## **Supplemental Information**

From University of Auckland

## RHO: c.133T>C, p.Phe45Leu

Primer sequences as follows:

RHO\_c.133F:5'-TTCTCCAATGCGACGGGTGTGG-3' (Own design- PrimerBLAST on NCBI)RHO\_c.133R:5'-TGGACGGTGACGTAGAGCGTGA-3' (Own design- PrimerBLAST on NCBI)

Used FastStart Taq enzyme kit from Roche, with 3.5mM final concentration of  $MgCl_2$ .

PCR cycle as follows:

	degC	time
initial denaturation	96	5min
30x -		
denaturation	94	30secs
-annealing	63	1min
-extension	72	1min
final extension	72	10min

## CNGA3: c.1580T>G, p.Leu527Arg

Primer sequences as follows:

CNGA3\_1580F: 5'-GAGCCTCCCAGACAAGCTGAAG-3' (Own design- PrimerBLAST on NCBI) CNGA3\_1580R: 5'-AGTAGCCAATGCTGCGGATGTT-3' (Own design- PrimerBLAST on NCBI)

Used FastStart Taq enzyme kit from Roche, with 3.5 mM final concentration of MgCl<sub>2</sub>.

PCR cycle as follows:

	degC	time
initial denaturation	96	5min
30x -		
denaturation	94	30secs
-annealing	57	1min
-extension	72	1min
final extension	72	10min

Following column purification with HighPure PCR purification kit (Roche Diagnostic, Mannheim, Germany), the product was sequenced directly according to protocols accompanying the ABI *BigDye* 

terminator kit v3.1 (Applied Biosystems Inc, Foster City, Ca, USA). Bidirectional sequencing of amplicons was undertaken on an ABI 3700 prism genetic analyzer (Applied Biosystems Inc, Foster City, Ca, USA).

## From University of Tuebingen

PCR fragments were subjected to a clean-up protocol (ExoSAP-IT; GE Healthcare, Freiburg, Germany) and then to direct DNA sequencing with dye terminator chemistry (BigDye Terminator ver. 1.1; Applied Biosystems [ABI], Darmstadt, Germany). All sequences were run on a capillary sequencer (ABI 3100; ABI) and analyzed with proprietary sequence trace analysis (Sequence Analysis, ver. 5.1; ABI) or sequence trace alignment software (SeqMan; DNASTAR, Madison, WI).



Supplemental Figure Caption

**Supplemental Figure 1** – Topographical retinal thickness profiles, along with Early Treatment Diabetic Retinopathy (ETDRS) thickness maps for 3 of the subjects in the current study. Retinal thickness was normal in these 3 subjects, all of whom were positive for the RHO c. 133T>C; p.F45L mutation.