

## Supplemental Figures

**Figure S1. Specificity of the polyclonal antibodies to detect SARS-CoV-2 spike S1 protein using Western blot.** Urine samples in Lane 2 – 4 Kidney Biopsy patients; Lane 5 – 7 Health Care Workers; Lane 8 – 11 from Urine Spike negative individuals; and Lane 12 – 15 Urine spike positive individuals.

**Figure S2. Concentration of urine and serum creatinine across the study population.** (A) Comparison of the concentration of urine creatinine across adults (NP-PCR COVID-19 positive and negative participants), children (NP-PCR COVID-19 positive and negative participants) as well as the PreCOVID-19 samples (KB, Heart Failure and Healthy). (B) Comparison of serum creatinine across UELISA positive and negative participants.

**Figure S3. Urine proteomics to determine presence of SARS-CoV-2 spike protein as a biomarker for kidney injury in COVID-19 patients across all the urine samples.** Multiple urine samples from the same individual are color matched. (A) Concentration of urine albumin (mg/mg of urine creatinine) across all the urine samples. A value  $>0.3$  (mg/mg of creatinine) was considered as cut-off. (B) Concentration of urine cystatin C (mg/mg of urine creatinine) across all the urine samples. Mean value of cystatin C for KB individuals was determined (0.0022) and used as a cutoff across our study population.

**Figure S4. (A) Comparison on the role of confounding factors in the elevated levels of albumin in urine. (B) Comparison of role of confounding factors in the elevated levels of cystatin C in urine.**

**Figure S5. Correlation of SARS-CoV-2 viral RNA load to the presence of spike protein in urine among COVID-19 NP-PCR+ adults.**

**Figure S6. Representative standard curve generated using 5µg/mL SARS-CoV-2 polyclonal anti-spike antibodies.**

**Figure S1**

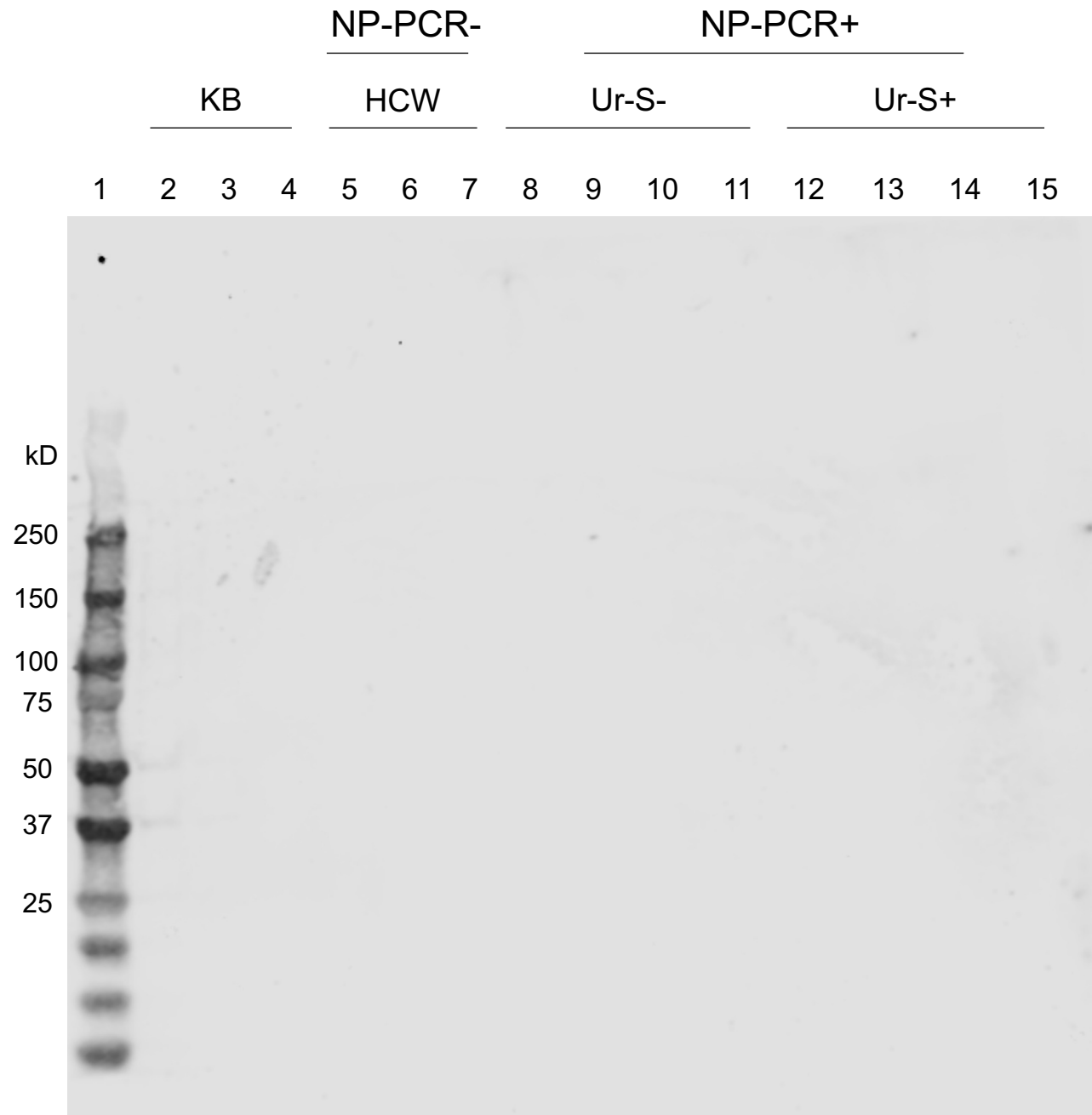
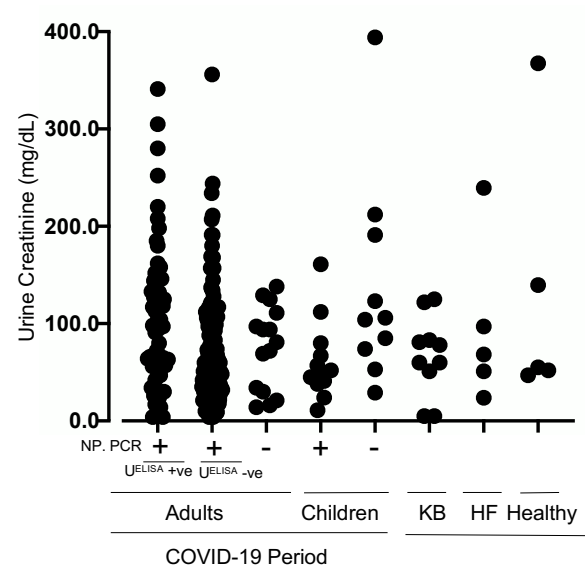


Figure S2

A



B

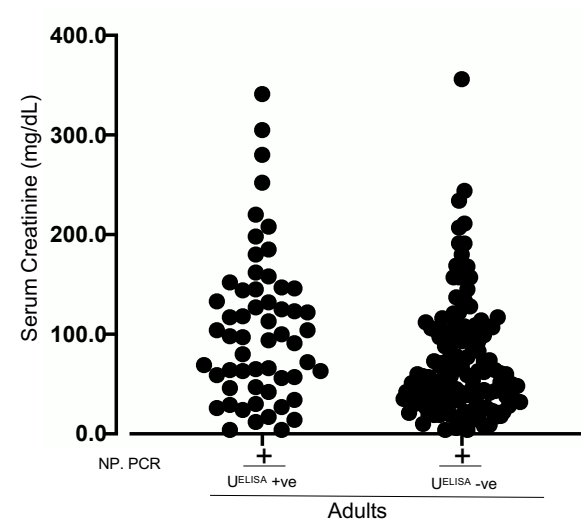
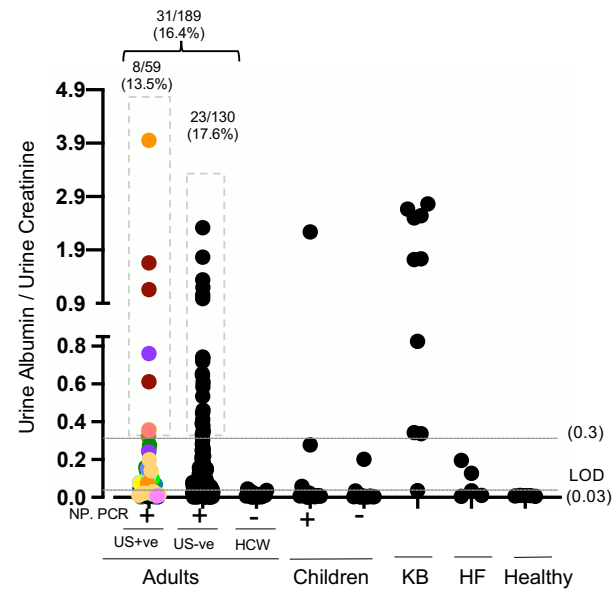


Figure S3

A



B

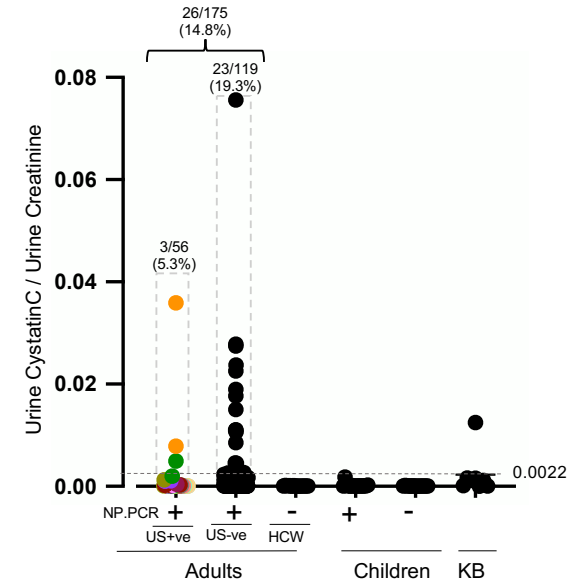


Figure S4

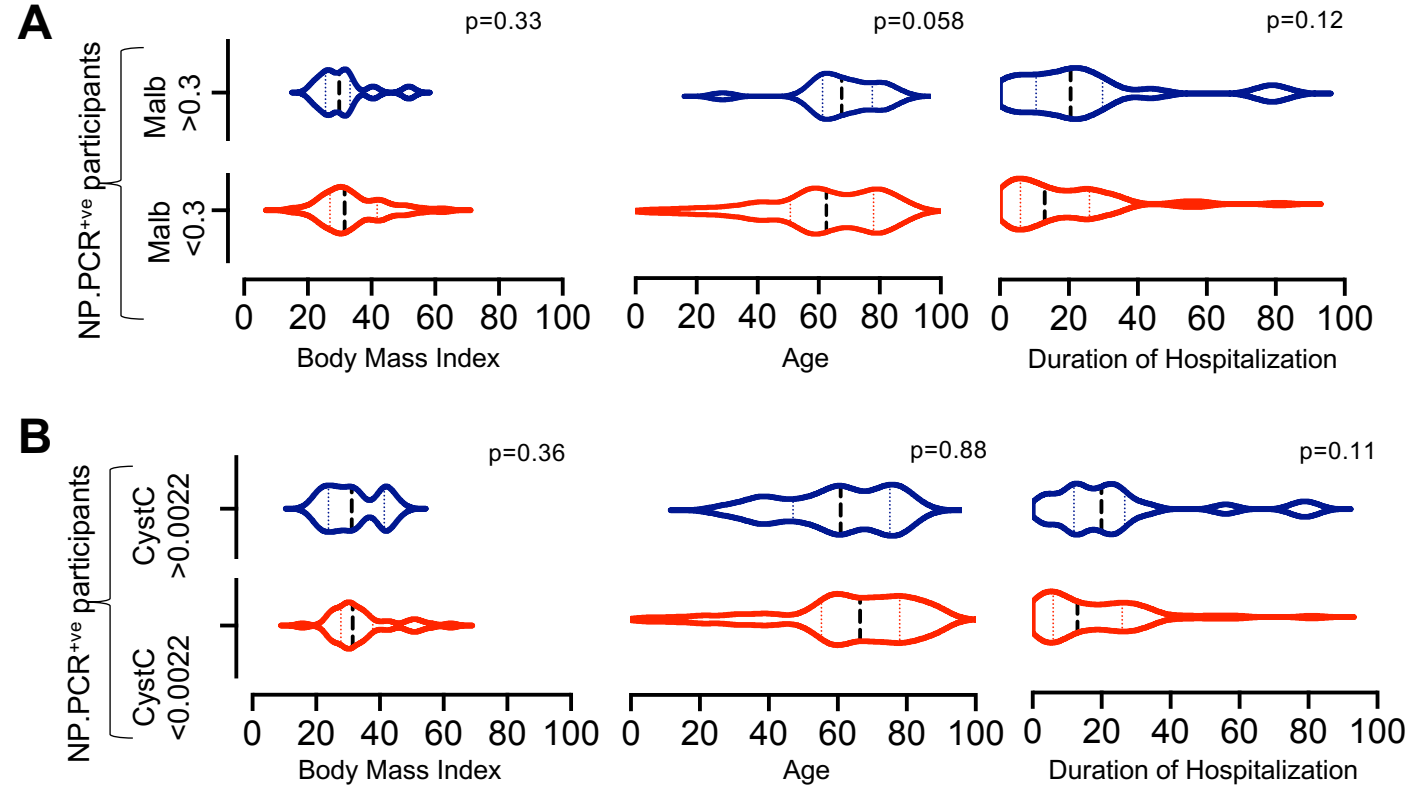


Figure S5

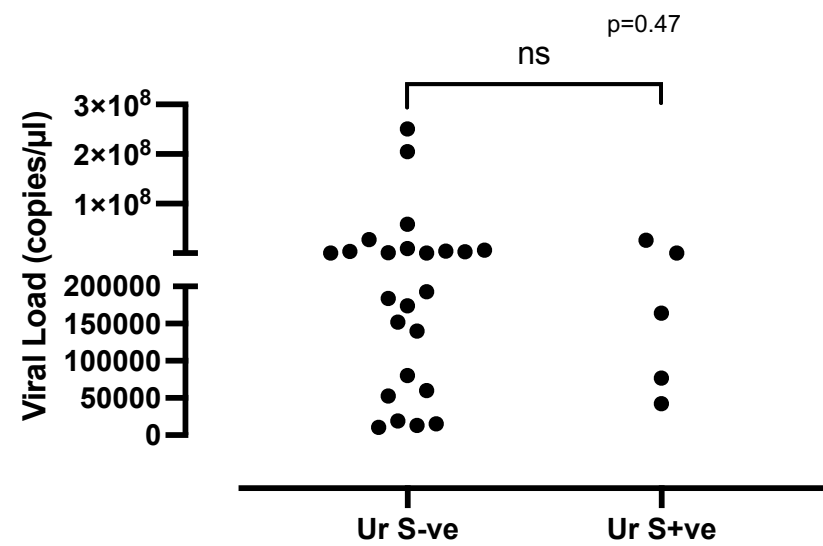


Figure S6

