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Genome-wide Analysis of Body Proportion Classifies Height-Associated Variants by Mechanism of Action and Implicates Genes Important for Skeletal Development

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GIANT Consortium

The contributions of individual members for the GIANT consortium correspond to the authorship list of Wood et. al., Nature Genetics (2014).²

Supplemental Reference

2. Wood, A.R., Esko, T., Yang, J., Vedantam, S., Pers, T.H., Gustafsson, S., Chu, A.Y., Estrada, K., Luan, J., Kutalik, Z., et al. (2014). Defining the role of common variation in the genomic and biological architecture of adult human height. Nat. Genet.

Acknowledgements

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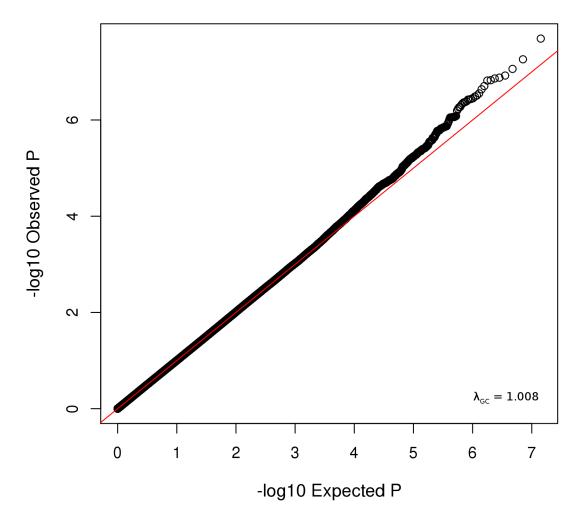
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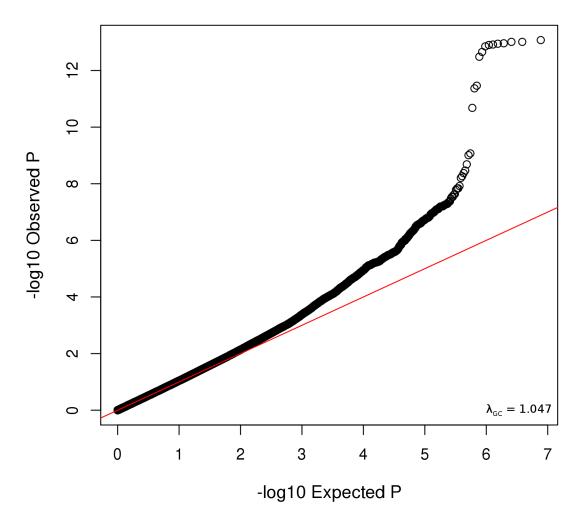
CARDIA. The Coronary Artery Risk Development in Young Adults Study (CARDIA) is conducted and supported by the National Heart, Lung, and Blood Institute (NHLBI) in collaboration with the University of Alabama at Birmingham (N01-HC95095 & N01-HC48047), University of Minnesota (N01-HC48048), Northwestern University (N01-HC48049), and Kaiser Foundation Research Institute (N01-HC48050). Genotyping for the CARDIA GENEVA cohort was supported by grant U01 HG004729 from the National Human Genome Research Institute. This manuscript was not approved by CARDIA. The opinions and conclusions contained in this publication are solely those of the authors, and are not endorsed by CARDIA or the NHLBI and should not be assumed to reflect the opinions or conclusions of either CARDIA, or the NHLBI.

B58C. We acknowledge use of phenotype and genotype data from the British 1958 Birth Cohort DNA collection, funded by the Medical Research Council grant Wellcome G0000934 and the Trust 068545/Z/02. grant (http://www.b58cgene.sgul.ac.uk/). Genotyping for the B58C-WTCCC subset was funded by the Wellcome Trust grant 076113/B/04/Z. The B58C-T1DGC genotyping utilized resources provided by the Type 1 Diabetes Genetics Consortium, a collaborative clinical study sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Allergy and Infectious Diseases (NIAID), National Human Genome Research Institute (NHGRI), National Institute of Child Health and Human Development (NICHD), and Juvenile Diabetes Research Foundation International (JDRF) and supported by U01 DK062418. B58C-T1DGC GWAS data were deposited by the Diabetes and Inflammation Laboratory, Cambridge Institute for Medical Research (CIMR), University of Cambridge, which is funded by Juvenile Diabetes Research Foundation International, the Wellcome Trust and the National Institute for Health Research Cambridge Biomedical Research Centre; the CIMR is in receipt of a Wellcome Trust Strategic Award (079895). The B58C-GABRIEL genotyping was supported by a contract from the European Commission Framework Programme 6 (018996) and grants from the French Ministry of Research.

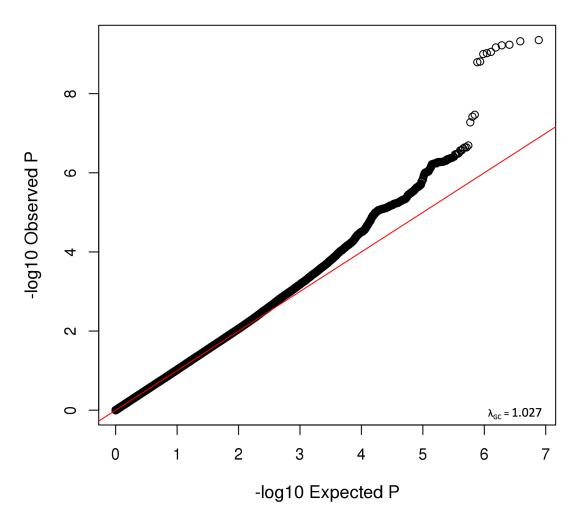
ALSPAC. We are extremely grateful to all the families who took part in this study, the midwives for their help in recruiting them, and the whole ALSPAC team, which includes interviewers, computer and laboratory technicians, clerical workers, research scientists, volunteers, managers, receptionists and nurses. The UK Medical Research Council and the Wellcome Trust (Grant ref: 102215/2/13/2) and the University of Bristol provide core support for ALSPAC.



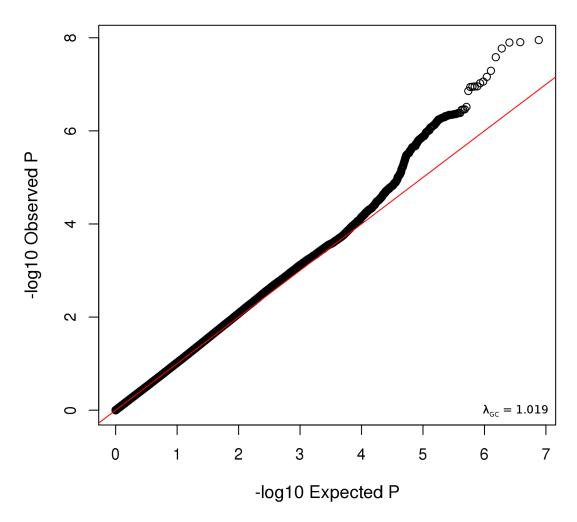
The GWAS results of SHR of African-American individuals (N=3,545) shown as a QQ-plot.



The GWAS results of SHR of individuals with ancestry from Europe (N=21,590) shown as a QQ-plot.



The GWAS results of SHR using only the female individuals with ancestry from Europe (N=12,965) shown as a QQ-plot.



The GWAS results of SHR using only the male individuals with ancestry from Europe (N=8,625) shown as a QQ-plot.