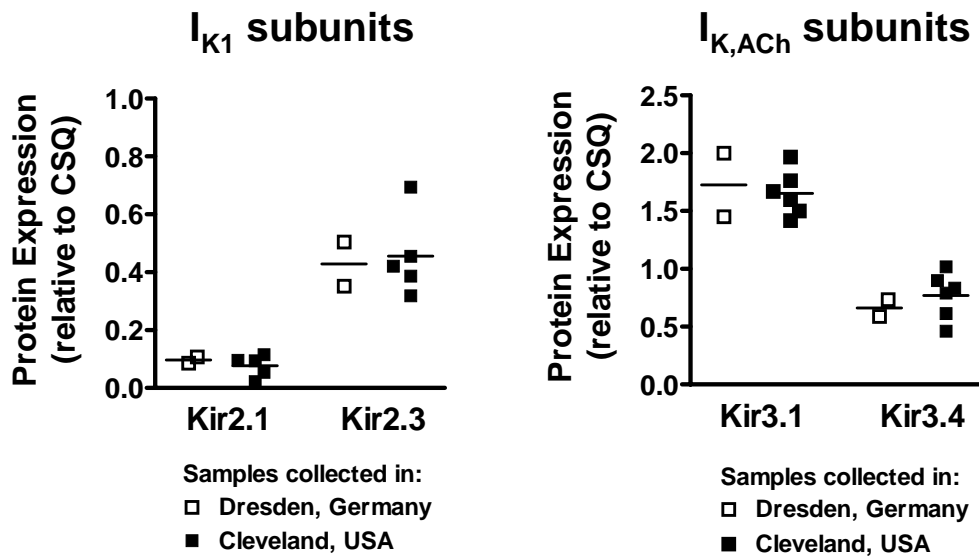


SUPPLEMENTAL MATERIAL

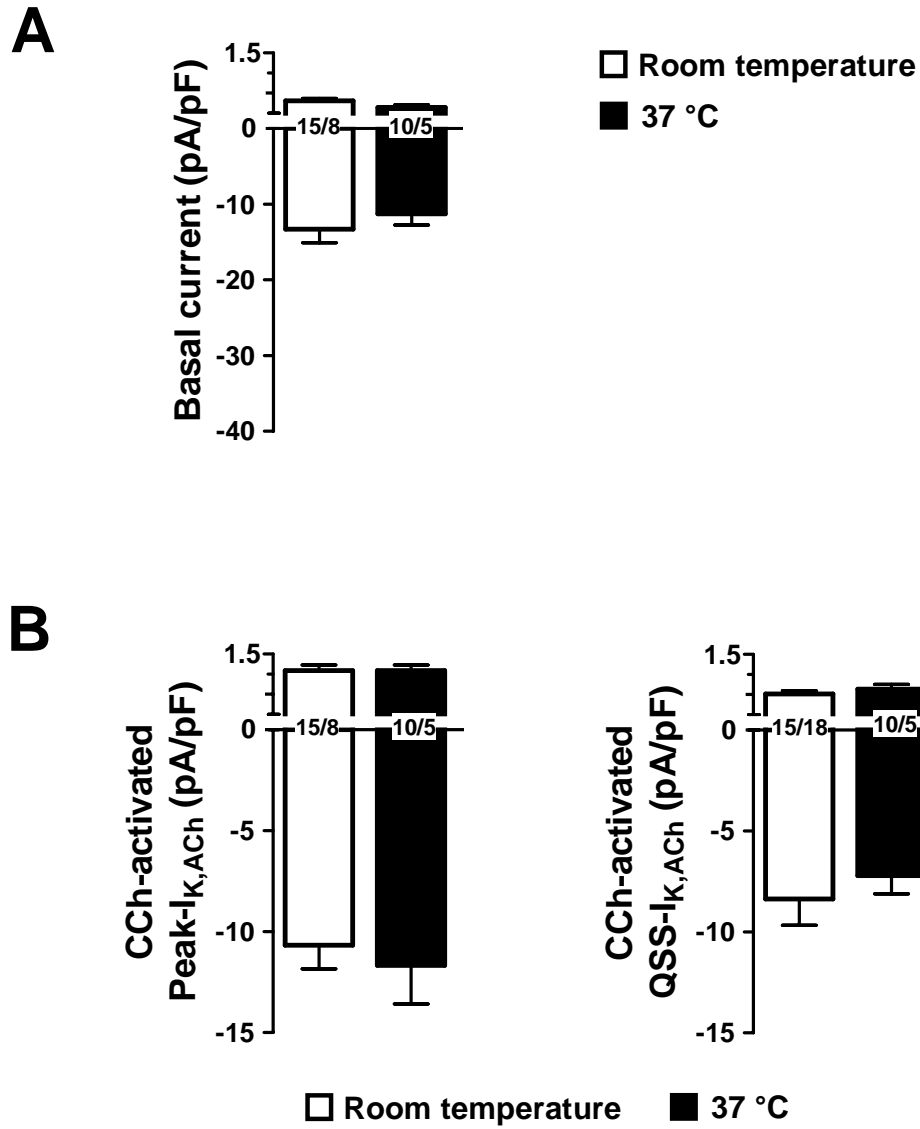
Online Table: Characteristics of patients with normal (non-diseased) atria

	Atrium	Gender	Age	Cause of death	Drugs
1.	RA+LA	female	41	<i>unknown</i>	Dopamine
2.	RA+LA	female	18	Open skull fracture	Dopamine, Diuretics
3.	RA+LA	male	18	Cerebral contusion	Dopamine
4.	RA	female	50	Ruptured cerebral aneurysm	Dopamine, Antibiotics
5.	LA	female	42	SAH	Dopamine, Diuretics

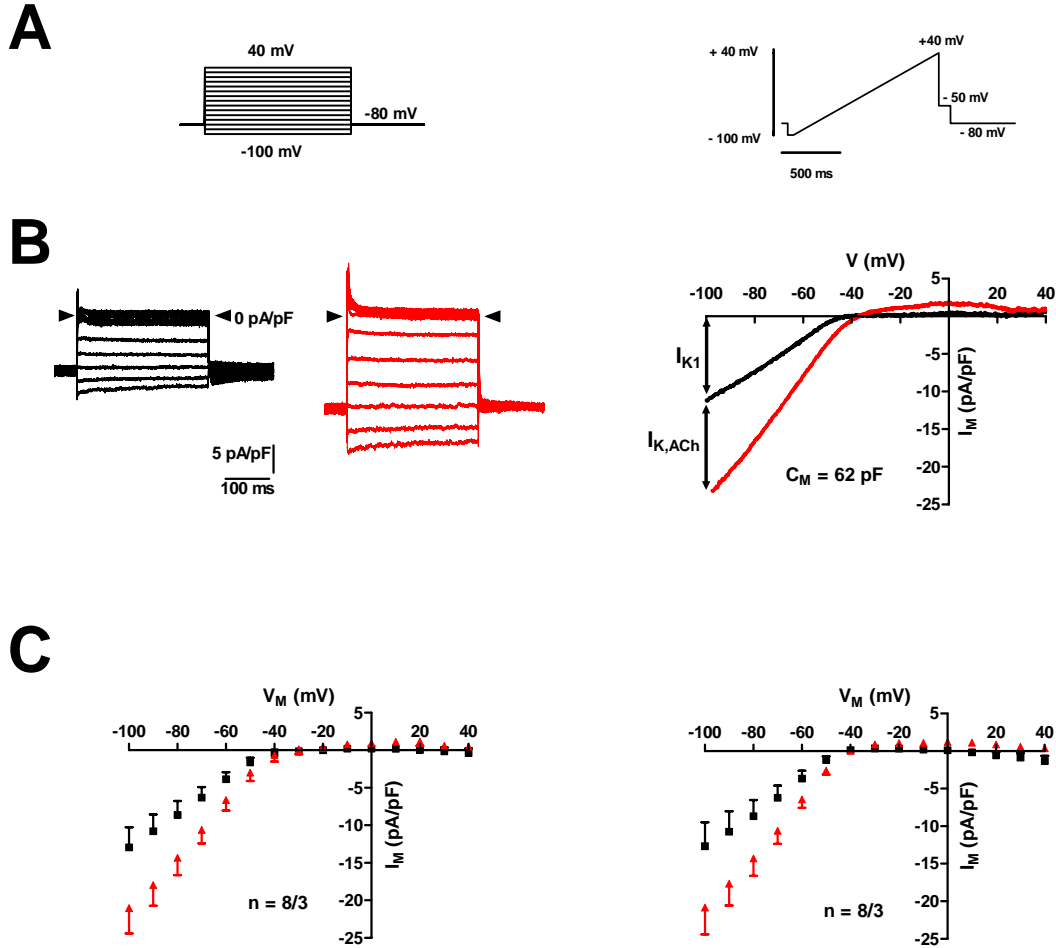
RA, right atrium; LA, left atrium; SAH, Subarachnoid haemorrhage



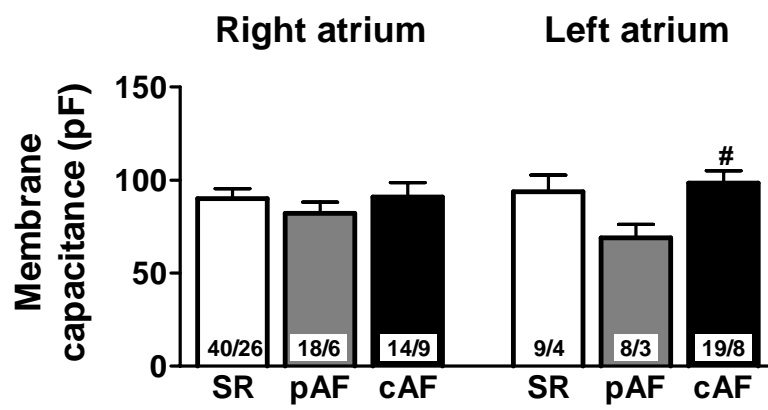
Online Figure 1. Center-related comparison of protein expression in left atrial samples from patients with pAF.



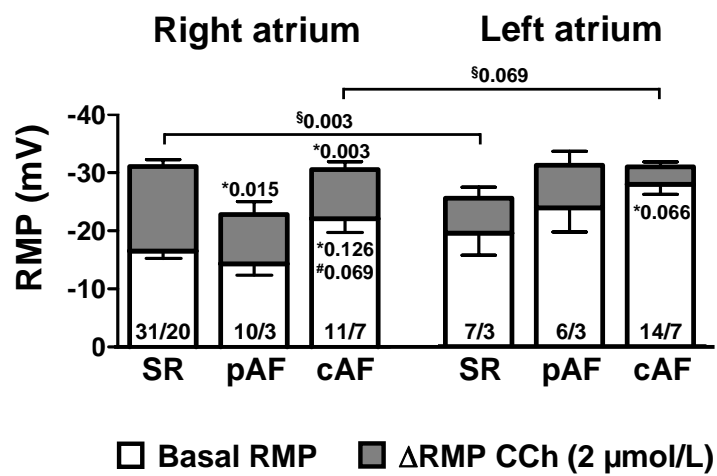
Online Figure 2. Temperature dependence of basal (A) inward rectifier current and CCh-activated $I_{K,ACh}$ (B) in SR patients. Mean \pm SEM. Numbers indicate myocytes/patients.



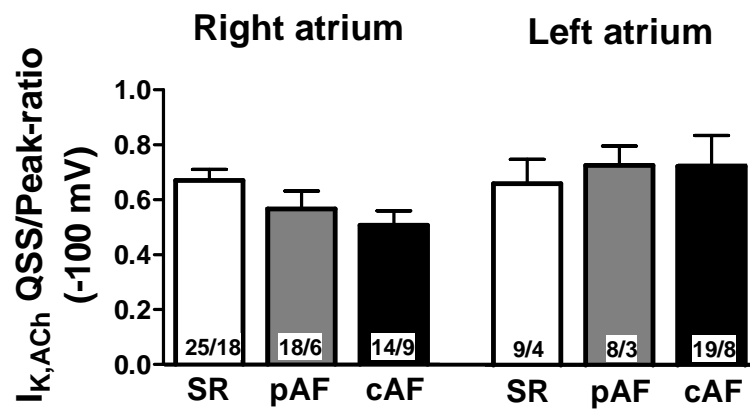
Online Figure 3. Comparison of current-voltage relation curves obtained with step pulse (A, left panel) and ramp-pulse (A, right panel) protocol respectively. B, Corresponding currents in absence (black) and presence (red) of CCh (2 μ M) to activate $I_{K,ACh}$. C, Corresponding current voltage relationship. Mean \pm SEM. Numbers indicate myocytes/patients.



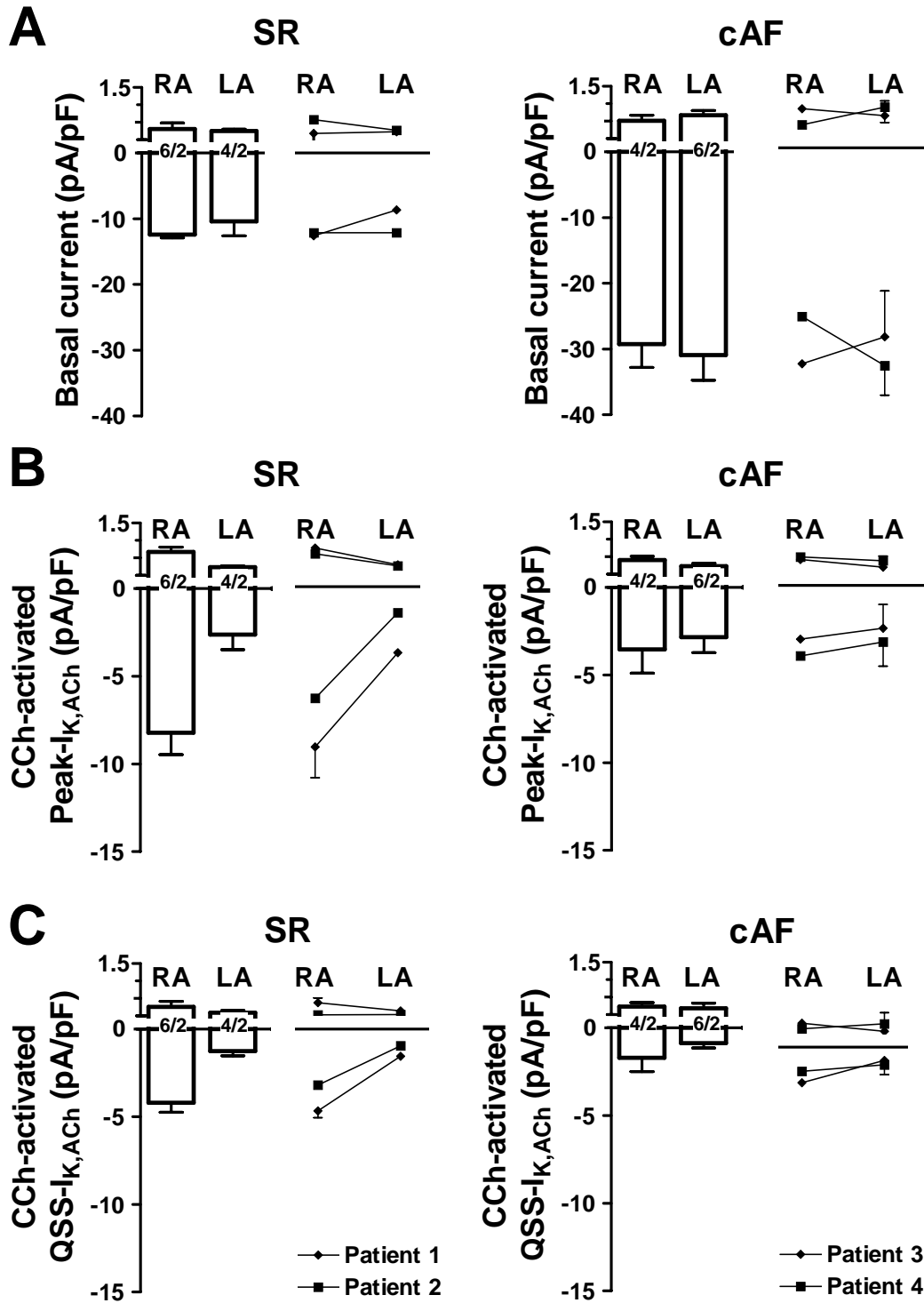
Online Figure 4. Membrane capacitance measurements in right and left atrial appendages from patients with SR, pAF and cAF. Mean \pm SEM. Numbers indicate myocytes/patients. #P<0.05 vs. corresponding values in pAF.



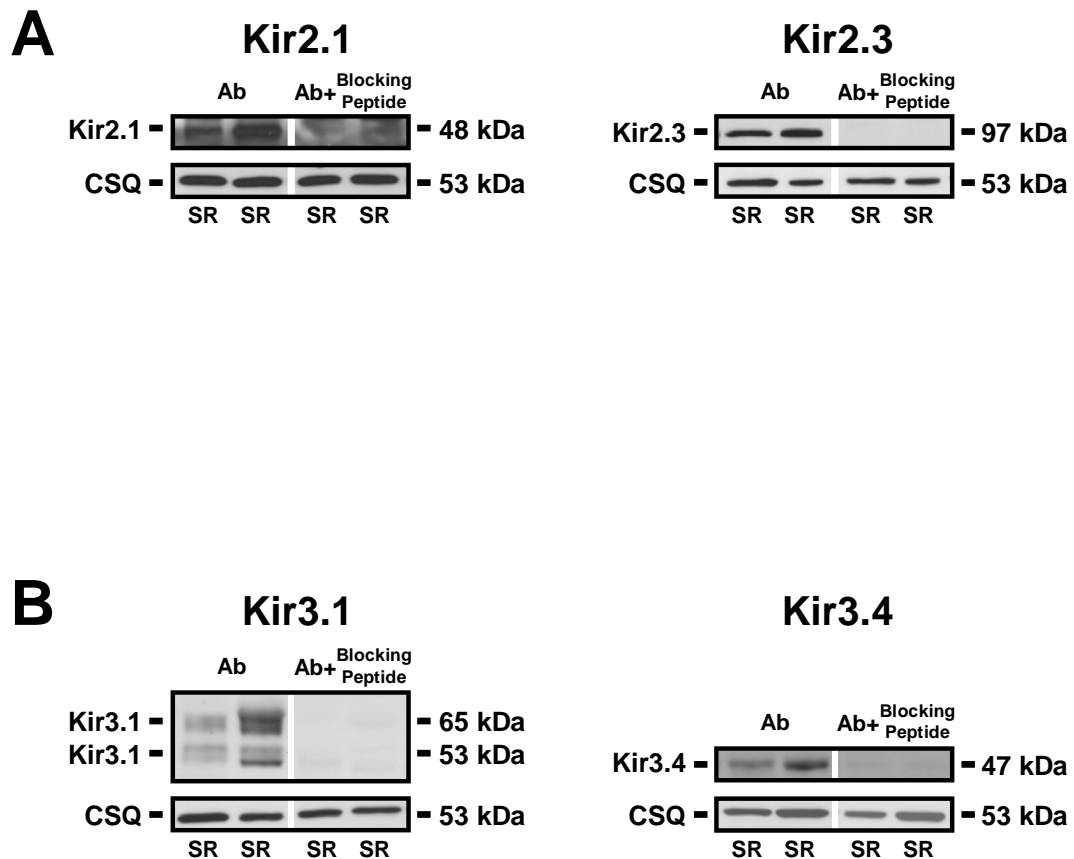
Online Figure 5. Basal resting membrane potential (basal RMP) and CCh-induced hyperpolarisation (Δ RMP CCh) in right and left atrial myocytes from patients with SR, pAF and cAF. Numbers indicate myocytes/patients. Mean \pm SEM. *P<0.05 and #P<0.05 vs. corresponding values in SR and pAF. §P<0.05 vs. corresponding values in right or left atrium, respectively. P-values within columns refer to basal RMP, whereas all other P-values refer to Δ RMP CCh.



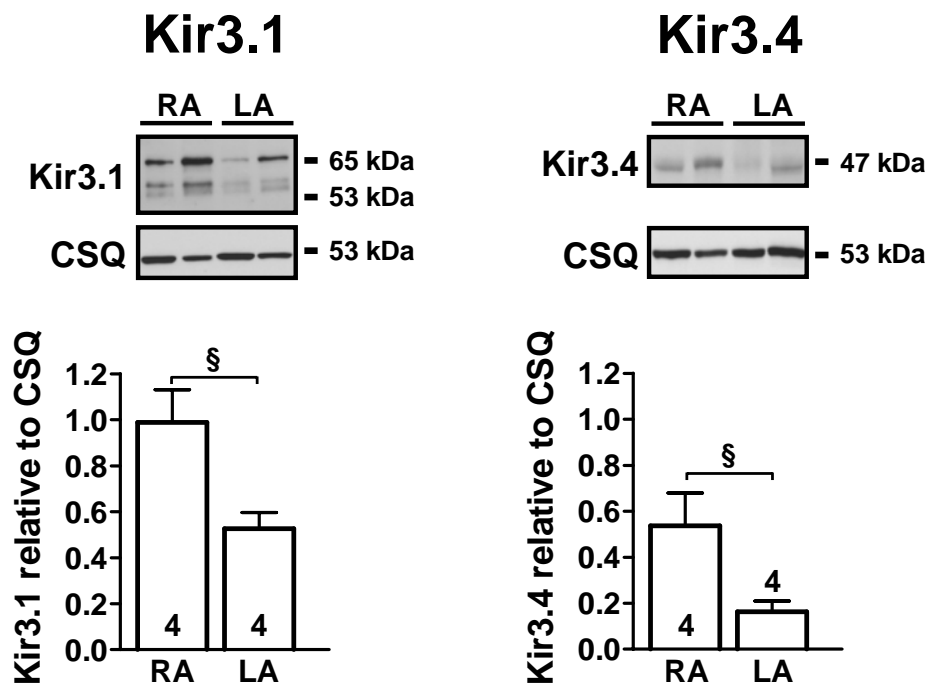
Online Figure 6. Mean ± SEM of I_{K,ACh} Peak/QSS-ratio as an index of I_{K,ACh} desensitization (see Figures 3 and 4). Numbers indicate myocytes/patients.



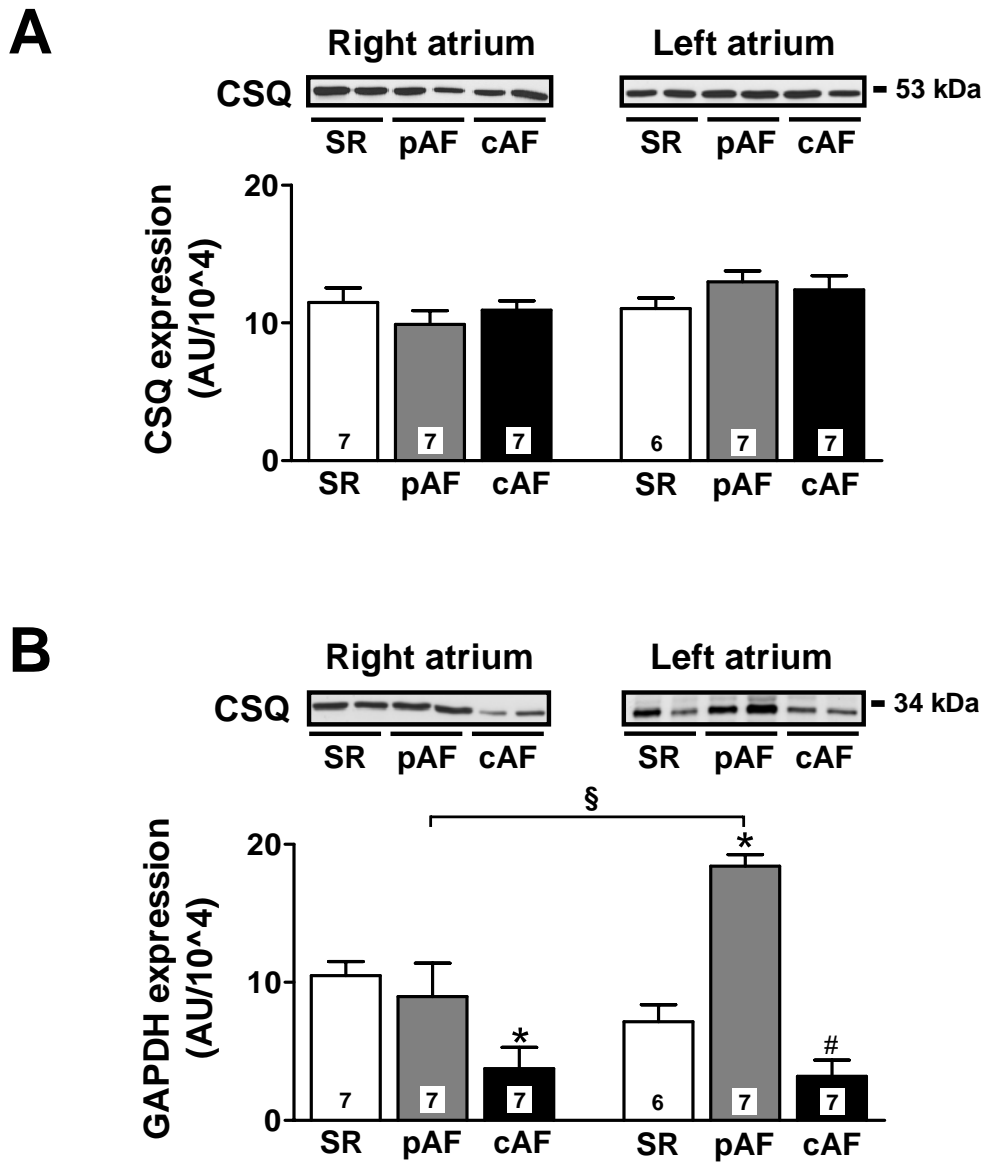
Online Figure 7. Basal inward rectifier current (A) and $I_{K,ACh}$ (B, C) from matched RA and LA samples obtained from the same SR (left, n=2) and cAF (right, n=2) patients. Columns represent Mean \pm SEM. Numbers indicate myocytes/patients. Symbols indicate corresponding mean values of each patient.



Online Figure 8. Specificity of used antibodies for Western blot. Specificity of bands recognized by the specific antibodies against Kir2.1, Kir2.3 (**A**), Kir3.1 and Kir3.4 (**B**) is demonstrated by incubation of the individual antibodies (Ab) with their corresponding immunizing peptides (Ab+Blocking Peptide) which prevents binding of the antibodies to their protein targets. Calsequestrin (CSQ) levels were used as internal (loading) controls. Non-contiguous lanes are separated by white lines.



Online Figure 9. Expression of $I_{K,ACh}$ -channel subunits in right (RA) and left (LA) atrial appendages from normal (non-diseased) atria. Representative immunoblots and densitometric analysis of Kir3.1 (left) and Kir3.4 (right) subunits. Numbers indicate tissue samples. § $P < 0.05$ vs. corresponding values in right atrium.



Online Figure 10. Comparison of CSQ (A) and GAPDH (B) protein levels (arbitrary units, AU) in right (RA) and left (LA) atria from SR, pAF and cAF patients. *P<0.05 vs. corresponding SR and pAF; #P<0.05 vs. corresponding pAF; §P<0.05 vs. pAF in RA.