## **Supporting Information**

## Khan et al. 10.1073/pnas.1217991110

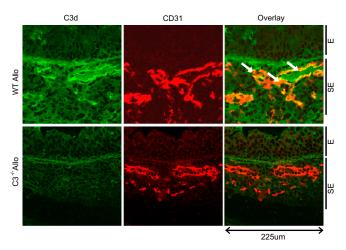


Fig. S1. Deposition of vascular complement component 3d (C3d) in orthotopic tracheal transplants in WT allograft (Allo) and C3 $^{-/-}$  Allo recipients. Representative images showing absence of colocalization of C3d on CD31 $^+$  [platelet endothelial cell adhesion molecule-1 (PECAM-1)] vascular endothelial cells (white arrows) on day 6 in allograft rejection in BALB/c $\rightarrow$ C57BL/6 C3 $^{-/-}$  grafts compared with BALB/c $\rightarrow$ C57BL/6 grafts. E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification,  $40 \times (n = 4-6 \text{ per group})$ .

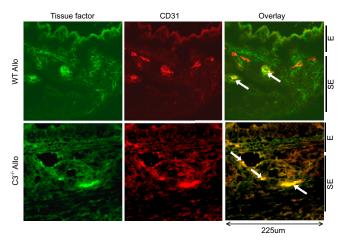


Fig. 52. Deposition of vascular tissue factor in orthotopic tracheal transplants in WT Allo and C3<sup>-/-</sup> Allo recipients. Representative images showing colocalization of tissue factor on CD31<sup>+</sup> vascular endothelial cells (white arrows) on day 6 in allograft rejection in BALB/c $\rightarrow$ C57BL/6 C3<sup>-/-</sup> grafts compared with BALB/c $\rightarrow$ C57BL/6 grafts. E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification,  $40 \times (n = 4-6 \text{ per group})$ .

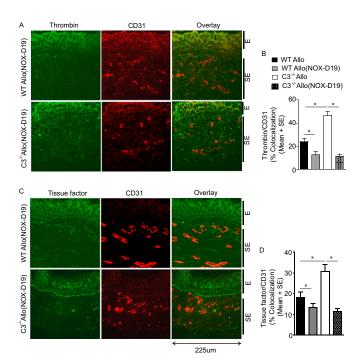


Fig. 53. Decreased vascular thrombin and tissue factor in WT Allo and C3<sup>-/-</sup> Allo NOX-D19-treated allografts. (A) Representative images showing decreased colocalization of thrombin on CD31<sup>+</sup> vascular endothelial cells on day 6 of allograft rejection. (B) Morphometric assessments of thrombin/CD31<sup>+</sup> colocalization compared with WT Allo, C3<sup>-/-</sup> Allo groups which were previously presented in Fig. 1B. (C) Representative images showing decreased colocalization of tissue factor on CD31<sup>+</sup> vascular endothelial cells on day 6 of allograft rejection compared with WT Allo, C3<sup>-/-</sup> Allo groups which were previously presented in Fig S2. (D) Morphometric assessments of tissue factor/CD31<sup>+</sup> colocalization. Data are shown as means with SEM. \*P < 0.05. (n = 4-6 per group). E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification,  $40 \times (n = 4-6$  per group).

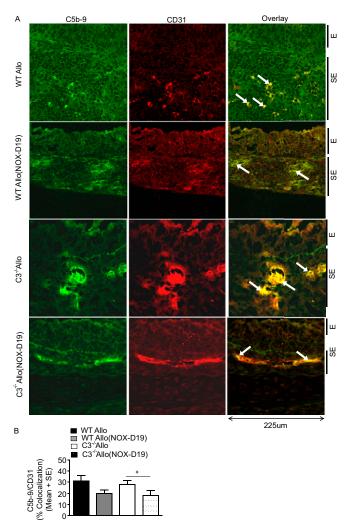


Fig. S4. Deposition of vascular C5b-9 in orthotopic tracheal transplants in C3<sup>-/-</sup> and NOX-D19-treated allografts. (A) Representative images showing colocalization of C5b-9 on CD31<sup>+</sup> vascular endothelial cells (white arrows) on day 6 of allograft rejection in BALB/c $\rightarrow$ C57BL/6 C3<sup>-/-</sup> grafts compared with BALB/c $\rightarrow$ C57BL/6 grafts. (B) Morphometric assessments of C5b-9/CD31<sup>+</sup> colocalization. E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification,  $40 \times (n = 4-6 \text{ per group})$ .

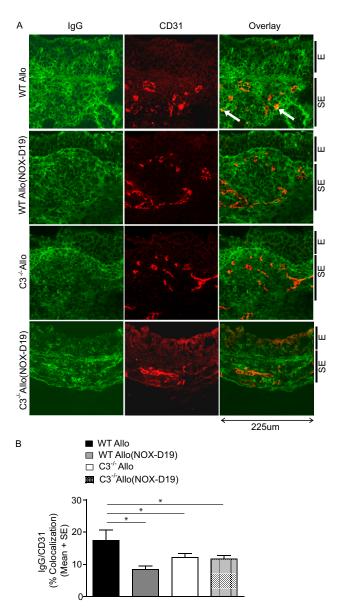


Fig. S5. Decreased vascular IgG in orthotopic tracheal transplants in C3<sup>-/-</sup> and NOX-D19- treated allografts. (A) Representative images showing colocalization of IgG on CD31<sup>+</sup> vascular endothelial cells (white arrows) on day 6 of allograft rejection in BALB/c $\rightarrow$ C57BL/6 C3<sup>-/-</sup> grafts compared with BALB/c $\rightarrow$ C57BL/6 grafts. E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification, 40×. (B) Morphometric assessments of IgG/CD31<sup>+</sup> colocalization. Data are shown as means with SEM. \*P < 0.05 (n = 4-6 per group).

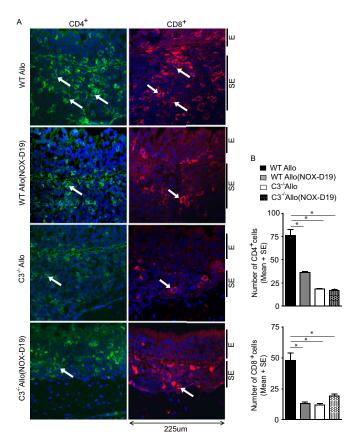


Fig. S6. (A) CD4<sup>+</sup> and CD8<sup>+</sup> T cells in orthotopic tracheal transplants in WT Allo, WT Allo (NOX-D19), C3<sup>-/-</sup> Allo, and C3<sup>-/-</sup> Allo (NOX-D19)-treated allografts. (White arrows shows the deposition of CD4<sup>+</sup> or CD8<sup>+</sup> cells on day 6). E, epithelial layer; SE, subepithelial area in tracheal sections. Original magnification, 40×. (B) Quantitative analysis of CD4<sup>+</sup> and CD8<sup>+</sup> cells in a given high power field. Data are shown as means with SEM. \*P < 0.05 (n = 4–6 per group).

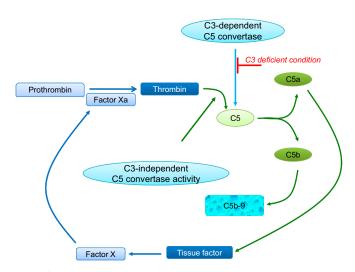


Fig. S7. Model illustrates how, during allograft rejection, increased C3-independent C5 convertase activity in C3-deficiency states may lead to increased production of C5a through production of thrombin and how generation of C5a could further contribute to a feed-forward amplification of this process.