SUPPLEMENTAL MATERIAL

Yang et al., http://dx.doi.org/10.1084/jem.20160417

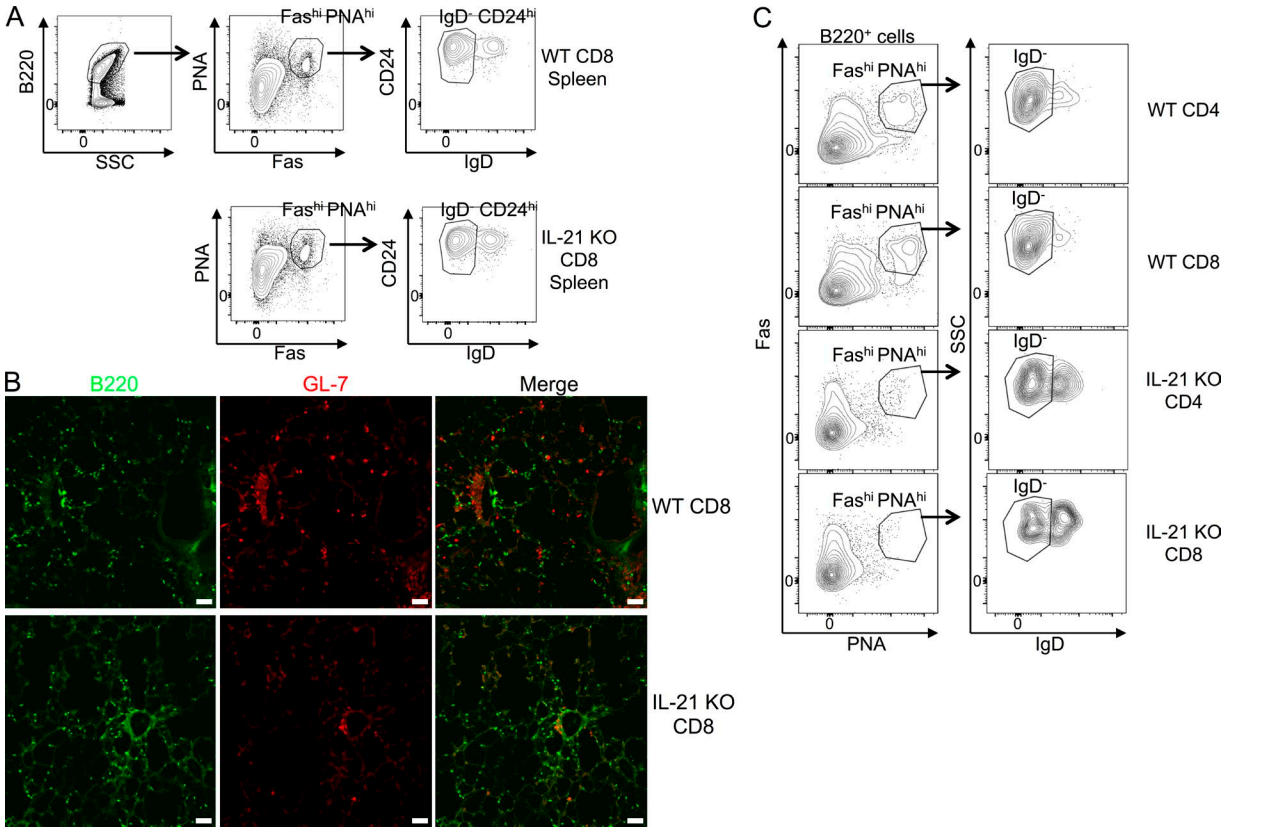

Figure S1. **Gating strategy for GC B cell staining in lungs and spleen and confocal image of GC B cell staining in lungs.** (A) WT or IL-21 KO CD8$^+$ T cells were transferred to IL-21 KO recipients, and these mice were subsequently infected with H1N1 PR8 virus i.n. (3 x 10^3 EIU). Splenocytes of infected IL-21 KO recipients that had received WT CD8$^+$ T (WT CD8) or IL-21 KO CD8$^+$ T (IL-21 KO CD8) were stained for B220, PNA, Fas, IgD, and CD24. Activated germinal center B cells were determined by B220$^+$PNA^{hi}Fas^{hi}IgD$^-$CD24^{hi} using flow cytometry analysis. (B) Lungs slides from infected mice, as in A, were stained for B220 and GL-7. B220$^+$ cells and GL-7$^+$ cells were counted in infected IL-21 KO recipients that had received WT CD8$^+$ T cells (WT CD8) or IL-21 KO CD8$^+$ T cells (IL-21 KO CD8). Bars, 50 µm. (C) IL-21 KO mice that had received WT CD8$^+$, WT CD4$^+$, IL-21 KO CD8$^+$, and IL-21 KO CD4$^+$ T cells were infected with sublethal dose of influenza virus and 14 d later, and lung homogenates were stained for B220, PNA, Fas, and IgD. GC B cells were identified by gating in the B220$^+$ cells that are PNA^{hi}Fas^{hi}. Within this population, IgD$^-$ cells are the true GC B cells. SSC, side scatter.