

## Text S2: Extended Acknowledgements

Cohort	Acknowledgements (funding, personal, groups, ...)
<b>Discovery Stage</b>	
ADVANCE	The ADVANCE study was supported by a grant from the Reynold's Foundation and NHLBI grant HL087647.
AGES Midlife	The Age, Gene/Environment Susceptibility Reykjavik Study has been funded by NIH contract N01-AG-12100, the NIA Intramural Research Program, Hjartavernd (the Icelandic Heart Association), and the Althingi (the Icelandic Parliament). The study is approved by the Icelandic National Bioethics Committee, (VSN: 00-063) and the Data Protection Authority. The researchers are indebted to the participants for their willingness to participate in the study.
Amish	We gratefully acknowledge our Amish liaisons, field workers and clinic staff and the extraordinary cooperation and support of the Amish community without which these studies would not have been possible. The Amish studies are supported by grants and contracts from the NIH, including U01 HL072515, U01 HL84756, the University of Maryland General Clinical Research Center, grant M01 RR 16500, the Mid-Atlantic Nutrition and Obesity research Center, grant NIH P30 DK072488, and by National Research Initiative Competitive Grant no. 2007-35205-17883 from the USDA National Institute of Food and Agriculture. We thank our Amish research volunteers for their long-standing partnership in research, and the research staff at the Amish Research Clinic for their hard work and dedication.
ARIC	The Atherosclerosis Risk in Communities Study is carried out as a collaborative study supported by National Heart, Lung, and Blood Institute contracts (HHSN268201100005C, HHSN268201100006C, HHSN268201100007C, HHSN268201100008C, HHSN268201100009C, HHSN268201100010C, HHSN268201100011C, and HHSN268201100012C), R01HL087641, R01HL59367 and R01HL086694; National Human Genome Research Institute contract U01HG004402; and National Institutes of Health contract HHSN268200625226C. The authors thank the staff and participants of the ARIC study for their important contributions. Infrastructure was partly supported by Grant Number UL1RR025005, a component of the National Institutes of Health and NIH Roadmap for Medical Research.
B58C-WTCCC and B58C-T1DGC	We acknowledge use of phenotype and genotype data from the British 1958 Birth Cohort DNA collection, funded by the Medical Research Council grant G0000934 and the Wellcome Trust grant 068545/Z/02. ( <a href="http://www.b58cgenome.sgu.ac.uk/">http://www.b58cgenome.sgu.ac.uk/</a> ). 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).

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CAD_WTCCC	CAD-WTCCC (WTCCC Coronary Artery Disease cases) - Collection of the CAD-WTCCC cases (BHF Family Heart Study) was funded by the British Heart Foundation and the Medical Research Council and genotyping by the Wellcome Trust as part of the WTCCC. We thank the members of the BHF Family Heart Study Research Group for recruitment. N.J.S. holds a personal chair supported by the BHF and also holds a UK NIHR Senior Investigator Award.
CAPS	The CAPS study was supported by grants from the Swedish Research Council, the Swedish Cancer Society, and the National Cancer Institute. E.I. was supported by grants from the Swedish Research Council, the Swedish Heart - Lung Foundation, the Swedish Society of Medicine, the Swedish Foundation for Strategic Research, and the Royal Swedish Academy of Science while working with this article.
CHS	This CHS research was supported by NHLBI contracts N01-HC-85239, N01-HC-85079 through N01-HC-85086; N01-HC-35129, N01 HC-15103, N01 HC-55222, N01-HC-75150, N01-HC-45133 and NHLBI grants HL080295, HL075366, HL087652, HL105756 with additional contribution from NINDS. Additional support was provided through AG-023629, AG-15928, AG-20098, and AG-027058 from the NIA. See also <a href="http://www.chs-nhlbi.org/pi.htm">http://www.chs-nhlbi.org/pi.htm</a> . DNA handling and genotyping was supported in part by National Center for Research Resources CTSI grant UL 1RR033176, National Institute of Diabetes and Digestive and Kidney Diseases grant DK063491 to the Southern California Diabetes Endocrinology Research Center.
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EPIC	The EPIC Norfolk Study is funded by Cancer Research United Kingdom and the Medical Research Council.
ERF (EUROSPAN)	The genotyping for the ERF study was supported by EUROSPAN (European Special Populations Research Network) and the European Commission FP6 STRP grant (018947; LSHG-CT-2006-01947). The ERF study was further supported by grants from the Netherlands Organisation for Scientific Research, Erasmus MC, the Centre for Medical Systems Biology (CMSB) and the Netherlands Brain Foundation (HersenStichting Nederland). We are grateful to all patients and their relatives, general practitioners and neurologists for their contributions and to P. Veraart for her help in genealogy, Jeannette Vergeer for the supervision of the laboratory work and P. Snijders for his help in data collection. We would also like to acknowledge Internationale Stichting Alzheimer Onderzoek (ISAO) and Hersenstichting Netherlands.
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**Follow-Up Stage - Insilico**

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