

**Supporting information for**  
**Systems analysis of plasma IgG intact N-glycopeptides from patients with**  
**chronic kidney diseases via EThcD-sceHCD-MS/MS**

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### **Supplementary Figures:**

**Figure S1.** The relative abundance of IgG subclasses (A) and the number of unique intact N-glycopeptides and N-glycans (B) of quality control (QC) samples;

**Figure S2.** Correlation analysis of eight quality control (QC) samples;

**Figure S3.** Comparison of the average number of IgG intact N-glycopeptides and N-glycans (A), and the positive rate of intact N-glycopeptides from IgG1 (B), IgG2 (C), IgG3 (D) and IgG4 (E) between HC, MN, DKD and IgAN group (“\*” means  $P < 0.05$ , “\*\*” means  $P < 0.005$ );

**Figure S4.** Comparison of the relative abundance of IgG subclasses between HC, MN, DKD and IgAN group;

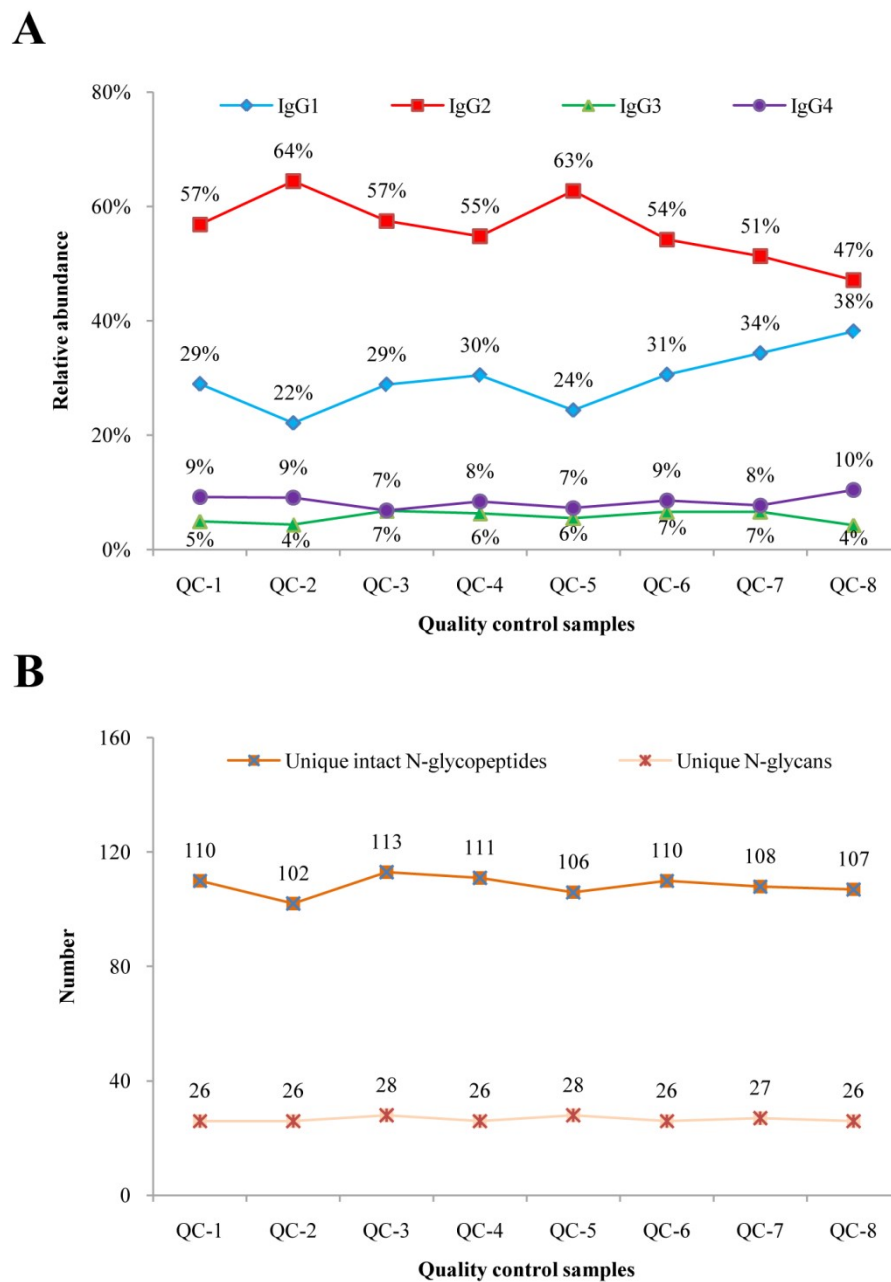
(XLSX) **Table S1.** Relative abundance of IgG subclasses and the number of unique intact N-glycopeptides and N-glycans of quality control samples;

(XLSX) **Table S2.** Clinical de-mographics of HC, MN, DKD and IgAN groups;

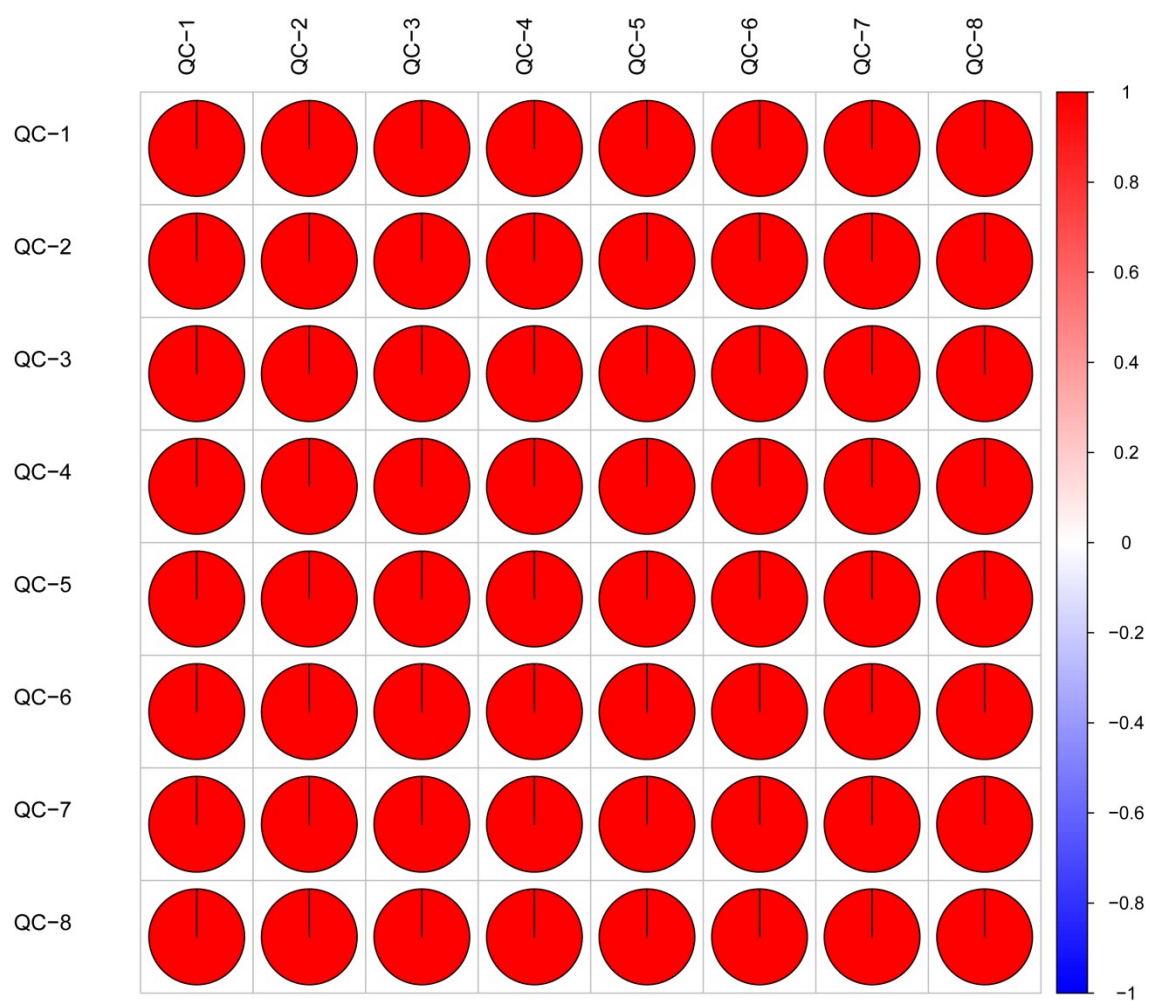
(XLSX) **Table S3.** Positive rate of identified IgG intact N-glycopeptides from HC, MN, DKD and IgAN groups;

(XLSX) **Table S4.** Differentially expressed intact N-glycopeptides of human plasma IgGs from HC, MN, DKD and IgAN groups.

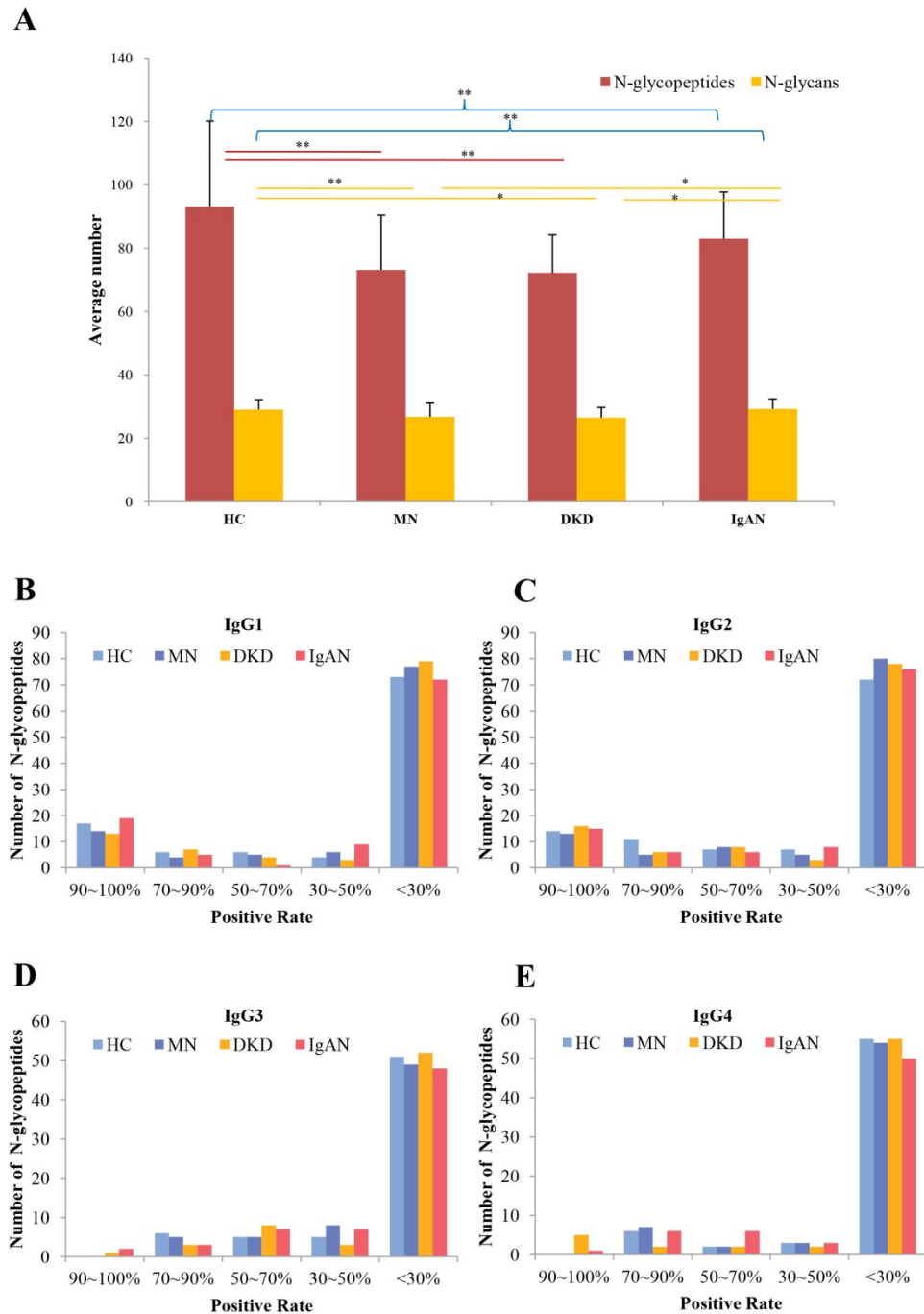
**Figure S1.** The relative abundance of IgG subclasses (A) and the number of unique intact N-glycopeptides and N-glycans (B) of quality control (QC) samples



**Figure S2.** Correlation analysis of eight quality control (QC) samples



**Figure S3.** Comparison of the average number of IgG intact N-glycopeptides and N-glycans (A), and the positive rate of intact N-glycopeptides from IgG1 (B), IgG2 (C), IgG3 (D) and IgG4 (E) between HC, MN, DKD and IgAN group (\* means  $P<0.05$ , \*\* means  $P<0.005$ ).



**Figure S4.** Comparison of the relative abundance of IgG subclasses between HC, MN, DKD and IgAN group.

