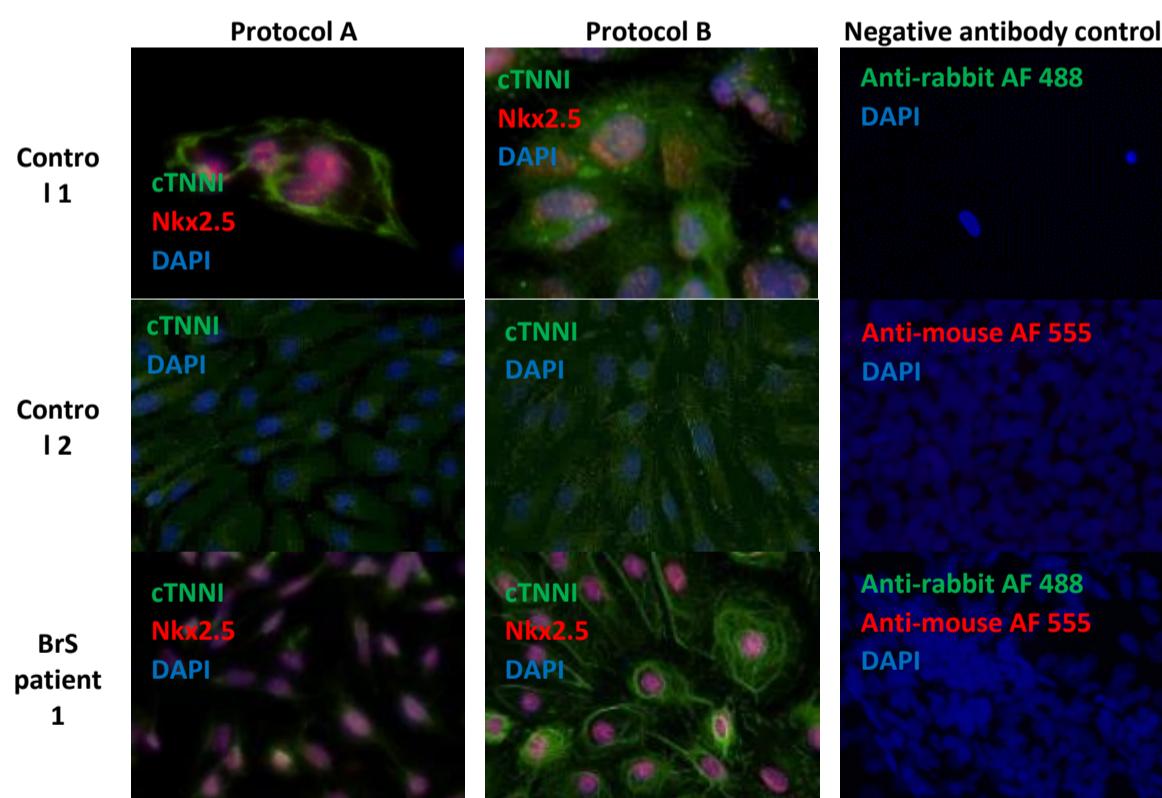
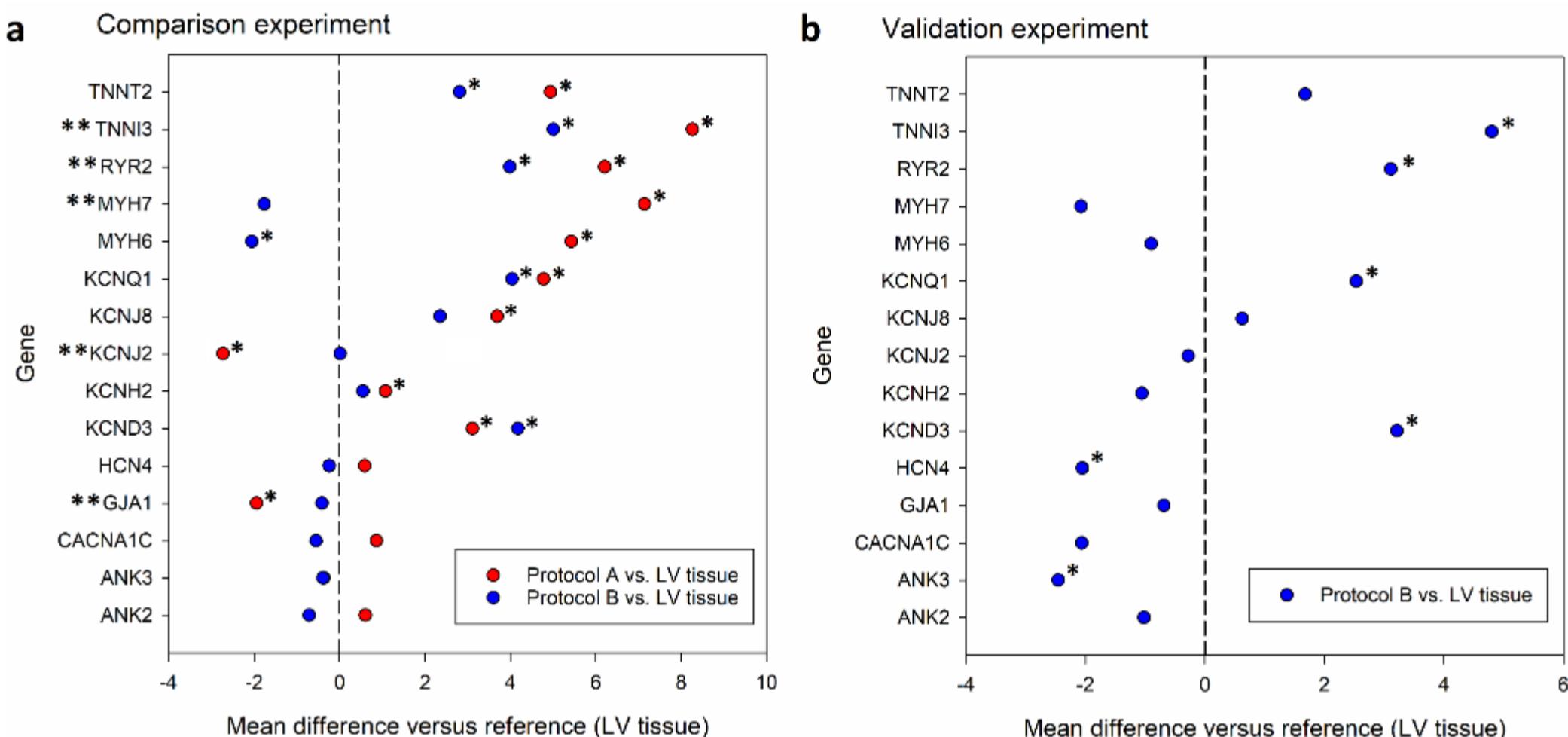


**Fig. S1.** Bright field images and representative immunofluorescence staining of pluripotency markers of iPSCs of Control 1, Control 2, BrS patient 1 and BrS patient 2.



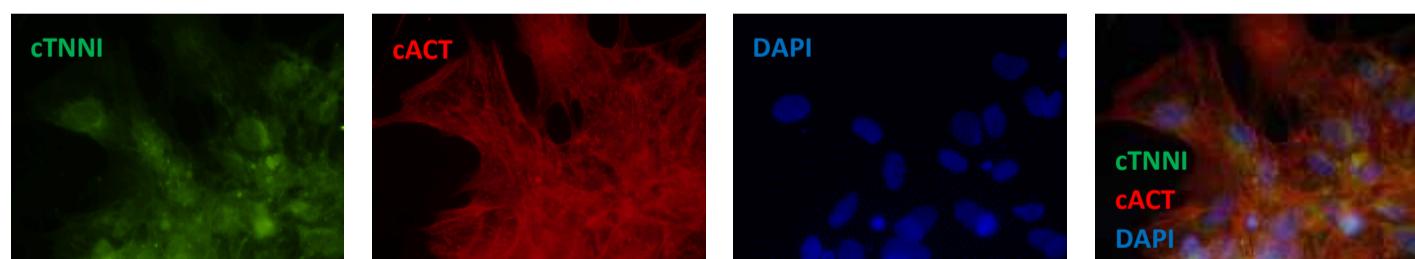
**Fig. S2.** Immunofluorescence staining of cTNNI of iPSC-CMs of Control 1, 2 and BrS patient 1 generated with protocol A and B in the comparison experiment. No cTNNI or Nkx2.5 staining was performed on iPSC-CMs from BrS patient 2 due to low amount of contracting areas on coverslips, which were used for electrophysiological tests and ICC staining for cACT. Negative secondary antibody controls (anti-rabbit Alexa Fluor 488 and/or anti-mouse Alexa Fluor 555) are shown in the right column.



**Fig. S3.** Measured Ct values for all tested genes in iPSC-CMs generated using protocol A (in red) and protocol B (in blue) in relation to left ventricle (0 level on the x axis) from samples obtained in the comparison (a) and validation (b) experiment.

The figures show graphical overview of the difference in the measured mean Ct values. Values for iPSC-CMs generated with protocol B in comparison experiment show closer resemblance to those in the reference tissue in comparison to iPSC-CMs generated with protocol A.

\* $p\leq 0.05$  for Ct comparison between the used protocol versus reference tissue (left ventricle of the healthy donor heart); \*\* $p\leq 0.05$  for Ct comparison between protocols A and B.



**Fig. S4.** Unmerged immunofluorescence staining images of cardiac markers cACT and cTNNI obtained from iPSC-CMs in the validation experiment (merged images are presented in Figure 4a).

**Table S1.** CNVs (larger than 100kb) detected in the used iPSC-lines.

Cell line	CNV type	CNV minimal region	CNV size (bp)	Genes in the region
Control 1	del	Chr1:1,030,565-1,266,041	235477	ACAP3, mir429, TTLL10
	del	Chr1:2,532,899-2,745,883	212985	MMEL1
	del	Chr1:191,618,129-191,875,752	257624	
	del	Chr4:994,414-1,188,049	193636	FGFRL1
	del	Chr4:34,049,908-34,423,079	373172	LINC02484
	del	Chr4:43,363,694-43,526,808	163115	LINC02383
	del	Chr4:113,294,328-113,779,891	485564	ALPK1, mir367
	del	Chr6:27,002,406-27,194,072	191667	HIST1H2AG
	del	Chr8:78,359,134-78,510,649	151516	LOC102724874
	del	Chr8:144,669,392-144,861,985	192594	BREA2, PYCR3
	del	Chr8:144,998,779-145,268,000	269222	CYC1, MROH1
	dup	Chr10:54,002,021-54,141,652	139632	DKK1
	del	Chr11:39,066,761-39,266,095	199335	
	del	Chr14:105,285,159-105,395,204	110046	CEP170B
	del	Chr19:1,341,509-1,497,060	155552	APC2
	del	Chr19:1,566,043-1,712,898	146856	MBD3
	dup	ChrX:71,284,941-71,411,659	126719	FLI44635
	dup	ChrX:91,685,124-92,178,902	493779	PCDH11X
Control 2	del	Chr16:32,624,879-32,855,389	230511	TP53TG3
	dup	Chr19:54,737,010-54,841,732	104723	LILRA3
	dup	ChrX:48,645,256-48,746,726	101471	ERAS
	dup	ChrX:153,051,907-153,197,130	145224	ARHGAP4
BrS patient 1	-	-	-	-
BrS patient 2	dup	Chr9:2,407,101-2,618,969	211869	VLDLR-AS1
	del	Chr10:68,196,544-68,517,908	321365	CTNNA3
	del	Chr11:90,802,950-90,926,931	123982	
	del	Chr16:32,564,812-32,959,259	394448	SLC6A10P
	del	ChrX:7,564,428-7,736,547	172120	

Del = deletion, dup = duplication

**Table S2.** Differentiation efficiency based on immunofluorescence staining for cACT (comparison experiment).

	Protocol A		Efficiency	Protocol B		Efficiency	
	Dissociated iPSC-CMs			Dissociated iPSC-CMs			
Control 1			80%			100%	
Control 2			89.5 %	Non-dissociated monolayer		Non-dissociated monolayer	83.65 %
Non-dissociated monolayer		Dissociated iPSC-CMs		Non-dissociated monolayer	Dissociated iPSC-CMs		
BrS patient 1			91.2 %			100 %	
Dissociated iPSC-CMs				Dissociated iPSC-CMs			
BrS patient 2			100 %			100 %	

**Table S3.** Calculated p values for the tested cardiac markers for qPCR data on samples from the comparison between the two protocols and in relation to the reference tissue (left ventricle of a healthy human heart donor).

Tested gene	Protocol A vs. Protocol B		Protocol A/B vs. reference tissue		
	Comparison round	Comparison experiment		Validation experiment	
		Protocol A	Protocol B	Protocol B	Protocol B
<b>ANK2</b>	0.155	0.059	0.414	0.323	
<b>ANK3</b>	0.985	0.505	0.652	1.7*E <sup>-6*</sup>	
<b>CACNA1C</b>	0.349	0.087	0.699	0.115	
<b>GJA1</b>	7.5*E <sup>-5*</sup>	3.6*E <sup>-5*</sup>	0.239	0.6	
<b>HCN4</b>	0.453	0.439	0.776	4.6*E <sup>-6*</sup>	
<b>KCND3</b>	0.057	1*E <sup>-6*</sup>	2.2*E <sup>-6*</sup>	1.1*E <sup>-9*</sup>	
<b>KCNH2</b>	0.570	0.010*	0.539	0.176	
<b>KCNJ2</b>	7.8*E <sup>-4*</sup>	8.9*E <sup>-5*</sup>	0.983	0.413	
<b>KCNJ8</b>	0.288	1.1*E <sup>-16*</sup>	0.081	0.504	
<b>KCNQ1</b>	0.491	5.2*E <sup>-6*</sup>	0.002*	0.027*	
<b>MYH6</b>	0.105	0.016*	0.013*	0.285	
<b>MYH7</b>	0.015*	0.002*	0.171	0.539	
<b>RYR2</b>	0.042*	2.8*E <sup>-6*</sup>	9.9*E <sup>-4*</sup>	4.87*E <sup>-5*</sup>	
<b>TNNI3</b>	0.026*	5.6*E <sup>-7*</sup>	0.0023*	0.035*	
<b>TNNT2</b>	0.138	1.7*E <sup>-4*</sup>	0.037*	0.175	

P-values were corrected for multiple testing using Tukey's correction. \*p≤0.05

**Table S4.** Action potential properties for iPSC-CMs generated in the comparison experiment.

Used protocol	Protocol A			Protocol B		
	Control 2	BrS patient 1	BrS patient 2	Control 2	BrS patient 1	BrS patient 2
Cell line						
Number of AP recordings	4	8	8	10	9	13
Number of analysed AP recordings	0*	0*/†	1	0*/‡	4	2
APD50 [ms]	-	-	422.08	-	351.51± 24.84	273.7± 40.83
APD90 [ms]	-	-	501.8	-	509.95± 27.91	422.3± 10.9
APA [mV]	-	-	114.5	-	90.8± 5.1	86.7± 17.3
RMP [mV]	-	-	-59.3	-	-59.6± 3.1	-58.3± 5.4
BPM	-	-	8	-	17± 1.12	27± 3

\*Recordings with RMP >-40 mV; †Recordings with proper RMP but cells did not fire AP; ‡Declined seal quality due to vivid beating

\*\*No proper recordings were obtained from Control 1 for both tested protocols.

**Table S5.** Action potential and calcium transient properties for iPSC-CMs generated in validation experiment.

	Protocol B		
	Control 2	BrS patient 1	BrS patient 2
<b>Number of analysed AP recordings</b>	4	0	7
<b>APD50 [ms]</b>	617.2± 54.5	-	260.7± 59
<b>APD90 [ms]</b>	767.6± 56.4	-	371.5± 72.3
<b>APA [mV]</b>	93.9± 8.4	-	94± 4
<b>RMP [mV]</b>	-56.3± 3.4	-	-60.9± 4.1
<b>BPM</b>	21± 1	-	11± 0.3
<b>Number of analysed CT recordings</b>	9	11	0
<b>CTD50 [ms]</b>	1305.3± 41.9	389.7± 36.5	-
<b>CTD70 [ms]</b>	1988.9± 65.6	571.7± 52.1	-
<b>BD [s]</b>	6.62± 0.31	3.53± 0.06	-
<b>BPM</b>	9± 0.4	17± 0.3	-
<b>Rise time [ms]</b>	824.3± 24.6	202.3± 17.9	-
<b>RC [ms]</b>	1108.1± 43.4	380.3± 28.9	-

**Table S6.** Previously reported AP properties from commercial iPSC-CMs and iPSC-CMs differentiated using monolayer-based protocols

Reference	Differentiation protocol	Culture duration	Patching temperature	AP parameters				
				RMP	APA	APD50	APD90	n
Bett et. al. (2013)[1]	Commercial iCell CMs		RT	-63±5.8	83±11		955±103	25
Gibson et.al. (2014) [2]	Commercial iCell CMs		RT	-68±9	103±9		427±65	8
Meijer Van Puten et. al. (2015) [3]	Monolayer-based with CHIR 99021 and IWP4	30 days	36±1	-56±4	73±9		162±27	9
Lopez-Redondo et. al. (2016) [4]	Commercial iCell CMs		36±1	-43.3±1.7	79.4±2.9	309.4±29.5		54
Jezirowska et. al. (2016) [5]	Monolayer-based using CHIR99021 and IWP2/IWR1	28-35 days	37	-69.5±9.5	96.6±15.5	586.8±404.3	726±489.6	156
Herron et. al. (2016) [6]	Commercial iCell CMs		37	-59.3±1.7	105±5			6
Feaster et. al. (2016) [7]	Monolayer-based with CHIR99021 and IWR1 + B27	30-35 days	RT	-74±1	118±3	326±13	378±14	53

**Table S7.** Previously reported CT properties from iPSC-CMs differentiated using monolayer-based protocols.

Reference	Differentiation protocol	Culture duration	Imaging temperature	CT parameters				
				CTD90 [ms]	CTD50 [ms]	Rise time [ms]	Decay [ms]	n
Paci et. al. (2020) [8]	Commercial iCell <sup>2</sup> CMs		21±1	1826.2±1071.3	920.1±456.3			42
Shah et. al. (2020) [9]	END-2 co-culture	30 days	36±1	1900±100		480±20	250±20	68
Shah et. al. (2019) [10]	END-2 co-culture	30 days	36±1			251±29	2261±676	34
Higgins et. al. (2019) [11]	Monolayer-based with CHIR99021 and IWP2	60 days	36±1		1533±100		2790±50	200
Ahola et. al. (2017) [12]	END-2 co-culture	Not specified	36±1	1663±570	797±227			13
Liang et. al. (2016) [13]	Monolayer-based with CHIR99021 and IWR1	40-60 days	36±1		471.3±12.6	92±6.6		10-25

**Table S8.** Immunofluorescence blocking buffers and dilutions of used antibodies for pluripotency markers

Blocking buffer	PBS (Life Technologies)	Goat serum (Jackson Immunotechnologies; 5%)		
Primary antibodies	Nanog (PA1-097, Life Technologies; dilution 1:500)	Tra1-81 (4745S, Cell Signaling Technology dilution 1:200)	Oct3/4 (sc-9081, SantaCruz Biotechnology dilution 1:100)	Tra1-60 (4746S, Cell Signaling Technology dilution 1:200)
Matching secondary antibody	Goat anti-rabbit Alexa Fluor 488 (A-11034, Life Technologies; dilution 1:500)	Goat anti-mouse (IgM) Alexa Fluor 555 (A-21426, Life Technologies; dilution 1:500)	Goat anti-rabbit Alexa Fluor 488 (A-11034, Life Technologies; dilution 1:500)	Goat anti-mouse (IgM) Alexa Fluor 555 (A-21426, Life Technologies; dilution 1:500)

**Table S9.** Immunofluorescence blocking buffer and dilutions of used antibodies for cardiac markers.

Blocking buffer CM markers	Goat serum (Jackson Immunotechnologies; 5%)	PBS (Life Technologies)	
Primary antibodies	Cardiac α-actinin (Abcam; dilution 1:300)	Cardiac troponin I (Abcam; dilution 1:100)	Nkx2.5 (Abcam; dilution 1:200)
Matching secondary antibodies	Goat anti rabbit (Life Technologies; dilution 1:500)	Goat anti rabbit (Life Technologies; dilution 1:500)	Goat anti mouse IgG (Life Technologies; dilution 1:500)

**Table S10.** Sendai vectors presence test - PCR reaction protocol

<b>Initialization</b>	94°C	5 min	
<b>Denaturation</b>	94°C	15 sec	34x
<b>Annealing</b>	60°C	30 sec	
<b>Elongation</b>	72°C	45 sec	
<b>Final elongation</b>	72°C	10 min	
<b>Final hold</b>	10°C	1 min	

**Table S11.** Cardiac markers qPCR primers

	FORWARD 5'-3'	REVERSE 5'-3'
<b>REFERENCE GENES</b>		
<b>GAPDH</b>	TGCACCACCAACTGCTTAGC	GGCATGGACTGTGGTCATGAG
<b>ECHS1</b>	AAGGCCCTCAATGCACTTG	ACTCAGGTTCTGCATTCCCTG
<b>RPL13A</b>	CCTGGAGGAAGAGGAAAGAGA	TTGAGGACCTCTGTGTATTGTCAA
<b>TARGET GENES</b>		
<b>ANK2</b>	TGGACTTCACAGCCAGGAAT	GCCTCGATCCAGTAAGAGCT
<b>ANK3</b>	ACCAAAGGAGGACAGCAACT	GAAAAGACAGACGACCACAGG
<b>CACNA1C</b>	TGACATCGAGGGAGAAAACT	ACATTAGACTGACTGCGGC
<b>GJA1 (CX43)</b>	GGTGAUTGGAGCGCCTAG	GCGCACATGAGAGATTGGGA
<b>HCN4</b>	ACCCATGCTACAGGACTTCC	GAAGAGCGCGTAGGAGTACT
<b>KCND3</b>	AAACAATCACAGGGACTGGC	ACACCATTGTCAACCATGACC
<b>KCNH2</b>	TCCTTCTCCATCACCACTC	AAATCGCCTTCTACCGGAAA
<b>KCNJ2</b>	GTGCGAACCAACCGCTACA	CCAGCGAATGTCCACACAC
<b>KCNJ8</b>	AGTGAATGGAGAAAAGTGGT	TCCTCTGTATCATCCTCCC
<b>KCNQ1</b>	ACAAAGTACTGCATGCGTCG	CATGAGAACCAACAGCTTCG
<b>MYH6</b>	GATAGAGAGACTCCTGCGGC	CCGTCTCCCATTCTCGGTT
<b>MYH7</b>	TCGTGCCTGATGACAAACAGGGAGT	ATACTCGGTCTCGGCAGTGACTTT
<b>RYR2</b>	CATCGAACACTCCTCTACCGGA	GGACACGCTAACTAAGATGAGGT
<b>TNNI3</b>	TGTGGACAAGGTGGATGAAG	CCGCTTAAACTTGCCCTGAA
<b>TNNT2</b>	GGAGGAGCTCGTTCTCTCA	CCTCCTGTTCTCCTCCTCCT

- [1] G.C. Bett, A.D. Kaplan, A. Lis, T.R. Cimato, E.S. Tzanakakis, Q. Zhou, M.J. Morales, and R.L. Rasmusson, Electronic "expression" of the inward rectifier in cardiocytes derived from human-induced pluripotent stem cells. *Heart Rhythm* 10 (2013) 1903-10.
- [2] J.K. Gibson, Y. Yue, J. Bronson, C. Palmer, and R. Numann, Human stem cell-derived cardiomyocytes detect drug-mediated changes in action potentials and ion currents. *J Pharmacol Toxicol Methods* 70 (2014) 255-67.
- [3] R.M. Meijer van Putten, I. Mengarelli, K. Guan, J.G. Zegers, A.C. van Ginneken, A.O. Verkerk, and R. Wilders, Ion channelopathies in human induced pluripotent stem cell derived cardiomyocytes: a dynamic clamp study with virtual IK1. *Front Physiol* 6 (2015) 7.
- [4] F. Lopez-Redondo, J. Kurokawa, F. Nomura, T. Kaneko, T. Hamada, T. Furukawa, and K. Yasuda, A distribution analysis of action potential parameters obtained from patch-clamped human stem cell-derived cardiomyocytes. *J Pharmacol Sci* 131 (2016) 141-5.
- [5] D. Jeziorowska, V. Fontaine, C. Jouve, E. Villard, S. Dussaud, D. Akbar, V. Letang, P. Cervello, J.M. Itier, M.P. Pruniaux, and J.S. Hulot, Differential Sarcomere and Electrophysiological Maturation of Human iPSC-Derived Cardiac Myocytes in Monolayer vs. Aggregation-Based Differentiation Protocols. *Int J Mol Sci* 18 (2017).
- [6] T.J. Herron, A.M. Rocha, K.F. Campbell, D. Ponce-Balbuena, B.C. Willis, G. Guerrero-Serna, Q. Liu, M. Klos, H. Musa, M. Zarzoso, A. Bizy, J. Furness, J. Anumonwo, S. Mironov, and J. Jalife, Extracellular Matrix-Mediated Maturation of Human Pluripotent Stem Cell-Derived Cardiac Monolayer Structure and Electrophysiological Function. *Circ Arrhythm Electrophysiol* 9 (2016) e003638.
- [7] T.K. Feaster, A.G. Cadar, L. Wang, C.H. Williams, Y.W. Chun, J.E. Hempel, N. Bloodworth, W.D. Merryman, C.C. Lim, J.C. Wu, B.C. Knollmann, and C.C. Hong, Matrigel Mattress: A Method for the Generation of Single Contracting Human-Induced Pluripotent Stem Cell-Derived Cardiomyocytes. *Circ Res* 117 (2015) 995-1000.
- [8] M. Paci, E. Passini, A. Klimas, S. Severi, J. Hyttinen, B. Rodriguez, and E. Entcheva, All-Optical Electrophysiology Refines Populations of In Silico Human iPSC-CMs for Drug Evaluation. *Biophys J* 118 (2020) 2596-2611.
- [9] D. Shah, C. Prajapati, K. Penttilä, R.M. Cherian, J.T. Koivumaki, A. Alexanova, J. Hyttinen, and K. Aalto-Setala, hiPSC-Derived Cardiomyocyte Model of LQT2 Syndrome Derived from Asymptomatic and Symptomatic Mutation Carriers Reproduces Clinical Differences in Aggregates but Not in Single Cells. *Cells* 9 (2020).
- [10] D. Shah, L. Virtanen, C. Prajapati, M. Kiamehr, J. Gullmets, G. West, J. Kreutzer, M. Pekkanen-Mattila, T. Helio, P. Kallio, P. Taimen, and K. Aalto-Setala, Modeling of LMNA-Related Dilated Cardiomyopathy Using Human Induced Pluripotent Stem Cells. *Cells* 8 (2019).
- [11] E.M. Higgins, J.M. Bos, S.M. Dotzler, C.S. John Kim, and M.J. Ackerman, MRAS Variants Cause Cardiomyocyte Hypertrophy in Patient-Specific Induced Pluripotent Stem Cell-Derived Cardiomyocytes: Additional Evidence for MRAS as a Definitive Noonan Syndrome-Susceptibility Gene. *Circ Genom Precis Med* 12 (2019) e002648.
- [12] A. Ahola, R.P. Polonen, K. Aalto-Setala, and J. Hyttinen, Simultaneous Measurement of Contraction and Calcium Transients in Stem Cell Derived Cardiomyocytes. *Ann Biomed Eng* 46 (2018) 148-158.
- [13] P. Liang, K. Sallam, H. Wu, Y. Li, I. Itzhaki, P. Garg, Y. Zhang, V. Vermglinchan, F. Lan, M. Gu, T. Gong, Y. Zhuge, C. He, A.D. Ebert, V. Sanchez-Freire, J. Churko, S. Hu, A. Sharma, C.K. Lam, M.M. Scheinman, D.M. Bers, and J.C. Wu, Patient-Specific and Genome-Edited Induced Pluripotent Stem Cell-Derived Cardiomyocytes Elucidate Single-Cell Phenotype of Brugada Syndrome. *J Am Coll Cardiol* 68 (2016) 2086-2096.