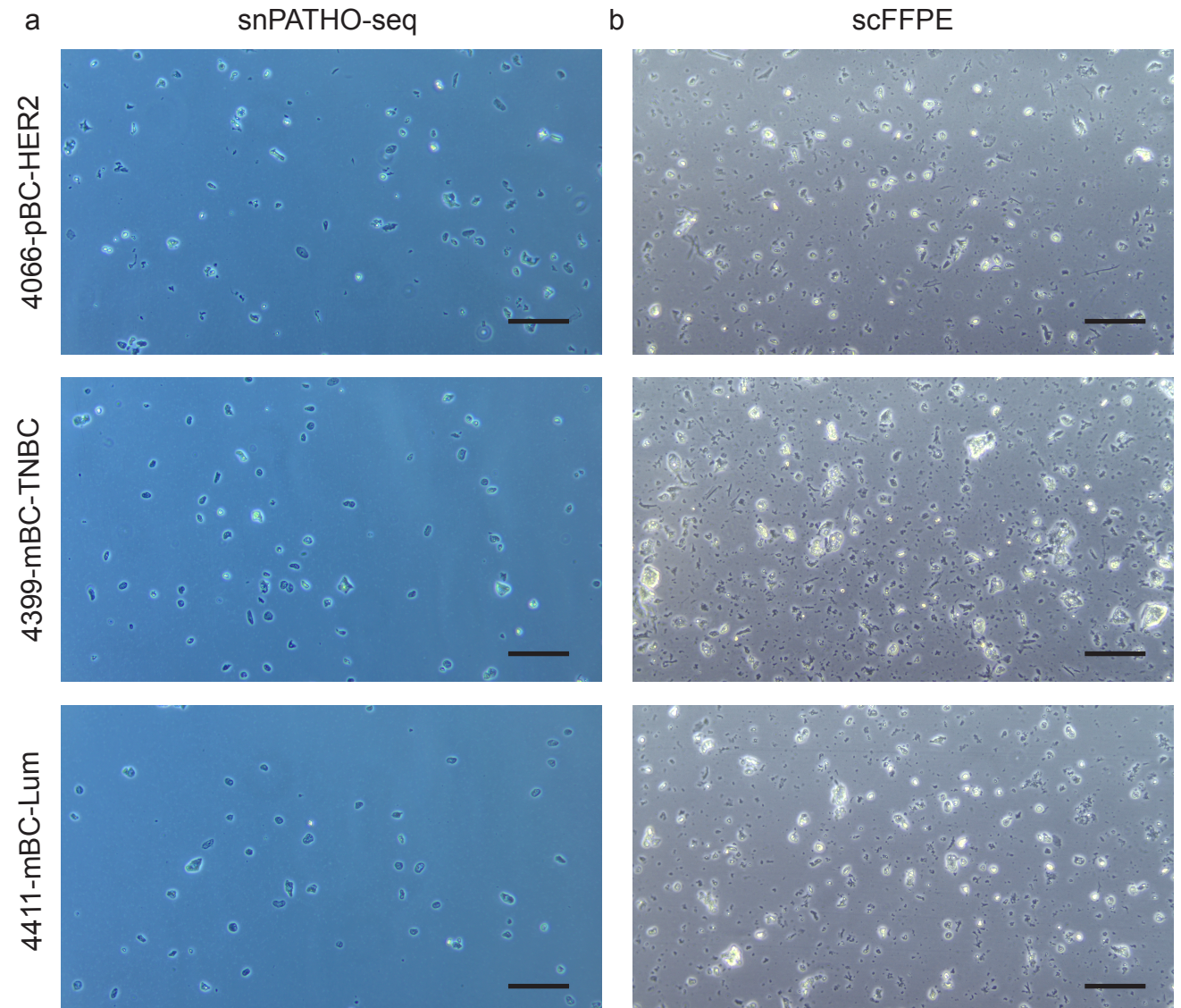


Supplementary Figure 1: 10x Flex and 10x 3' chemistry differ by transcriptomic coverage. (a) PCA embedding of unintegrated PBMC data with the expression of selected cell type markers. (b) PCA embedding of PBMC data colored by processing methods. (c) PCA embedding of unintegrated PBMC data split by sample IDs and processing methods. (d) Dotplot showing the contribution of the top 30 genes with the highest absolute contribution to PC1-PC5. Genes absent in the Flex probe panel were colored in red.

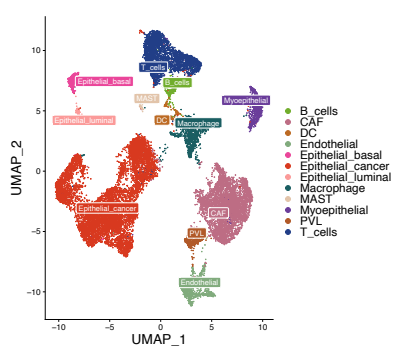


Supplementary Figure 2: 10x Flex chemistry detects comparable cell type signatures as the 10x 3' chemistry. (a) Heatmap of the scaled expression of top differentially expressed genes detected between cell types in the integrated PBMC data. The top 200 significantly differentially expressed genes identified in each cell type (if available) were selected by fold change and used for plotting. A gene was considered significantly differentially expressed if the BH-adjusted P value was lower than 0.05. Genes were arranged by hierarchical clustering based on the expression in the FFPE-snPATHO-seq data on the x-axis. Cell types identified by different snRNA-seq workflows were manually arranged on the y-axis. Genes not targeted by the Flex probe panel were also included and assigned a fold change of 0 in the plot. (b) Heatmap showing the concordance between the published PBMC cell type annotations obtained from Hao et al. 2021 and the cell type annotations predicted using the gene expression signatures from the 3' or Flex data collected in this study. (c) Heatmap of the cell type classification confidence scores when the 3' or Flex data collected from this study was used to annotate the published PBMC data.

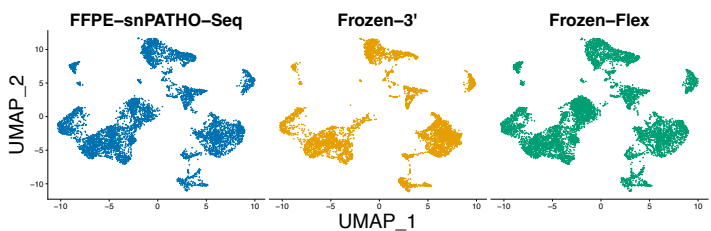


Supplementary Figure 3: Assessment of the quality of tissue dissociation products generated by the snPATHO-seq and the scFFPE workflows. (a) Representative phase-contrast microscopic images of the nuclei extracted using the snPATHO-seq workflow from the 4066, 4399, and 4411. **(b)** Representative phase-contrast microscopic images of the tissue dissociation products prepared using the scFFPE workflow from the 4066, 4399, and 4411. Scale bars = 100 μ m.

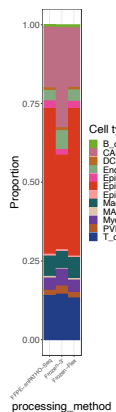
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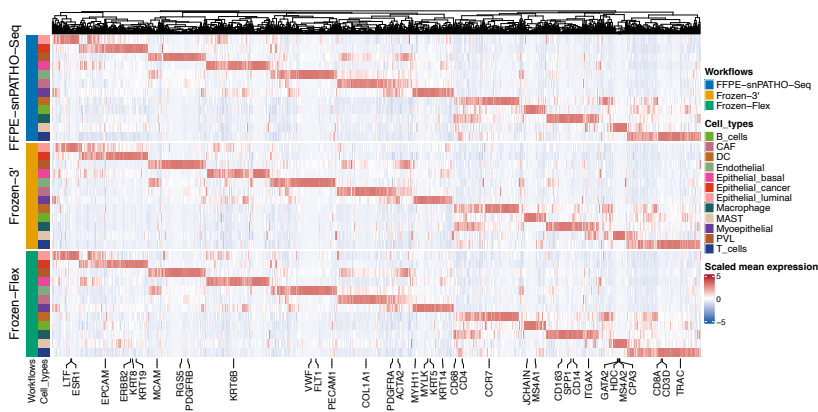
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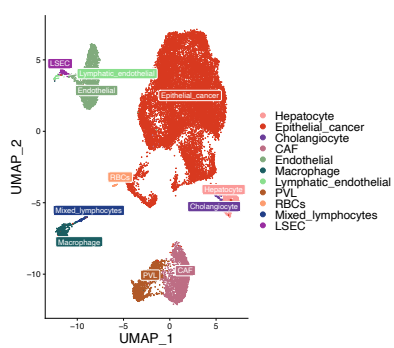
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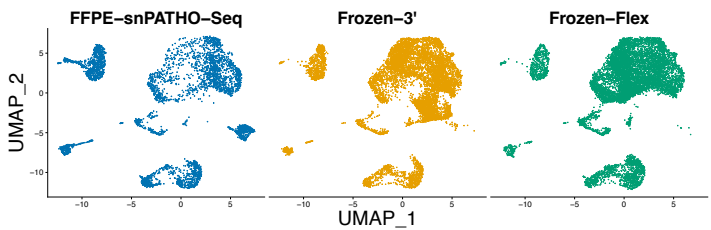
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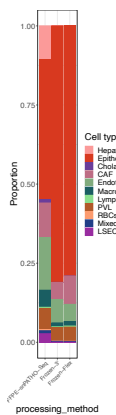
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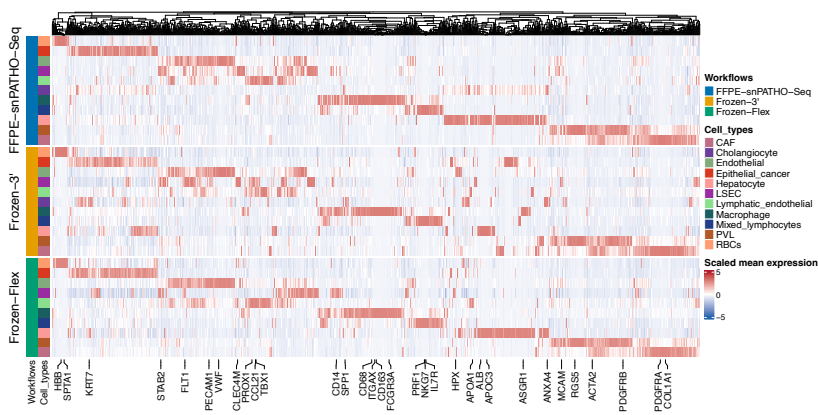
f



g

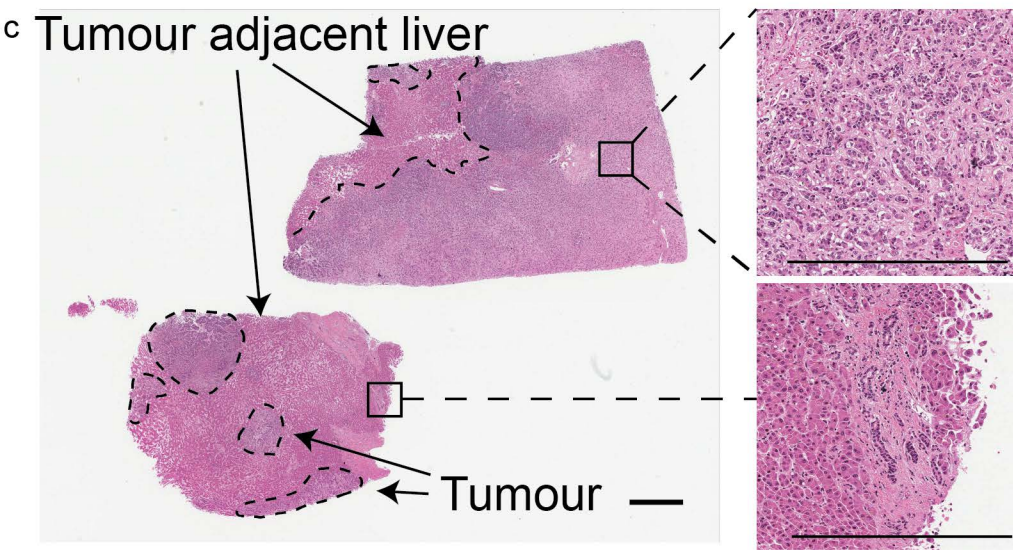
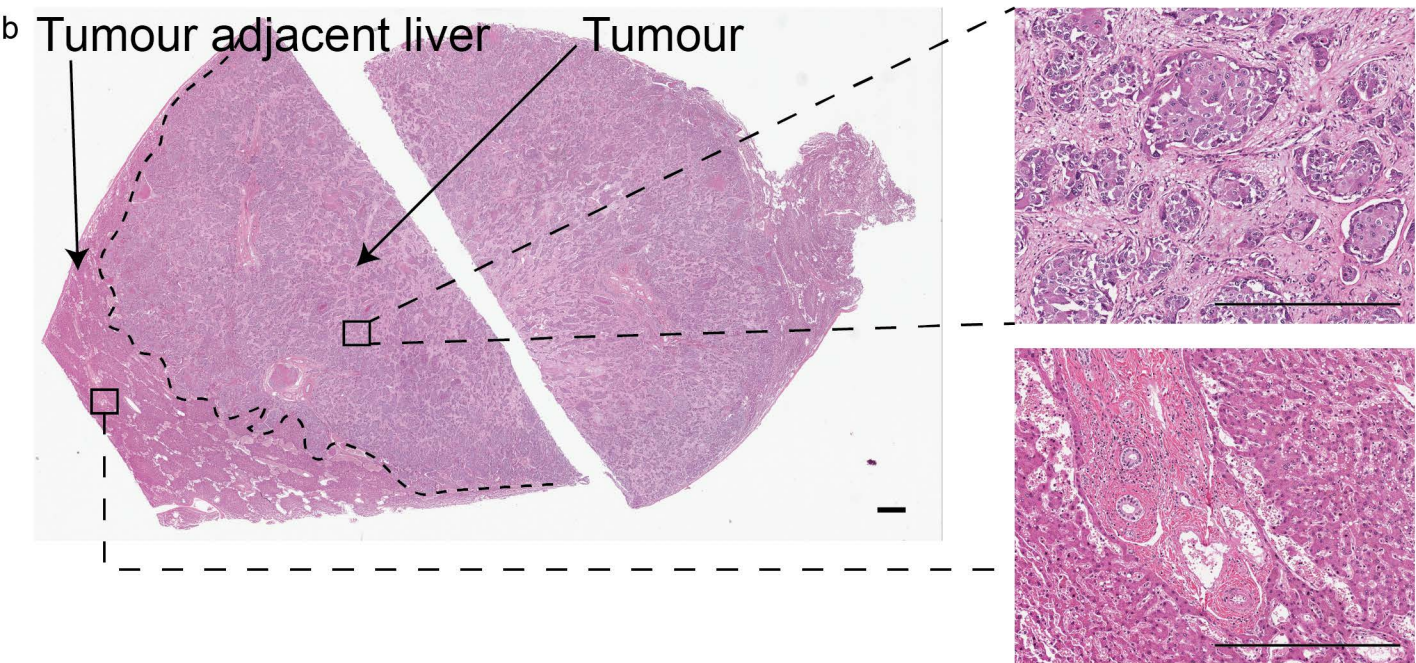
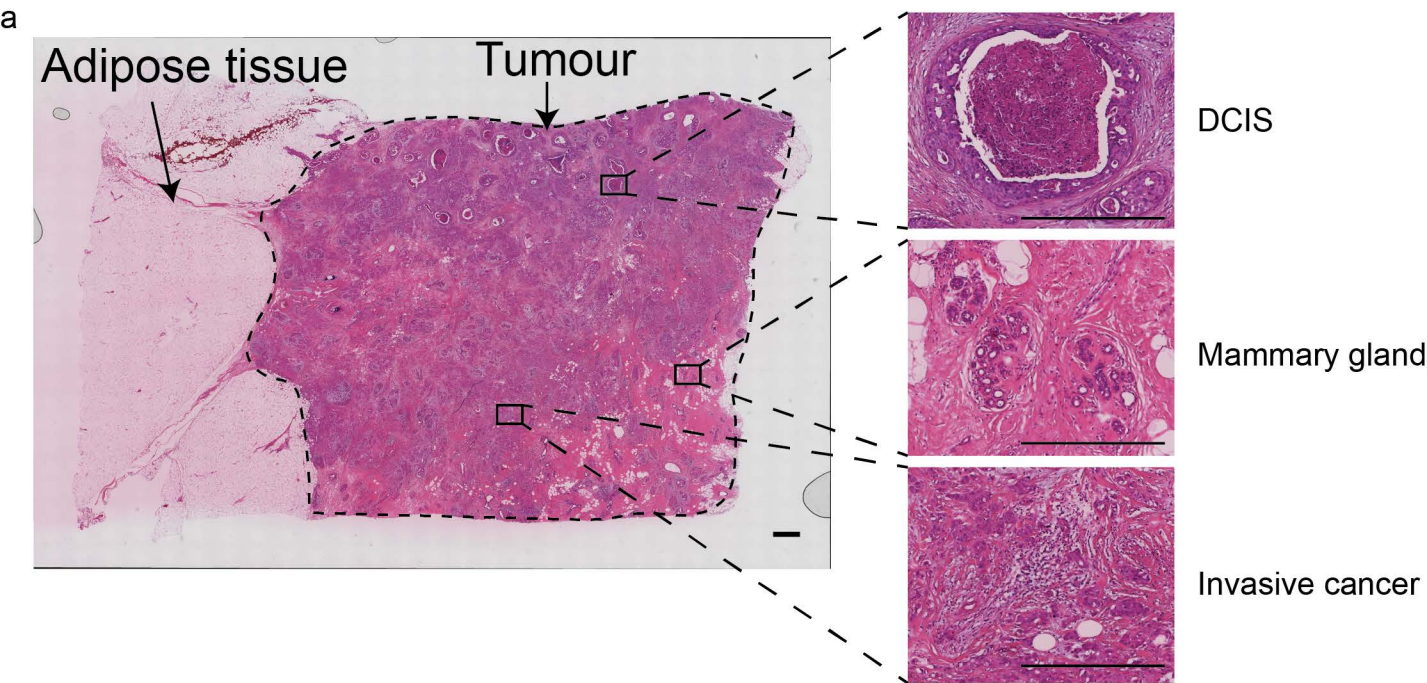


h

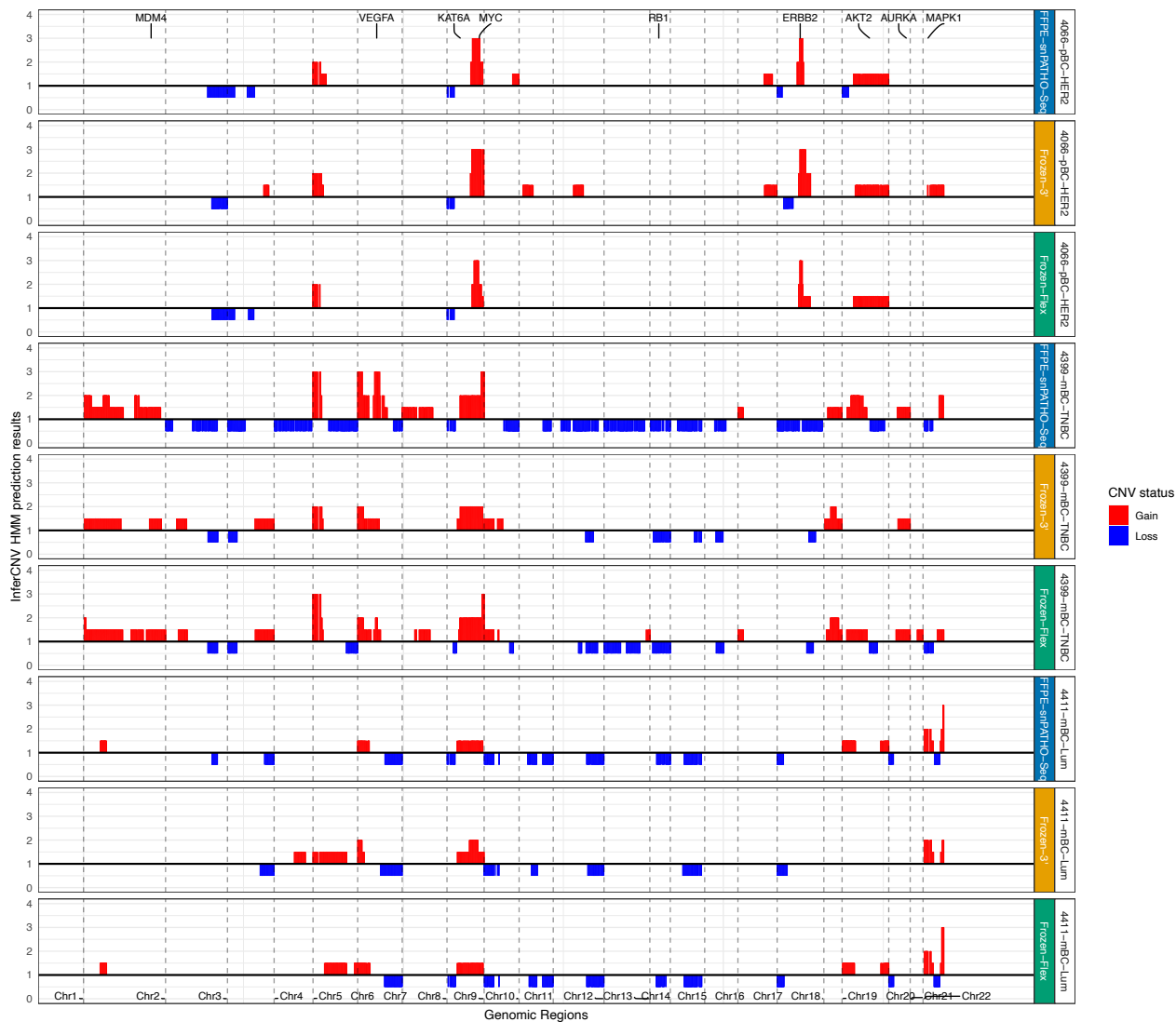


Supplementary Figure 4: snRNA-seq methods detected overall comparable transcriptomic features and cell type representations in samples 4066 and 4399.

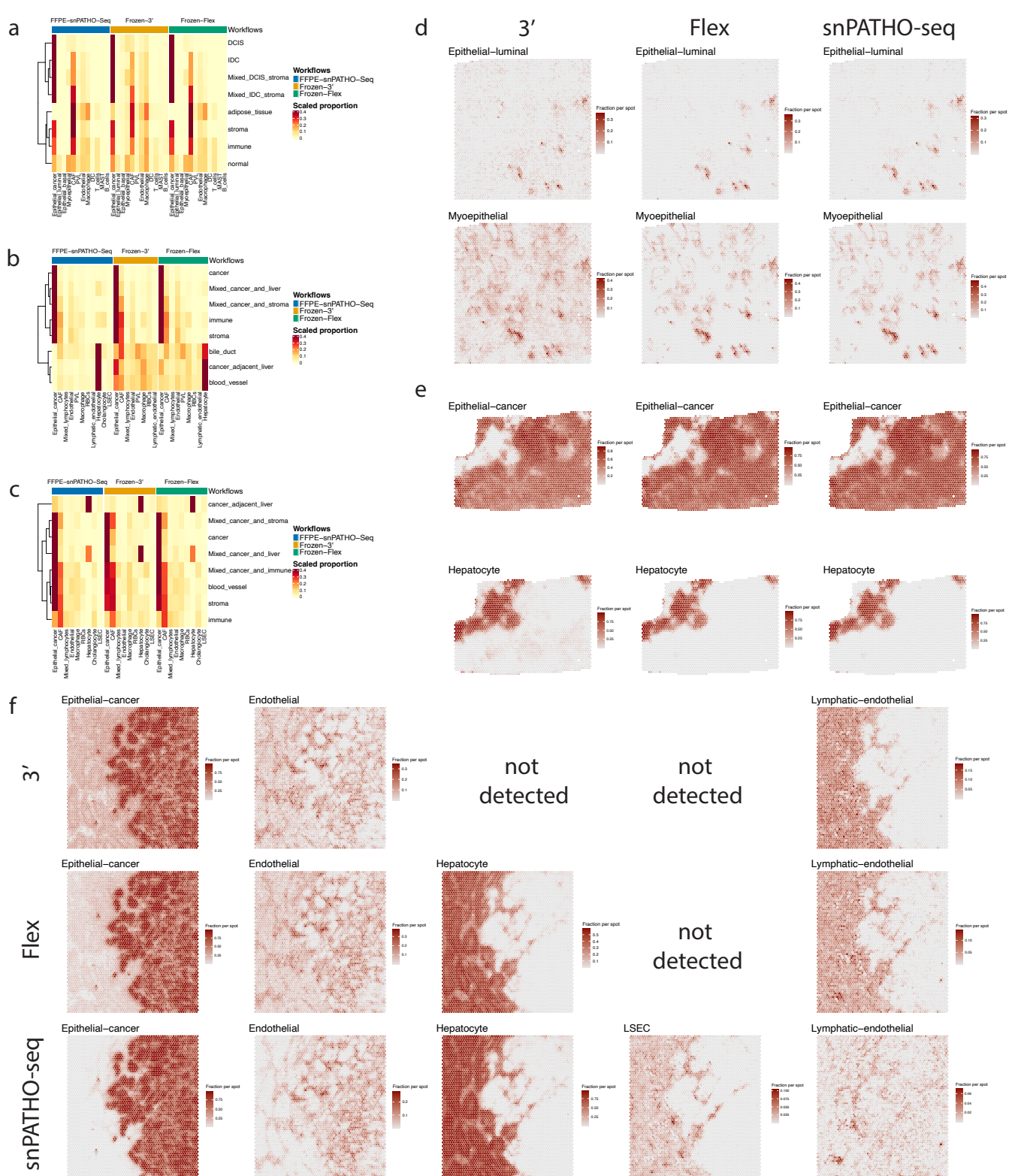
(a,e) UMAP embedding of Seurat CCA integrated snRNA-seq data with cell type annotation from 4066 (a) and 4399 (e). (b,f) UMAP embedding of Seurat CCA integrated snRNA-seq data split by processing methods from 4066 (b) and 4399 (f). (c,g) Barplots of the fraction of cell types detected by different snRNA-seq methods from 4066 (c) and 4399 (g). (d,h) Heatmaps of the scaled expression of top differentially expressed genes between cell types from 4066 (d) and 4399 (h). The top 200 significantly differentially expressed genes identified in each cell type (if available) were selected by fold change and used for plotting. A gene was considered significantly differentially expressed if the BH-adjusted P value was lower than 0.05. Genes were arranged by hierarchical clustering by expression in the FFPE-snPATHO-seq data on the x-axis. Cell types identified by different snRNA-seq workflows were manually arranged on the y-axis.



Supplementary Figure 5: Histopathological features of the breast cancer FFPE samples tested. (a) H&E images of the whole tissue scan and high-magnification images of selected DCIS, normal mammary gland, and invasive cancer regions for sample 4066. (b) H&E images of the whole tissue scan and high-magnification images of selected invasive cancer and normal liver regions for sample 4399. (c) H&E images of the whole tissue scan and high-magnification images of selected invasive cancer and normal liver regions for sample 4411. Scale bars = 1mm.



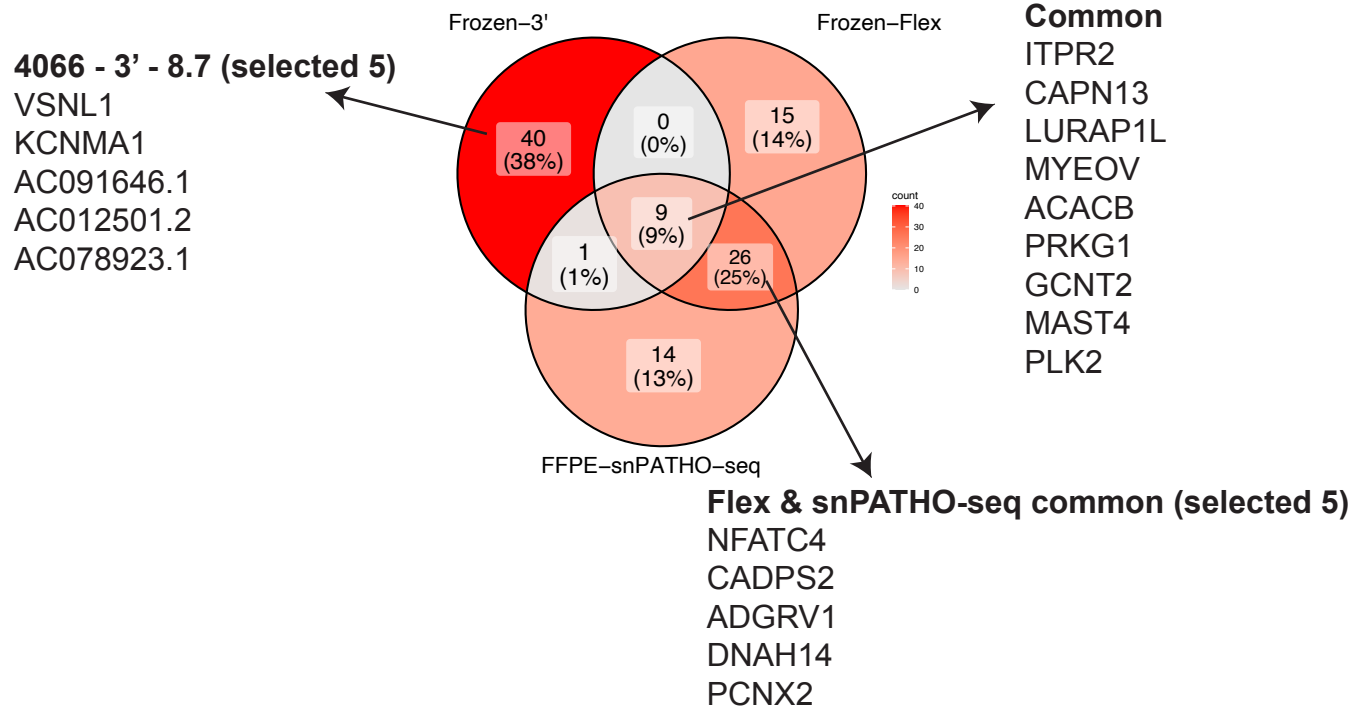
Supplementary Figure 6: the snPATHO-seq workflow detected comparable cancer CNV patterns as the other snRNA-seq methods tested. Line plot of the summarised CNV patterns inferred using each dataset. Only one CNV pattern was detected among the cancer cells in each snRNA-seq dataset (per patient per snRNA-seq method). The average CNV profiles of all cancer nuclei in each dataset were calculated and used for visualization.



Supplementary Figure 7: snPATHO-seq allows accurate inference of spatial cellular composition of matching FFPE Visium data. (a–c) Heatmaps of the fraction of snRNA-seq cell types inferred across different spatial domains for samples 4066 (a), 4399 (b), and 4411 (c). Spatial domains were annotated by a pathologist using the H&E image. (d) Spatial distributions of the luminal epithelial and myoepithelial cell signatures inferred using the data generated with different snRNA-seq methods on the same FFPE Visium data for patient 4066. (e) Spatial distributions of the epithelial cancer and hepatocyte signatures inferred using the data generated with different snRNA-seq methods on the same FFPE Visium data for patient 4411. (f) Spatial distributions of the epithelial cancer, hepatocyte, and endothelial cell signatures inferred using the data generated with different snRNA-seq methods on the same FFPE Visium data for patient 4399.

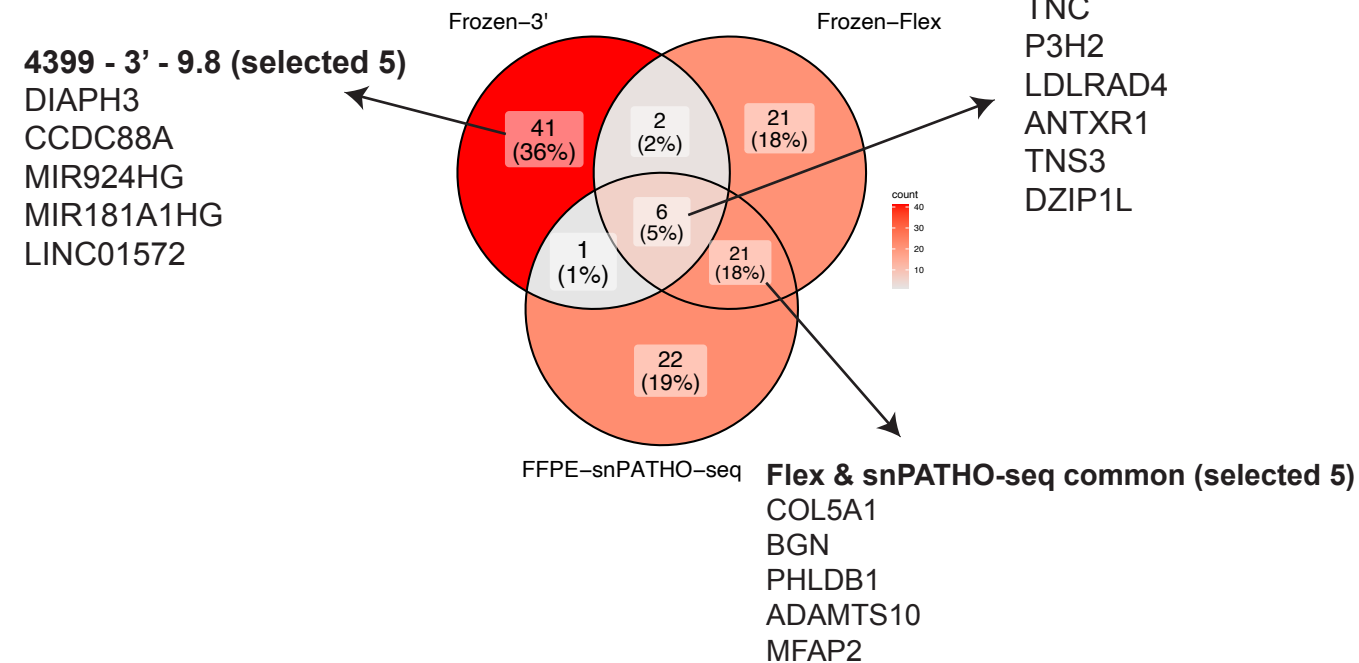
a

Robust NMF programs related to C3



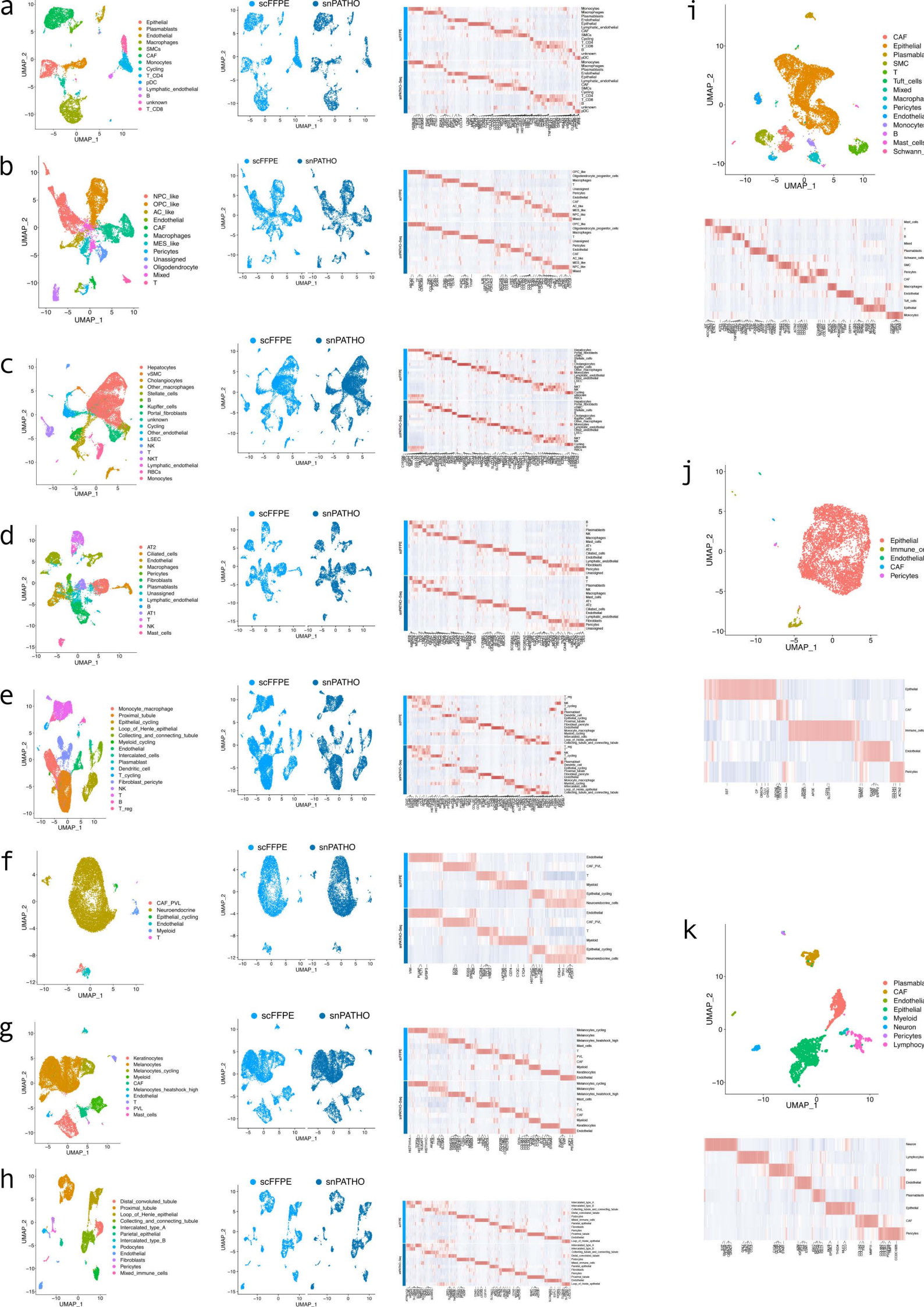
b

Robust NMF programs related to C5



Supplementary Figure 8: the snPATHO-seq and 10x Flex workflows detected more comparable cancer transcriptomic signatures than the 10x 3' workflow.

(a) Venn diagram of the number of overlapping genes between robust NMF programs related to the calcium signature (C3) derived using different snRNA-seq methods. Common genes shared across all robust NMF programs, those (selected 5) only included in the robust NMF programs from the 3' workflow, and those (selected 5) shared between the robust NMF programs from the Flex and the snPATHO-seq data were highlighted. (b) Venn diagram of the number of overlapping genes between robust NMF programs related to the ECM organization (C5) signature derived using different snRNA-seq methods. Common genes shared across all robust NMF programs, those (selected 5) only included in the robust NMF programs from the 3' workflow, and those (selected 5) shared between the robust NMF programs from the Flex and the snPATHO-seq data were highlighted.



Supplementary Figure 9: Overview of snPATHO-seq and scFFPE data collected from FFPE tissue samples other than breast cancer. (a–h) Cell type annotation, data integration, and the expression of top differentially expressed genes of Endocervical_Adenocarcinoma_6707 (a), Glioblastoma_1773A (b), liver_8754A (c), lung_20011329NL (d), Kidney_K48 (e), lung_cancer_20011329LC (f), melanoma_7167A (g), and Kidney_1305272B (h). (i–k) Cell type annotation and the expression of top differentially expressed markers of Colon_213641(i), Endometrium_220952 (j), and Ovary_230303 (k). For the construction of heatmaps, the top 200 significantly differentially expressed genes identified in each cell type (if available) were selected by fold change and used for plotting. A gene was considered significantly differentially expressed if the BH-adjusted P value was lower than 0.05. Genes were arranged by hierarchical clustering by expression in the FFPE-snPATHO-seq data on the x-axis. Cell types identified by different snRNA-seq workflows were manually arranged on the y-axis.

Supplementary table 1: correspondance of robust NMF programs to clusters

plot_order	Cluster on the heatmap
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.8.8	C1
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.9.5	C1
4066_3p_Epithelial_cancer_rank4_9_nruns10.RDS.9.2	
4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.7.6	C2
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.5	C2
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.6.2	C2
4066_3p_Epithelial_cancer_rank4_9_nruns10.RDS.8.7	
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.6.1	C3
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.6.1	C3
4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.7.5	C4
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.6	C4
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.2	C4
4399_3p_Epithelial_cancer_rank4_9_nruns10.RDS.9.8	
4399_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.2	C5
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.9.5	C5
4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.5.2	C6
4066_3p_Epithelial_cancer_rank4_9_nruns10.RDS.4.2	C6
4399_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.6.6	C6
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.4.3	C6
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.5.3	C6
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.4.1	C6
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.5.3	C6
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.5.5	C6
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.6.4	
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.7	
4399_3p_Epithelial_cancer_rank4_9_nruns10.RDS.7.2	C7
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.5	C7
4399_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.8.8	C7

4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.6.2	C8
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.3	C8
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.3	C8
4066_3p_Epithelial_cancer_rank4_9_nruns10.RDS.6.6	C9
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.5	C9
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.2	C9
4399_3p_Epithelial_cancer_rank4_9_nruns10.RDS.9.3	C10
4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.6.1	C10
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.6.4	C10
4399_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.9.3	C10
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.7.4	C10
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.7	C10
4399_3p_Epithelial_cancer_rank4_9_nruns10.RDS.7.6	
4066_3p_Epithelial_cancer_rank4_9_nruns10.RDS.8.8	C11
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.5.1	C11
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.8.6	C11
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.9.1	C11
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.9.1	C11
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.8.1	C11
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.8.8	C12
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.9.2	C12
4411_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.7.1	C13
4411_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.8.8	C13
4399_3p_Epithelial_cancer_rank4_9_nruns10.RDS.4.3	C14
4411_3p_Epithelial_cancer_rank4_9_nruns10.RDS.8.2	C14
4066_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.5.5	C15
4066_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.4.4	C15
4399_FFPE_Epithelial_cancer_rank4_9_nruns10.RDS.4.4	C15
4399_FLEX_Epithelial_cancer_rank4_9_nruns10.RDS.4.3	C15