

Figure S1. Representative pathology from experiments in the C3H.SW→B6 strain pairing. Bowel GVHD was characterized by widespread crypt cell apoptosis and focal crypt loss with widening of the lamina propria resulting in separation of the crypts (arrows in colon images). In the liver there was prominent portal inflammation, inflammatory bile duct damage, and central perivenular inflammation in liver (PT= portal tract; CV=central veins; arrows point to the perivenular inflammation); Skin GVHD was notable for interface dermatitis and apoptotic keratinocytes. Original magnification in colon and liver, 125x; skin and ear, 200x.

Figure S2. Representative pathology from experiments in the B6^{bm12}→B6 model. Colon in Tg⁺ and Tg⁻ recipients were similarly affected, and showed crypt cell apoptosis and focal crypt loss with widening of the lamina propria resulting in separation of the crypts (arrows) and increased lamina propria inflammation with lymphocytic cryptitis combined with crypt cell apoptosis (arrowheads) and mild epithelial regenerative changes in small intestine. Original magnification in colon and small intestine, 125x.

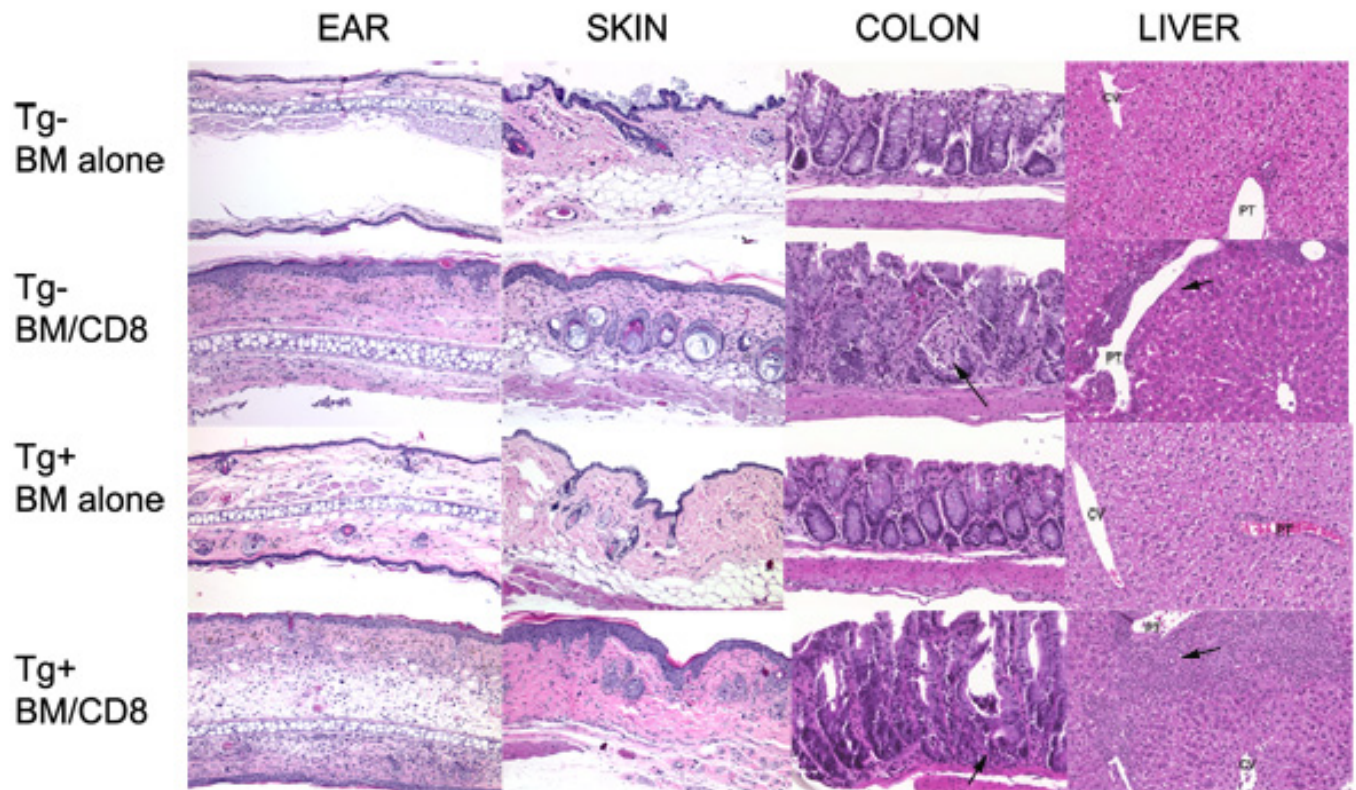


Figure S1

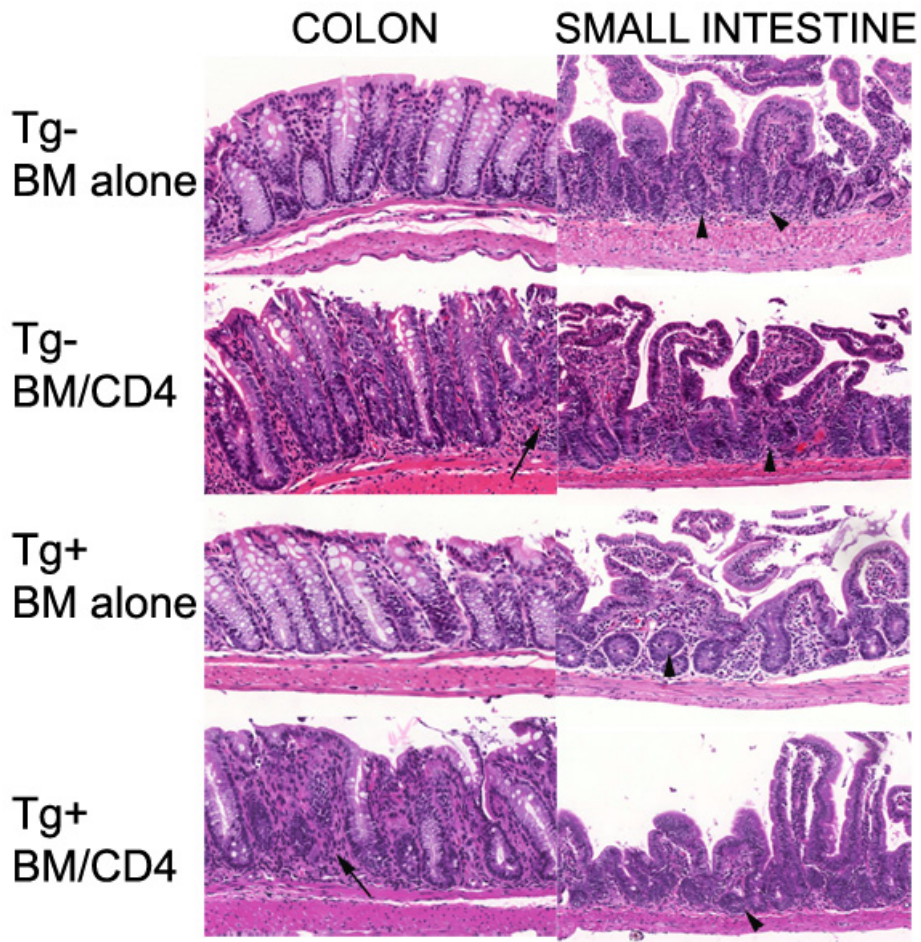


Figure S2