

Assessment of taphonomic effects on biomolecule degradation for the estimation of post-mortem interval of human remains

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I, *Samara Garrett-Rickman* declare that this thesis, is submitted in fulfilment of the requirements for the award of *Doctor of Philosophy*, in the *school of mathematical and physical sciences, Faculty of science* at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Abstract

Understanding the decomposition process and its correlation with Post-Mortem Interval (PMI) estimation is crucial in forensic science. This thesis explores various aspects of decomposition research, focusing on visual assessment, nuclear DNA (nDNA) and mitochondrial DNA (mtDNA) degradation and the assessment of proteins as biomarkers for correlation with PMI. The study, conducted in an Australian context, provides insights into the complex interplay of intrinsic and extrinsic factors affecting decomposition for future application in Australian case work.

Visual assessment, utilising a Total Body Score (TBS) method, revealed trends in decomposition progression influenced by seasons. The study suggests adapting TBS methods to regional compilatory values to reduce subjectivity, however, the legal admissibility of visual assessments in Australian contexts presents challenges, indicating a need for a more objective understanding of the decomposition process and its correlation with PMI. nDNA degradation showed a linear relationship with time, impacted by thermal energy and body mass. Contrary to previous research, body mass significantly influenced degradation rates, suggesting its incorporation into PMI estimations. Issues with mtDNA assessment hindered conclusive results necessitating further validation and highlighting the need for improved mtDNA analysis techniques. Proteomic biomarkers for PMI estimation, identified through LC-MS/MS techniques, show promise due to their stability against intrinsic factors like body mass, sex, and age. Thirteen proteins were proposed as potential biomarkers, showing a consistent correlation with PMI across samples.

Future research should consider intrinsic factors such as cause of death, pre-mortem conditions, and microbiomes. Collaborative efforts, machine learning, and consistent experimental designs is proposed for robust dataset creation, and the validation and review of any PMI prediction models is crucial before forensic application. This thesis contributes valuable insights into decomposition processes and their implications for PMI estimation. Of the included analytic techniques, proteomic biomarkers show greater promise for more reliable PMI estimations, though further research and validation are necessary. Overall, this research lays a foundation for improved PMI estimation techniques in forensic science.

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Abbreviations

PMI – Post-mortem Interval

DNA – Deoxyribonucleic Acid

mtDNA – Mitochondrial DNA

ATP – Adenosine triphosphate

ADP - Adenosine diphosphate

UTS – University of Technology Sydney

qPCR – Quantitative polymerase chain reaction

VOC – Volatile Organic Compounds

ADD – Accumulated degree days

ARH – Accumulated relative humidity

ASR – Accumulated solar radiation

ATR - Accumulated total rainfall

TBS – Total Body Score

BM – Body mass

HMW – High molecular weight

LMW – Low molecular weight

SCGE – Single Cell Gel Electrophoresis

FDR – False discovery rate

PTM – Post translational modification

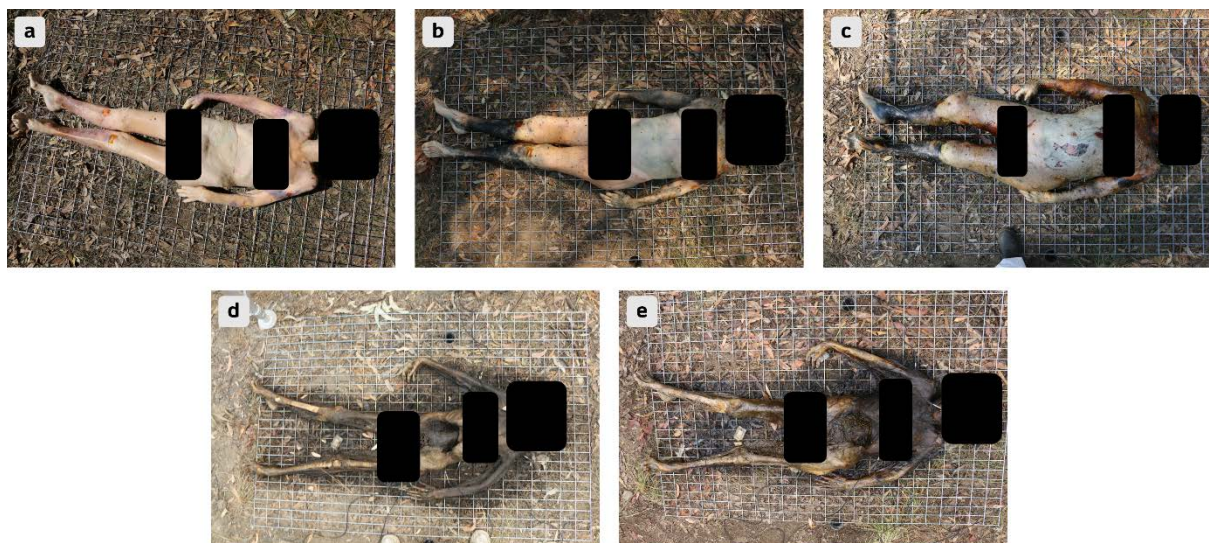
LC-MS/MS – Liquid chromatography tandem mass spectrometry

Chapter 1: Introduction

Historically, the predominant focus of forensic analysis has been methods for the identification of an unknown individual. The ability to identify a victim and scientifically link a crime to a suspect, through highly reliable and sensitive methods, provides necessary support in Australian criminal cases, where proof beyond reasonable doubt is required for conviction. Additionally, identification methods are frequently employed in cases of mass disaster, missing persons, and the discovery of unknown remains to restore an individual's identity and return them to their families [1]. As identification technologies have advanced, the questions being asked have shifted from the “who” to the “when” as the next big forensically relevant question, beneficial for aiding judicial proceedings. The formation of a timeline of events from post-mortem interval (PMI) determination can result in new avenues of inquiry, provide support for witness testimony, or act as circumstantial evidence [2]. The value of this increases greatly in cases where identifying remains is not possible through established methods. Following this, an appropriate and reliable method for the determination of time since death, or PMI, has long been sought as the PMI can play an integral role in an ongoing investigation and the recreation of events [3-5].

1.1 Decomposition process

Decomposition occurs when metabolic processes cease at the time of death and is the natural and gradual process for breaking down the cellular material that constitutes an organism [6]. Traditionally, decomposition has been grouped into 5 stages; fresh, bloat, active decay, advanced decay, and skeletonisation/dry remains [7]. These stages loosely categorise the sequential processes involved in decomposition and are characterised by observational changes as shown in Figure 1-1.



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Figure 1-1 Traditional stages of decomposition a) Fresh, b) bloat, c) active decay, d) advanced decay, e) skeletonization/dry remains.

1.1.1 Fresh stage

From the point of death until bloat stage, remains are classified as fresh. Due to the intact nature of soft tissues at this stage, there is a lack of VOCs that make up the odour profile of decomposition, and as such minimal to no odour is usually present [8]. Scavenging activity can be seen immediately after death, firstly with the arrival of Diptera (flies), ovipositing natural orifices or protected regions (*e.g.*, ears, eyes, nose and genitals) [9, 10]. It has been previously noted that a delay in entomological succession of up to five days can be seen for decomposition occurring in indoor environments [11]. Presence of wounds allows for an increased rate of colonisation due to the availability of non-natural orifices for oviposition [6]. This is followed by other arthropod activity such as colonisation by Coleoptera (beetles) [9]. The post-mortem anaerobic environment and halting of metabolic processes causes pH changes to occur within cells, due to the inability to maintain homeostasis [12]. Following this, instability in the cellular membrane results in water, lysozymes and enzymes being released [3, 12]. Autolysis is the self-destruction of these cells through enzymatic digestion, and can occur within minutes after death [13]. Both apoptotic and necrotic pathways have been identified to occur post-mortem [14]. Apoptosis is an energy dependent programmed cell death resulting in DNA fragmentation of 180-200 bp. Conversely, necrosis is an energy independent pathway that occurs due to a large shift in the chemical or physical environment of the cell [15]. This process results in random length fragmentation of DNA, and induces an inflammatory response [14, 15]. It has been noted that tissues with specialised functions are more susceptible to cell death at the cessation of life, due to their increased oxygen demands [16]. For example, liver tissues have displayed changes in as little as one hour, where skeletal muscle cells may take up to 24 hours post-mortem to display any changes [16]. Hard tissues and bone marrow have been shown to be resistant to the putrefaction process in the early post-mortem period [6, 17]. It has also been documented that upstream changes leading to necrosis occur faster with increased ambient temperatures [16]. Additionally, during this stage the early post-mortem changes can be seen, *i.e.*, *livor*, *algor* and *rigor mortis* [6].

1.1.1.1 *Livor mortis*

Livor mortis occurs after the cessation of blood circulation by the heart [18]. When blood circulation stops, gravity causes blood to gradually pool in the areas of the body that are closest to the ground or surface upon which the body is resting [6, 18]. The observed characteristic, known as lividity, is a discolouration of the skin where the regions closer to the ground show a pink colour due to the pooling blood, which shift to a purple/blue colour as the blood becomes depleted of oxygen [19]. Lividity can usually be observed 1-2 hr post-mortem and becomes fixed approximately 12 h post-mortem [6]. Disturbance in the

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positioning of a body, prior to fixation of lividity, can alter the observed morphology. The presence and pattern of lividity can help determine if a body has been moved in the early period after death, where inconsistencies in lividity and positioning of the body may suggest post-mortem movement [12]. External pressures on the body, such as tight clothing or the load of body weight on a region in contact with the surface (*e.g.*, heels, buttocks), may also affect the observed lividity patterns, through the inability of blood to pool in these areas [12].

1.1.1.2 *Algor mortis*

The inability to maintain homeostasis upon death, due to the termination of metabolic processes, leads to a progressive loss of body heat [3]. Generally, the human body maintains the average temperature of 37 °C, which can vary with time of day, sex, and other intrinsic factors [3]. Post-mortem equilibration with the ambient temperature occurs through four methods (radiation, convection, conduction and evaporation) [12].

1.1.1.3 *Rigor mortis*

The last of the early post-mortem changes involves the periodic stiffening of muscles as calcium ions are released through the autolysis of the sarcoplasmic reticulum [12]. Calcium ions are involved in the interaction of actin and myosin filaments in muscles, and result in muscle contraction. The crossbridge between these filaments is then broken through the hydrolysis of adenosine triphosphate (ATP) to adenosine diphosphate (ADP) by the enzyme ATPase, allowing the muscles to relax [3]. Upon death, ATP can no longer be regenerated, and rigor begins to set in once all available ATP has been converted to ADP (approximately 2-4 hrs post-mortem) [6]. This results in the inability for the actin-myosin complex to be broken. Stiffening of the muscles is observed until enzymatic degradation of the actin myosin complex allows for relaxation of the muscles [12] (usually within 36 hrs post-mortem [6]). Whilst it has been noted that rigor develops sequentially, it is also understood to be irregular [20]. Generally, rigor first sets in with the involuntary muscles followed by the voluntary muscles. The small muscles of the eyelids have shown to develop rigor approximately 1-2 hrs after death, followed by the jaw, neck, torso, then the upper and lower limbs, with full rigor setting in around 12 hrs post-mortem [20]. The progression of rigor has been shown to be slower in cooler temperatures (< 5°C), and may be more rapid at higher temperatures [21]. Elderly or under-weight bodies may also display delayed rigor or in some cases no rigor due to a lack of muscle mass [22].

1.1.2 Bloat stage

The release of cellular material due to autolysis creates a nutrient rich environment, allowing for the proliferation of anaerobic microbes, leading to putrefaction [3, 6]. Microbial bacteria are involved in the catabolic breakdown of proteins, lipids, and carbohydrates, and result in

the liquefaction of soft tissues [3]. Microbes involved in decomposition can originate from both intrinsic (endogenous) and extrinsic (environmental) sources. Endogenous microbes are present within the human body during life and play a role in various physiological processes. Anaerobic microbes can proliferate due to the rapid depletion of oxygen after death. As oxygen becomes limited, these microorganisms can dominate the microbial community during decomposition [23]. Additionally, environmental microbes from the surrounding soil, air, or other external sources can also colonize the body after death through natural orifices or once the skin barrier is breached. Further to this, scavenging activity can also contribute to the putrefactive process through the introduction of bacteria, enzymes and the digestion of tissues [24-26].

As the microorganisms in the putrefactive process break down organic matter, they produce gasses as byproducts of their metabolic processes. These gasses are predominant contributors to the odour of decomposition through production of volatile organic compounds (VOCs). Gasses produced include: ammonia, sulfur dioxide, hydrogen sulfide, indole, skatole, cadaverine, and putrescine, all of which have a pungent or unpleasant odour [27]. The produced hydrogen sulfide then reacts with haemoglobin, producing sulph-haemoglobin, resulting in a green/blue discolouration of the abdomen [6]. This reaction is also often visible in areas where lividity has set in, due to the high concentration of haemoglobin [28]. Accumulation of these gasses also leads to distention of the abdominal region, and an enlarging of the limbs and areas with low turgor (*e.g.*, tongue, lips, eyelids), which is visually characterised as “bloat” [3]. The increased pressure on the soft tissue layers from the bloat stage eventually leads to purging of the built up gasses and fluids and a transition into the active decay stage [29]. Additional morphological changes can be seen with marbling of the skin, due to the bacterial haemolysis of red blood cells in the venous system [3, 28]. Skin slippage is also seen, which is caused due to the leakage of transudates from the dermal layers [3], and is characterised by blister like pockets of fluid (*bullae*) or breaks in the outer dermal layers [29].

1.1.3 Active decay

Active decay involves the rapid increase of entomologic activity, and the loss of soft tissue [28]. The VOC's generated through the putrefactive process serve as chemical signals that attract insects to the cadaver [9, 30]. Colonisation by maggots, and the putrefaction of soft tissue, lead to breaks in the outer dermal layers [28]. Following this, deflation of bloat is observed due to the escaping gasses, and a strong odour of decomposition emanates [28]. The increased accessibility to underlying soft tissue, as a food source and for oviposition, allows for a further proliferation of arthropod activity and infiltration of external bacteria, in addition to what has already occurred [12]. The transition from active decomposition to advanced decomposition is indicated by the departure of maggots for pupation away from the body [29].

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1.1.4 Advanced decomposition

Advanced decay is characterised by a reduction in entomologic activity, and the significant loss of soft tissue (occurring during active decay), exposing the skeleton [12, 29]. A decrease in the rate of decomposition is seen due to the absence of soft tissue to support scavenging activity [29]. Tissues more resistant to degradation, such as hair, cartilage and bone are still observed, and preservation/desiccation of the outer dermal layers is sometimes seen [12]. As noted by Cecilason *et al.* the circumstances leading to the occurrence of desiccation have not been widely studied, and desiccation has been observed in both indoor and outdoor settings and across a range of PMI's [31]. A succession of arthropod activity is seen with the dominant entomological order changing from Diptera to Coleoptera [29].

The liquefaction and re-solidification of body fat can result in the formation of adipocere, which is a waxy white substance shown to promote preservation of remains by creating an anaerobic environment with a waxy barrier resistant to bacterial and enzymatic interactions [32-34]. Adipocere formation requires a high level of moisture. The presence of water is crucial to slow down the bacterial activity responsible for decomposition and to promote the hydrolysis of fats into fatty acids and glycerol [33], in addition to facilitation by intrinsic lipases and bacteria from the intestines and respiratory system [34]. In natural burial environments, this often occurs in waterlogged, swampy, or submerged conditions, such as in a marsh, bog, or buried underwater, however it has been found that seawater inhibits adipocere formation [35]. Lower temperatures and alkaline conditions can also aid in slowing down the decomposition process and promote the formation of adipocere [34].

Minimal odour is detected as putrefactive processes are largely complete [12]. Often a cadaveric decomposition island (CDI) is seen outlining the remains due to leaching of nutrients into the soil from the liquefactive process [29]. A cadaveric decomposition island refers to a localized area or region that typically forms as a result of the combined effects of microbial activity, autolysis (self-digestion), and putrefaction processes occurring during decomposition [36]. A CDI is characterized by distinctive physical and chemical alterations, including the presence of decomposition fluids, strong odours, accelerated soil microbial activity, and changes in vegetation [36-38]. The breakdown of organic matter and the release of decomposition byproducts can also attract insects, such as blowflies and beetles, which contribute to the decomposition process and colonization patterns [39].

1.1.5 Skeletonisation/dry remains

The final stage, skeletonisation/preservation, is indicated by the presence of dry skeletonised remains and possible desiccation of the skin [12]. Scavenging activity is minimal, and arthropods actively involved in the decomposition process are not regularly seen [29], however it is noted that beetles (coleoptera) and flies (diptera) are the most commonly seen in the later stages of decomposition [40, 41]. Weathering and bleaching of the remaining

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skeleton occurs due to exposure to the environment, and complete breakdown of the remains is possible over decades [12]. Mummification of the skin usually occurs in dry climates with extreme temperatures, and can occur within weeks in a hot climate [28]. Preservation generally occurs due to the desiccation of the dermal layers, natural preservatives such as salt-rich environments, and protective barriers that shield the body from external factors such as moisture, scavengers, and bacteria [31, 42]. The preserved soft tissues usually show a leathery appearance, and can remain for extended periods [28], with 5,300 years being the oldest recovered naturally preserved human [43]. There is a gradual return of the underlying soil to a normal pH and nutrient level [29]. This process is not clearly defined and may take weeks or years [29].

1.1.6 Differential decomposition

Adherence to the generally recognised stages of decomposition has been called into question with differential decomposition being regularly observed [7]. Differential decomposition occurs when separate regions of a body undergo different stages of decomposition at the same time [44-46]. This may occur due to a number of reasons, including: insect access, clothing, presence of wounds, and other intrinsic and environmental factors [7, 12]. Additionally, due to the number of natural orifices in the head/neck region, it is well documented to reach the active decay stage faster than the rest of the body [12]. From this, it can be difficult to accurately categorise a decomposing body firmly into one of the traditional stages of decomposition [12].

1.2 Factors affecting decomposition rate

Generally, factors affecting the rate of decomposition can be categorised as either extrinsic or intrinsic [12]. The magnitude of the influence of these variables has been studied using several methods, including the use of animal models, laboratory based (controlled environment) experiments and human taphonomy facilities. Traditionally, terrestrial decomposition research involving the use of whole human cadavers has been difficult to conduct due to ethical and logistical constraints [47]. As such, the experimental designs for studies investigating the influence of these factors have been extremely varied, making comparisons between the findings of these studies difficult [47]. Additionally, many factors have been reported to have an influence on decomposition. The number and variability in these factors make the interpretation of influences on decomposition and subsequent PMI estimations difficult to establish. A subjective rating of the effect of influencing factors was proposed in an early study by Mann in 1990 [48], with only observational support. This study identified itself as “a compilation of observations based on experience and case studies” [48] rather than the presentation of empirical data. A subjective scale (1-5) was used to rate the effect of a number of variables on the rate of decomposition, with the top three identified as temperature (5), entomological activity (5), and burial depth (5). Ratings were also given to

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humidity (4) and rainfall (3), later identified by Vass to be significantly influencing factors [49]. In the years since, experimental validation of the effect of these factors has been attempted with mixed results.

1.2.1 Extrinsic factors

By definition, extrinsic factors exist outside of the body and are generally related to environmental conditions, deposition of the body, and accessibility to scavenging activity [12].

1.2.1.1 *Body deposition*

Bodies undergoing decomposition can be found in a number of different contexts, most commonly above-ground, below-ground, indoors, outdoors, in water, or in any other natural or man-made habitats. Placement of a body on the surface provides better accessibility for scavenging activity when compared to burial and indoor placements. This allows for an increase in the rate of decomposition by way of colonisation and ingestion of remains [50, 51]. Bodies deposited in aquatic environments are generally observed to decompose at a slower rate when compared to terrestrial depositions [35]. The succession of scavenging activity is largely dependent on the fauna present in the particular aquatic environment, however fish, arthropods, and molluscs are noted to scavenge decomposing remains [35, 52]. The burial environment is likely to promote a decreased rate of decomposition particularly in cases where there are lower temperatures, neutral/alkaline pH soil, moisture levels conducive with adipocere formation, and physical barriers to scavenging activity [50]. The formation of adipocere may also be promoted in moist anaerobic burial environments, further decreasing the rate of decomposition [32, 53]. Microbes present in the soil surrounding a decomposing cadaver can proliferate due to the increase in available nutrients in the environment, and subsequently increase the rate of decomposition [54, 55]. Multiple body placement has been shown to both increase and decrease the rate of decomposition depending on placement, with differential decomposition being facilitated [44, 56]. The occurrence of this differential decomposition in mass graves has been termed the "feathered edge effect" [44, 57]. Little research has been done to explore the occurrence of this effect, though it is thought that microenvironments existing within a mass grave lead to observable differences in decomposition based on placement [44]. Bodies located within the mass have been shown to decompose at an increased rate in comparison to those placed alone or on the periphery of the mass, in contact with the surrounding substrate [44, 56, 58]. Regions of a body in contact with another have shown to have a decreased rate in decomposition when compared to other regions of the body not in contact possibly due to decreased access for scavengers or the promotion of adipocere formation [56].

The presence or absence of clothing is also a factor for consideration for the decomposition rate of a deposited body. It has been suggested that clothing will promote adipocere

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formation, slowing the rate of decomposition [59]. In contrast to this, acceleration of decomposition has been suggested as clothing creates an optimal environment for oviposition [60], and provides a sheltered environment for entomological activity [59].

1.2.1.2 *Geographic location*

Differences in observed progression of decomposition have also been noted between different geographical environments [61, 62]. Due to the influences of temperature, humidity and other environmental factors, it is reasonable that decomposition occurring in different geographic climates would differ. Equatorial countries generally have higher average temperatures, deserts have lower average humidity and scavenging species may be specific to countries or regions, all of which will have an effect on decomposition rates [61-63]. The observed variations in decomposition among different geographic locations primarily stem from the contrasting environmental conditions, alongside differences in scavenging populations. Understanding the impact of temperature, humidity, oxygen availability, soil composition, and other environmental factors is crucial in comprehending the diverse processes of decomposition in various regions.

1.2.1.2.1 *Environmental conditions*

Four established variables shaping the rate and degree of decomposition include: temperature, soil pH, soil moisture, and the partial pressure of oxygen [64]. Each of these factors are dependent on further variables, creating a large tree of possibility.

1.2.1.2.1.1 *Temperature*

Considerations that must be taken into account when assessing temperature include: time of year, elevation, grave depth, soil coarseness etc. [49]. The relationship between temperature and decomposition has been previously documented through Van't Hoff's Law (Law of 10 or Q10). This law outlines the effect 10°C incremental increases in temperature have on the speed of chemical reactions involved in decomposition, including enzymatic and catalytic reactions [49], with the optimum range being between 40°C and 50°C. Another factor that can influence the surrounding temperature is the water content within the soil. As water has a high specific heat capacity, it can have a stabilizing effect on ambient temperature fluctuations in burial conditions [49].

The use of accumulated degree days (ADD) has been used widely in order to account for the significant effect temperature has on the rate of decomposition [65-67]. This model explains the decomposition of soft tissues through the measurement of thermal energy in heat-energy units [46]. ADD estimates the cumulative amount of heat over a specific period of time. It is a concept commonly used in fields such as agriculture, ecology, and climatology to track and predict biological and physical processes influenced by temperature [46]. The concept of ADD is based on the recognition that many biological processes are influenced by temperature. A

baseline temperature or threshold is first established, representing a critical value above or below which a specific biological process or event is expected to occur. For human decomposition a minimum threshold of 0°C has been suggested, as below this temperature biological processes are severely inhibited [46]. The calculation of Accumulated Degree Days involves subtracting the threshold temperature from the average daily temperature and summing these differences over a defined period. Each day's deviation from the threshold temperature is referred to as Degree Days. By accumulating these daily differences, the total Accumulated Degree Days can be determined [67]. As the critical threshold for human decomposition is 0°C, calculating ADD solely involves the summation of the average daily temperature for each 24 hr period [46, 68].

The application of this model also allows for a level of comparability between studies conducted in different geographical climates [67]. A study by Vass in 1992 [69], suggested that it takes 1285 ± 110 ADD for the complete decomposition of soft tissue. Following this, the use of ADD provides an explanation for the difference in decomposition rates, and allows for comparison between winter and summer trials, as a higher ADD value would be produced in a shorter time in warmer seasons compared to cooler seasons, creating a scaffold for developing a prediction model. The value of the use of this parameter has not yet been proven due to issues surrounding replication and repeatability within decomposition studies [46]. However, it has been reported that ADD accounts for approximately 80% of observed variances in the decomposition process, and as such studies looking at decomposition should be regarded as being dependent on not only chronological time since death, but also the accumulated temperature [46].

1.2.1.2.1.2 Soil type

The composition and properties of soil can directly affect the activity of decomposer organisms, such as bacteria, fungi, and detritivores, which are responsible for breaking down organic matter [70-72]. Clay and loam soils are able to retain moisture, providing a favourable environment for decomposer microorganisms [71]. Conversely, sandy soils have a looser structure leading to a reduced moisture retention capacity. This may impede decomposition by limiting the availability of water and essential nutrients to bacteria involved in the decomposition process. The moisture content within soil can depend on other extrinsic elements including humidity, environment (*i.e.*, in or near large bodies of water), moisture content of the body, and rainfall. The increased presence of water in the environment can act as a buffer stabilising changes in soil pH, and also provides a matrix for the transport of polar molecules [73]. In turn the pH of the soil, in addition to the presence of water, can provide an optimal environment required for bacterial growth and the facilitation of chemical reactions, dependent on the type of bacteria and reactions occurring [49]. It has been well documented that soil pH will increase as decomposition progresses, due to the leeching of basic decomposition products [73], and acceleration of decomposition has been suggested when remains are in contact with acidic soils [50].

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Research has been conducted into the bacterial communities within soil, and the influence they may have on decomposition [55, 71, 74-76]. A study by Parkinson *et al.* observed sequential changes in microbial communities within the soil in relation to the observed stages of decomposition, however it was noted that there was a great variability between the replicate cadavers [74]. At present, the greatest influence on the population of microorganisms present appears relative to soil type, and subsequently this can have an effect on the rate of decomposition [6, 55, 76]. Due to the complexity of bacterial communities and the variations observed in different soil types and environments, the influence of soil bacteria on decomposition is yet to be properly described and supported [74].

1.2.1.2.1.3 *Partial pressure of oxygen*

Like the aforementioned elements, the partial pressure of oxygen (pO_2) is closely related to the other variables. Oxygen availability plays a crucial role in the activity of aerobic microorganisms, which are responsible for the majority of decomposition processes. When there is sufficient oxygen present, aerobic microorganisms can efficiently break down organic matter through aerobic respiration. This process involves the use of oxygen as the final electron acceptor in the metabolic pathway, resulting in the complete breakdown of organic compounds into carbon dioxide, water, and other byproducts [27].

In environments with high pO_2 , such as well-aerated soils or bodies exposed to air, decomposition can occur at a faster rate [49]. However, in environments with limited oxygen availability or low pO_2 , such as waterlogged soils, submerged bodies, or tightly sealed burial conditions, decomposition slows down due to the creation of anaerobic environments. Insufficient oxygen limits the activity of aerobic microorganisms, leading to a shift towards anaerobic conditions [49, 77]. Under anaerobic conditions, anaerobic bacteria become dominant, which perform decomposition through anaerobic respiration or fermentation processes. Anaerobic decomposition tends to be slower and less efficient compared to aerobic decomposition [44]. These anaerobic environments provide optimal conditions for adipocere formation and a subsequent decreased rate of decomposition [32].

1.2.1.2.1.4 *Rainfall*

It has been proposed that rainfall will significantly accelerate the rate of decomposition due to the effect the introduction of moisture has on the decomposition processes [5, 73], however the effect of rainfall has been conflated with temperature and humidity in many studies [19, 73, 78], and no study isolating the effect of rainfall on decomposition has been conducted. Higher levels of moisture have been proposed to facilitate the putrefactive process [71], protect maggots from desiccation [48], neutralise the pH of soil allowing for fungal growth [79], and provide moisture for aerobic microbial growth [73]. The subsequent increase in bacterial and scavenging activity is suggested to accelerate decomposition [73]. Rainfall has also been suggested to aid in the mechanical break up of soft tissues [73]. Additionally, rainfall can moisten the surrounding soil in surface and burial environments, keeping tissues

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from drying, or can contribute to the rehydration of desiccated tissues, allowing for arthropod recolonisation [73]. Conversely, it has been suggested that the presence of rain will disrupt the succession of entomological activity through obstructing access to remains, and interruption of maggot development [73]. As the current understanding of the effect of rainfall on scavenging succession is discordant, the true impact on decomposition is yet to be evaluated.

1.2.1.2.1.5 Humidity

Humidity has been considered to effect decomposition largely due to empirical conclusions by Vass *et al.* [49]. Experimental support for the effect of humidity on decomposition has not been conclusive, most likely due to its inherent relationship with temperature and the inability to extricate the influence of temperature from humidity. As moisture levels have been proposed to increase the rate of decomposition, it stands to reason that humidity (being a measure of water content in the air) would also impact the rate of decomposition. Evaluation of the humidity dependent PMI formula proposed by Vass *et al.* in different environments gave inaccurate results [78, 80]. This suggests that either humidity is not having as great an effect as previously thought, or its causal effects on decomposition are not yet understood. Further, a study conducted by Larkin *et al.* was conducted on two surface placed pig carcasses placed in summer and winter seasons. DNA yield was assessed from skeletal muscle up to 81 days post-mortem for the winter trial and 52 days for the summer trial. The result of this study found no effect from humidity on the quantity of DNA in samples obtained over the sampling period, however as the empirical evaluation was not published it is unclear how this was assessed [79]. As the study was conducted in Western Australia, which is a relatively dry environment, it was suggested that tropical regions may see a larger influence from humidity.

1.2.2 Intrinsic factors

Intrinsic factors are variables specifically related to the deceased individual. As it may not be possible to determine these factors for discovered remains, predictions for PMI can be difficult. Intrinsic factors may include: age of the deceased, sex, medical history, any recreational or pharmaceutical drugs in the system, wound presence, cause of death, body mass (BM), and the individual's microbiome [49, 64, 81-84].

1.2.2.1 Body mass

Contrasting opinions on the effect of body mass on the rate of decomposition have been proposed through literature. Based on observations of experiments run at a taphonomy facility in Tennessee, an early study by Mann [48] put forward that bodies with a larger body mass would decompose faster, and although observed this was unlikely to significantly affect

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the rate of decomposition. The presented mechanism behind this suggestion was that liquefaction of fat would occur rapidly [39, 48], and the greater presence of fat offers insulation during the early post-mortem period which facilitates putrefactive processes [85]. Oppositely, Komar & Beattie found that smaller bodies would decompose faster than larger bodies [86], however this study was conducted in Alberta, Canada and differences in environment should not be discounted. Since, multiple studies have supported the idea that a body with lesser mass will decompose faster than a body with a larger mass, and that it explains up to 24% in decomposition rate variation [39, 85, 87, 88]. However, statistical significance for the effect of body mass on decomposition is yet to be found [85].

1.2.2.2 *Thanatomicrobiome*

Studies have been conducted to profile the thanatomicrobiome (microbes colonising the body after death) for the purpose of PMI estimation [89]. Whilst it has been possible to characterise the bacteria present and evaluate the proliferation and migration of these bacteria post-mortem [90], it has also been noted that differences in the microbiome of individuals are complex and vast [89]. Preliminary results have shown the migration and proliferation of bacterial communities in relation to PMI [90]. However, these changes may be influenced by the exposure to drugs or infections [91]. As this information is not likely to be known in forensic cases of unidentified remains, this creates a limitation in application of the thanatomicrobiome for PMI estimation.

1.2.2.3 *Sex, Age and Medical history*

Although widely commented on, the specific effect of age and different medical histories is not fully understood. It is generally understood that with age comes aging associated diseases such as: cancer, cardiovascular, musculoskeletal and neurodegenerative diseases [92]. Following this, it is also understood that various illnesses and medications are likely to alter core body temperature, the individuals microbiome, the expression of certain proteins and hormones, and potentially other intrinsic factors, which are likely to impact on the decomposition process and succession of scavenging activity [93]. A study by Skopyk *et al.* [94] identified that the presence of antibiotics may delay entomological succession, where an impeded rate of arthropod colonisation would lead to a reduced rate of decomposition. Additionally, the residual presence of strong antibiotics would result in a change of the bacterial colonies present and again, potentially reduce the rate of decomposition through a hinderance of the putrefaction process [94]. Additionally, sex is widely recognised as an intrinsic factor that would likely have an influence on decomposition due to the dimorphism seen between male and female bodies. Whilst many taphonomic studies report on the sex of subjects and use sex as a comparative tool, many studies do not explicitly report comparative conclusions [9, 19]. One study by Guebelin *et. al* in 2021 [95] found a correlation between

radiological alteration index (used as a measure of decomposition) and older males from a population of 440 autopsy cases (271 males and 169 females). As this was a retrospective study looking at autopsied cases, the relevance to discovered remains in forensic contexts is unclear. A further study by Pittner *et al.* reporting comparative results between sexes, found no correlation between sex and decomposition when looked at through protein analysis of post-mortem muscle degradation [96]. Overall, the consensus on the effect of sex on decomposition is not yet clear.

1.2.2.4 Cause of death and wound presence

The manner in which an individual dies can impact the rate and pattern of decomposition. Traumatic deaths, such as those resulting from injuries or accidents, may lead to extensive tissue damage and exposure to external contaminants [97]. This can accelerate decomposition as it provides more entry points for bacteria and other decomposers to start breaking down the body. Similarly, infections or diseases can create a more favourable environment for microbial activity, hastening the breakdown of the body [83]. The cause of death, manner of death, and neoplasia have all previously been shown to have a statistical correlation with decomposition [84]. However, extensive research into the effects of cause of death have not been conducted, largely due to the nature of body donation programs and the inability to control cause of death, paired with the large variety in causes that are observed through these programs.

It is generally accepted that the presence of wounds will accelerate the rate of decomposition [98], and this understanding appears to be largely based off early studies by Mann [48] and Micozzi [99] which both found the presence of wounds or trauma to be a predominant factor in decomposition progression. Subsequent to these early studies, there have been a few studies that aimed to validate these findings, most of which have been conducted using porcine models [98, 100, 101].

A 2007 study by Cross & Simmons [101] focused on the influence of penetrative trauma on decomposition, using measures of temperature, weight loss, and total body score (TBS) based on accumulated degree days (ADD). The results of this study found no significant difference in the rate of decomposition between subjects with trauma and those without trauma. A study by Kelly *et. al* in 2011 [100] also found no significant correlation between trauma and decomposition rate. This study looked at the effects of both clothing and trauma on decomposition as measured by entomological activity. Both studies by Kelly and Cross & Simmons inflicted wounds on subjects between 4-6 hours post-mortem, and as such the realistic representation of the effect of these wounds on decomposition is questioned.

Further, a 2014 study by Smith [98], looking at the effects of sharp force trauma on decomposition also found that trauma was not a significant variable for the rate of decomposition. Together, these studies call into question the general understanding that wounds and trauma have on the rate of decomposition.

1.3 Taphonomic research for PMI estimation

Human decomposition has long been an under studied area of forensic science, due to the logistical and ethical constraints surrounding experimental research. Consequently, the study of post-mortem interval (PMI) is supported by limited empirical data. [102]. In cases of mass disaster, missing persons, and the discovery of unknown remains, the determination of PMI can play an integral role in an ongoing investigation, recreation of events, and suspect identification [4, 5]. The development of a robust method for estimating PMI has been researched through multiple forensic disciplines, with a single formula for the calculation of PMI being a predominant aim. However, the numerous influencing factors related to human decomposition have, to date, proven too complex to accurately model for PMI estimation purposes [49]. As current measurements of PMI can produce a large range [102], there is a need for more accurate techniques. More empirical data are required to determine relationships between measures of decomposition and PMI that account for a number of measurable influencing variables.

Prior to the inception of dedicated research facilities for the study of decomposition, the scientific research on human decomposition was largely undefined. Since the creation of the University of Tennessee's Anthropological Research Facility in 1980 [103], additional facilities have been formed in North America, and other areas of the globe, including one in Australia (UTS). The Australian Facility for Taphonomic and Experimental Research (AFTER), being the first facility outside of North America, provides a unique and novel environment for the study of human decomposition in an Australian environment. In turn this gives rise to the first comparative studies on the effect of climate on decomposition.

The majority of research into PMI determination has focussed on areas such as: entomology, visual inspection, and thanatochemistry [104-107]. With the advancement of technology and current existing workflows incorporating DNA analysis, DNA has become a logical choice for exploration of use for the assessment of PMI. As yet, little research has been documented on the use of DNA degradation as a PMI indicator. Most studies in this area have been conducted in a controlled laboratory setting, rather than a facility for decomposition study [4, 102, 108]. This allows for control over influencing variables for comparison of those being tested, however is not realistic and the results are difficult to interpret in the context of real-world applications. Additionally, many studies have been conducted using animal models, likely due to the ethical requirements involved in human studies [4, 48, 76]. The availability of animal models and ability to control intrinsic variables (*i.e.*, body mass, cause of death, medical conditions etc.), combined with the comparatively easier process for ethics approval creates an accessible avenue for the conduct of taphonomic studies. However, the addition of species

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variability into an already complex experimental model raises concern for the real-life representation and application of the results obtained in these studies.

1.3.1 Current techniques for PMI estimation

Current techniques for the estimation of PMI are based on entomology, thanatochemistry, odour mortis, and visual analysis of decomposing remains. There have been multiple studies into these applications, predominantly based in North American settings.

1.3.1.1 Visual evaluation

Visual evaluation is one of the immediate tools for an initial assessment of PMI. A study by Payne in 1965 [109] developed five stages of classification for the decomposition of a body as defined in section 1.2. These stages can be assessed in conjunction with the early post-mortem changes, and the measurement of the core body temperature [106]. The algorithms used to give relationship to core body temperature and PMI were reviewed by Knight in 2002 [110], and shown to engender major errors in the final PMI calculation. Additionally, the subjectivity surrounding categorising bodies into the stages of decomposition adds a degree of human error to visual analysis. Decomposition has been observed, in studies conducted both at AFTER and through other taphonomic studies, to be a continuous process [8, 46, 109, 111]. As such, classifying a body into a single stage of decomposition development has relied on assigning a stage based on determination of the predominant features [45]. The Total Body Score (TBS) system was designed to assign an overall extent of decomposition with reference to decomposition of individual body regions which may decompose at different rates [46]. TBS involves assigning numerical scores to different regions of decomposing remains. These scores represent the extent of decomposition, preservation, and modification (*i.e.*, wounds or discolouration). The specific scoring system used can vary depending on the method being utilised, however, generally factors like soft tissue integrity, bone articulation, fragmentation, gnawing or chewing marks, and other indicators of post-mortem processes are recorded. After assigning scores to the different regions, the scores are summed to obtain a total body score. Depending on the method, one end of the scale may indicate a fresh cadaver or minimal alteration, while the other would suggest greater decomposition, scavenging, or better preservation of remains.

At present no TBS system has been developed for an Australian setting, and its application is recommended solely for adult sized remains [46]. As previously mentioned, the Australian climate is significantly different to that of North America and Europe, and as such decomposition studies must be completed in Australia for field application to cases in this environment.

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Visual assessment has previously been classified by ADD as an amended time scale, factoring in temperature as its dependent parameter instead of chronological time [46, 65]. This has aided in increasing the accuracy of this technique, however, does not combat the problems encountered with the presence of other variables such as insect activity, humidity, rainfall, and cases where accurate temperature data is unavailable. A formula suggested by Vass *et al.* in 2011 [49], attempted to relate TBS, ADD, and humidity to PMI, and was determined to be representative of decomposition in the mid/eastern united states. Subsequent validation of these formula in different environments found they were unreliable [67, 112].

1.3.1.2 Entomology

Entomology refers to the study of insects, and further in a forensic sense, the study of insects in relation to body decomposition. The utilization of insects in forensic investigations dates back centuries, with pioneering work by Jean Pierre Mégnin in the late 19th century [113, 114]. Their observations of insect succession and developmental stages on carrion laid the foundation for modern entomological PMI estimation. The observation of these insects can aid in the detection of poisons/toxins, identification of wounds, identifying interruption or migration of a body post-mortem, and establishing time since death [51]. The invasion patterns and developmental stages of arthropods post-mortem have previously been used to give indications as to the minimum possible PMI [115]. More specifically the use of fly larvae and maggot age estimation have been shown to give accurate information as to the time since death, for a PMI period of up to 5 weeks [105, 116]. However, the reliability of these methods has been called into question in recent years. A study by Anderson [51] proposed that, regardless of environment, the arrival of carrion insects is unpredictable and therefore introduces a degree of error when used for PMI calculations [51]. Comparison between TBS and entomologic methods was made by Franceschetti *et al.* [117] based on 30 forensic cases. This study found that TBS methods overestimated PMI during the early post-mortem period and became more reliable as decomposition progressed. Contrastingly, entomologic methods provided a reliable minimum PMI, however the error increases as the PMI increases [115]. Limitations with estimation of PMI through entomologic methods arise when delays in colonisation occur due to the decomposition environment (*i.e.*, indoor) [118]. It should be noted, however, the cases in this study ranged from PMIs of two to ten days, across which time it is generally accepted that entomologic methods currently provide the best estimation of PMI. Although forensic entomology is accepted in many jurisdictions, the uncertainty surrounding the robustness of this technique shows a need for development in the field of PMI estimation.

1.3.1.3 Thanatochemistry

Post-mortem biochemical changes may also be used to estimate PMI. Quantitative measurement of decomposition by-products have been shown to give an appropriate

estimate of time since death [104]. There are many different physiochemical mechanisms that can be targeted for quantitative analysis, some studies have looked at hypostasis, rigidity and corneal turbidity, and notably the levels of potassium (K⁺) and hypoxanthine (Hx) in vitreous humour [104, 119]. Due to the anatomical isolation of vitreous humour within the eye, it has been hypothesised to be an optimal target for PMI estimation as the impact of many influencing factors is reduced [104] and a relationship between decomposition and the concentration of K⁺ and Hx has been well established [104, 119-123]. A study in 2005 by Madea & Rodig [122] indicated that out of 492 cases, the most accurate mathematical model to date using K⁺ and Hx was only able to appropriately predict 153 cases, whereas 339 of the incorrectly predicted PMI's were overestimated. Other studies have looked at the relationship between PMI and ATP levels in the blood of rabbit hearts at varying ambient temperatures, and produced six separate regression equations for temperatures ranging from 10 °C to 35 °C [124]. However extensive research into the viability of this as an accurate PMI estimation technique has not yet been completed. Although mathematical models and regression analyses have been proposed as a result of these investigations, none of them have been universally accurate [5, 104]. Consequently, a reliable and accurate method of PMI estimation is still required.

1.3.1.4 *Odour mortis*

Current studies at AFTER are looking at the volatile organic compounds released as a by-product of decomposition. Studies in this area have been conducted in other regions namely North America and Europe [111]. However, due to the large disparity between climates and geographical biodiversity, there has been large variability in the results obtained from these studies. The main objective of these studies has been exploratory in nature, to establish baseline data for the relevant VOCs produced as a result of decomposition [7]. Cadaver detection dogs are regularly employed for locating remains [125]. The characterisation of VOCs present during decomposition, aims to improve the training of cadaver detection dogs, whilst also exploring possible analytical techniques for detection and estimation of PMI [125]. The application of this knowledge downstream for the estimation of PMI has been commented on [107], and qualitative links between compounds present and the stages of decomposition have been documented [111]. However, at this stage no attempts at mathematical correlation between identified VOCs and PMI have been recorded in the literature.

1.4 Biomarkers for PMI estimation

Due to the subjectivity and lack of accuracy of current methods, new methods are constantly being researched. Many of these new methods involve the use of biomarkers [82, 126-133]. Biomarkers are molecules that can be quantified and analysed to infer the occurrence of a biological process. Their use for PMI estimation is based on the understanding that a chosen

biomarker will change when normal body processes cease upon death, either by lack of production, breakdown of the molecule, or an increase in a measurable attribute (*e.g.*, concentration) [134]. The changes in these biomarkers can then be quantified and used alone (*i.e.*, regression models) or in conjunction with other, more stable, biomarkers to produce a ratio that is relative to the degradation occurring (*i.e.*, a degradation index). If the breakdown of these molecules is not influenced by any other variables then it would be expected to occur in a predictable manner. Temporal comparison of the measured biomarkers could then be used to calculate PMI based on known degradation patterns [134]. If influenced by other variables, then the breakdown may still occur in a reproducible pattern, however the complexity of these variables and their influence must also be understood before they can be taken into consideration to reliably assess PMI. Although this is a complex concept requiring a solid knowledge base of empirical data, once understood this could then be applied as a correction to the calculated PMI.

1.4.1 Lipids as a biomarker for PMI

Lipids encompass a range of hydrophobic molecules such as fatty acids, phospholipids, and cholesterol, and are integral components of cell membranes, energy storage, and signaling pathways in living organisms [53]. In the context of post-mortem investigations, lipids have emerged as valuable molecular markers due to their susceptibility to various environmental and physiological changes that occur during decomposition [53]. As lipids undergo decomposition, hydrolysis, facilitated by inherent lipases released post-mortem, leads to the liberation of both saturated and unsaturated fatty acids [135]. These liberated lipids undergo processes such as oxidation, hydrolysis, and microbial degradation, resulting in distinct compositional shifts that can be indicative of the post-mortem interval.

Analysing changes in lipid composition for PMI estimation requires sophisticated analytical techniques. Gas chromatography-mass spectrometry (GC-MS) and liquid chromatography-mass spectrometry (LC-MS) are commonly employed to identify and quantify lipids [53]. Lipidomics is the comprehensive analysis of lipid profiles using these techniques, this provides insights into the dynamics of lipid alterations over time [135]. Lipid-based models for PMI estimation can be formulated by examining the relative concentrations of specific lipid classes and their degradation products.

Few studies attempting to assess PMI through a lipidomics approach could be identified. An early study by Wood & Shirley [129], analysed muscle tissue samples from a human cadaver placed at the University of Tennessee Anthropology Research Facility (ARF), at one, nine, and 24 days post-mortem. The preliminary study found a decline in complex structural glycerophospholipids that corresponded with PMI, however these results were based on only three data points for each lipid and more comprehensive sampling is needed to validate this finding.

A 2019 study by Langley *et al.* sampled muscle tissue from 31 surface placed whole human cadavers at the University of Tennessee ARF [130]. Samples were collected daily until ADD

2000, or until no sample was obtainable. The study identified 6 different lipid biomolecules correlated to ADD and outlined regression models using two phospholipids; phosphatidylglycerol and phosphatidylethanolamine [130]. Whilst returning Pearson correlation coefficients (r^2) of less than 0.5, these models were able to accurately predict ADD, with true ADD values falling within a 95% prediction interval for simple linear regression [130]. This study did not, however, take into account intrinsic and extrinsic variables that may be affecting the rate of decomposition. Whilst factoring in these variables is a difficult endeavour, the added context may strengthen the correlations being observed.

The most recent application of lipidomics for the assessment of PMI was conducted by Dudzik *et al.* with a study assessing bone biopsy samples from 20 human cadavers, placed at the University of Tennessee ARF, with a PMI between <1 to 30 years. This was complemented with 130 cross-sectional samples from the William M. Bass Donated Collection at the University of Tennessee, with PMIs between three and 37 years. The study identified a degradation pattern for bone phosphatidylcholines between zero and three months, with detection being possible at low levels after decades [136].

Lipids have also been considered in the context of degradation differences between the decomposition of fresh and frozen remains [137]. The 2021 study by Ueland *et al.* sampled tissue from the upper and lower torso, and upper region of the lower limbs of two donors surface placed at AFTER. This study found a significant difference in fatty acid analytes between the two groups, and stearic acid, palmitic acid, oleic acid, and linoleic acid were identified as candidates for lipid biomarkers for PMI estimation. Additionally, a 2019 study by Collins *et al.* assessed textile degradation associated with the decomposition process through lipid analysis [81]. Textile samples were collected from a single clothed cadaver for analysis by attenuated total reflectance Fourier transform infrared (ATR-FTIR) spectroscopy. Through this study it was identified that the progression of lipid product changes can be observed, with the breakdown of triacylglycerols into free fatty acids, becoming evident during the bloat and early active decay stages, and modifications in the degree of fatty acid saturation becoming noticeable during the later stages [81]. By the later decomposition phases, ketones and/or aldehydes, as well as adipocere, were also detected as outcomes of lipid decomposition. Lipid constituents were seen to increase throughout the sampled period [81]. Whilst the results from these studies are promising, more research into the effect of influencing variables, particularly those intrinsic to the body, is needed. The lack of standardized reference databases for lipid alterations across diverse conditions hinders the establishment of universally applicable PMI models.

1.4.2 DNA as a biomarker for PMI

Deoxyribonucleic acid (DNA) is naturally found as a hydrated macromolecule of nucleic acids within cells, and has a double-stranded helical structure [138, 139]. Each nucleotide is composed of three main components: a deoxyribose sugar, a phosphate group, and a

nitrogenous base, which is the variable component of nucleotides [140, 141]. There are four types of nitrogenous bases in nuclear DNA: adenine (A), cytosine (C), guanine (G), and thymine (T) [140]. The specific sequence of these bases along the DNA strand encodes genetic information. DNA exists in various forms, including: Genomic (nuclear) DNA (nDNA), mitochondrial DNA (mtDNA), and RNA amongst others. nDNA carries the complete genetic information required for the organism's growth, development, and functioning, and is organized into structures called chromosomes, which are located in the cell nucleus [141]. mtDNA is found in mitochondria, the energy-producing organelles within cells. mtDNA is smaller and circular in shape compared to genomic DNA [142]. It contains genes essential for energy production and is inherited exclusively from the mother [142, 143]. RNA exists in many forms, including but not limited to, messenger RNA (mRNA), transfer RNA (tRNA), ribosomal RNA (rRNA) and microRNA (miRNA) [144]. RNA differs from nDNA in that it is composed of ribonucleotides, which consist of a ribose sugar, a phosphate group, and one of four nitrogenous bases: adenine (A), cytosine (C), guanine (G), and uracil (U), and is typically single-stranded [144].

At the onset of death enzymatic and cellular processes cease due to lack of oxygen, initiating cellular death [14]. Once these processes have begun, the cellular contents are released into the extra cellular matrix, making them available to degradative enzymes such as nucleases. This, in combination with bacterial and fungi-specific nucleases, leads to the enzymatic fragmentation of DNA [14]. Frequently, forensic cases requesting the identification of unknown persons will require the analysis of DNA from degraded or compromised remains [16]. The nature of these samples has prompted the development of techniques for the analysis of degraded DNA. Human identification using DNA traditionally involves the cyclic amplification of extracted DNA by the polymerase chain reaction (PCR) [145, 146]. This is followed by the analysis of autosomal short tandem repeats (STRs) to produce a DNA profile for evaluation, and subsequent comparison to known profiles [146]. STRs are regions of DNA composed of between 5-50 repeating units each of 2-6 bp (10-300 bp) [147]. The significance of STRs lies in their variability among individuals, providing a distinctive genetic fingerprint that distinguishes one person from another [148]. This inherent variability is a product of the differing numbers of repeats within these regions among individuals, resulting in a diverse array of DNA profiles [148]. Originally, DNA profiles had been generated from variable number tandem repeats (VNTRs) with longer repeating units (eg. the D1S80 locus). The use of STRs allowed for the greater possibility of typing degraded samples, as degraded samples are more likely to contain amplicons of shorter bp length [149]. The rate of DNA degradation has been shown to be dependent on both cell and tissue type [14].

1.4.2.1 DNA stability in body tissues

Previous studies in controlled laboratory settings have identified the brain cortex, lymph nodes and heart muscle as good target regions in terms of the stability of DNA [16, 102, 108, 150]. Due to its anatomical location within the skull, brain tissue appears to be the most

stable, with quantifiable DNA being observed in autopsy cases up to one month post mortem (between 0.14 $\mu\text{g}/\text{mg}$ and 0.004 $\mu\text{g}/\text{mg}$) [108, 151]. Skeletal muscle, in particular the *psaos* muscle (Figure 1-2), has also been identified as having good DNA stability. Quantities between 0.003 $\mu\text{g}/\text{mg}$ and 0.148 $\mu\text{g}/\text{mg}$ have been recovered in autopsy cases up to a month post-mortem [108]. Both of these target regions were able to produce high molecular weight (HMW) DNA as identified through gel electrophoresis [108], indicating the degradation process could be analysed for a greater time period with current, more sensitive, analytical techniques (*i.e.*, qPCR). As is expected, temperature has shown to be a major factor affecting the rate of DNA degradation, however another factor that has been postulated is the presence of infectious disease prior to death [108]. This may be due to the increased level of bacterial activity within the body, as the presence of bacteria is known to increase the rate of decomposition [14]. DNA has been shown to persist in bones for extended periods, with extraction from ancient remains being routinely conducted [14, 152]. Whilst useful for extended periods and for the purpose of identification, the general stability of DNA in bones may be less informative for the purpose of short to mid range PMI estimation (days/months), where a change in abundance is required to infer a correlation with the decomposition time period. Additionally, there is a greater in field applicability of PMI estimation methods utilising soft-tissue samples due to ease of sampling method and accessibility.

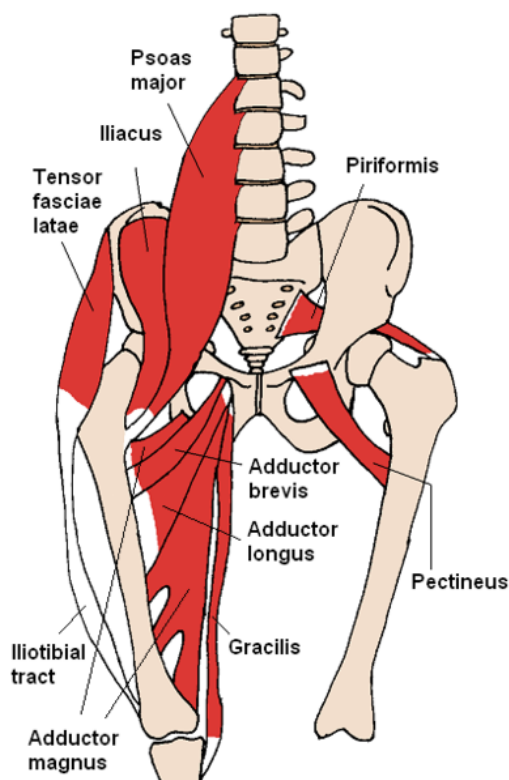


Figure 1-2 Diagrammatical representation of the *M. psoas* muscle and its location. From Anterior hip muscles 2, by B. Ohara, 2006. CC BY SA 3.0 [153].

1.4.2.2 Sampling methods for post-mortem tissues

Singular retrieval of either soft or hard tissue samples for DNA analysis has been well defined in the literature [154]. The establishment of taphonomic facilities has allowed for longitudinal studies to be conducted. Following this, continuous sample collection from a single body is also possible, enabling temporal comparison without inter donor variability. A method for continued sampling of decomposing bodies has not been well documented. The main factor that must be considered for continuous sampling should be the minimisation of the puncture wounds formed when sampling body tissues. Following this, sampling from soft tissues is preferred as it can be less invasive than what is required for sampling from hard tissues. Penetration of the cutaneous layers has been shown to increase the rate of decomposition, due to attraction of scavengers to the wound site and subsequent ease of access to the underlying soft tissues [48, 64, 65]. Mundorff *et al.* [155] detailed a method involving the swabbing of muscle tissue through a two inch incision of the cutaneous layers, and subsequent application of the swab onto an FTA[®] card. Whilst a potentially reliable method for recovering a profile for identification purposes, as shown in this study through the production of complete DNA profiles, this method is also relatively invasive, leaving behind a wound. Pittner *et al.* [78] collected muscle tissue samples by creating a 5 mm incision with a scalpel, inserting a biopsy needle for tissue collection, then sealing the wound using cyanoacrylate glue. Quantitative assessment of the difference in decomposition, and the ability to collect a sample, between sampling with and without sealing the introduced wound was not conducted. However, the method was deemed sufficient for the collection of samples within this experiment. As any sampling method should attempt to minimise the possibility of advancing decomposition through open wounds due to microbial ingress, sealing the sample site is a logical solution.

1.4.2.3 *Methods for analysis of DNA quantification and degradation from post-mortem tissues*

Multiple methods for the analysis of DNA degradation have been identified through the literature. Predominantly restriction fragment length polymorphism (RFLP) fragment analysis, Single-cell gel electrophoresis (SCGE), and flow cytometry have been used [126]. Real-time quantitative PCR has become generally accepted as a robust method for the measurement of DNA degradation [126].

There have been limited studies into the correlation between decomposition and the degradation level of DNA. The majority of studies have looked at animal models, degradation in a controlled laboratory setting (in conjunction with autopsies), or focussed on the differences in degradation rates between specialised tissues, such as brain, liver, and spleen amongst others [102, 108, 156]. One study, conducted in 1988, used gel electrophoresis to assess the fragmentation of DNA. This study indicated that the degradation rate of DNA showed similar trends amongst different donors and a general degradation pattern in relation to time since death could be established [157]. Since this study, advances have been made in

the technologies used for the assessment of DNA degradation, and subsequently these have been applied to studies linking DNA degradation with PMI.

1.4.2.3.1 RFLP fragment analysis

Historically, analysis of DNA degradation has been conducted using RFLP fragment analysis. This method detects the presence of specific regions of DNA through the use of specific restriction enzymes to “cut” the DNA at a designated site [108]. Regions corresponding with known targets are labelled with radioactive probes for detection through southern blotting [108]. Although, studies using RFLP showed the possibility of using DNA degradation for PMI, the technique has now been replaced by modern DNA analysis methods [126].

1.4.2.3.2 Single cell gel electrophoresis

SCGE uses the gradual degradation of DNA into a spectrum of HMW fragments to low molecular weight fragments (LMW) to separate samples based off the fragment sizes within, and is one of the first methods for the assessment of cellular DNA degradation [102]. Tissues are either homogenised to create a tissue sample suspension, or a specific cell type may be isolated for the assessment of DNA fragmentation within the cells [126]. When placed into an agarose gel matrix, small fragments will travel further through the gel when an electric current is applied [102]. Subsequent visualisation with the aid of a DNA-specific dye produces a smear pattern similar to the shape of a comet *Figure 1-3*. As the “head” of the comet is comprised of HMW fragments, the more degraded a sample the less dense the “head” of the comet will appear. Further, the breakdown of these HMW fragments to LMW fragments will produce a larger and denser comet “tail”.

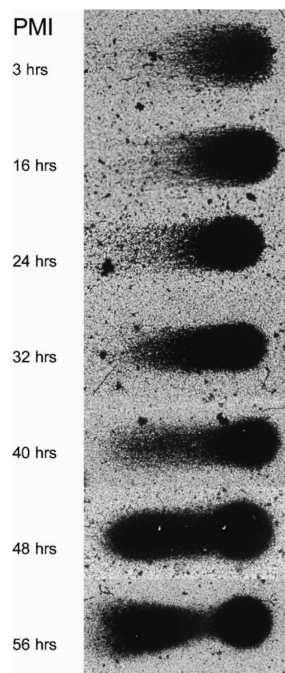


Figure 1-3 Representation of comet morphology for varying PMI's.

Although the main benefit of this technique is the qualitative visualisation of DNA degradation within a particular sample, it is also possible to gain quantitative data. A quantitative value

for degradation can be derived through measurement of the tail-length and tail-moment, where tail-length measures the relative fragment size as it travels down the gel, and tail-moment is a representation of the ratio of fragments within the “head” and the “tail” of the comet [102, 158]. However, as the measurements require a level of subjectivity based on the morphology of the resultant gel “comet”, the interpretation of these results is likely to be inaccurate. This technique has been previously used in the early post-mortem period to show the relationship between PMI and DNA degradation in white blood cells and muscle cells [16]. Whilst SCGE has been shown to be cheap, and quick for the analysis of DNA degradation [16], the method is relatively insensitive and non-specific [126]. The presence of RNA or bacterial DNA within a sample can lead to inaccurate results [159]. Additionally, due to a lack of defined and standardised protocols leading to the lack of inter-user reproducibility, variability can be seen in studies using this [126].

1.4.2.3.3 Flow cytometry

Flow cytometry has also been used as a method for measuring the degradation of DNA within cells. Application of this method involves fluorescently staining the nuclei of cells within a tissue sample, which are then homogenised and suspended in solution to be passed individually through a flow cytometer for detection [126]. The flow cytometer individually measures the fluorescence of each cell nucleus, where the relative intensity reflects the DNA content within a nucleus. From this, it is possible to assess the level of nDNA fragmentation within a tissue sample and compare this to PMI [126]. Multiple studies found a good correlation with fragmentation over time with specific tissue samples (*e.g.*, brain, liver and spleen) [151, 160]. Issues with this method have been highlighted, with the inability to distinguish between nDNA and other forms of DNA (*e.g.*, fungal or bacterial) which would be expected to proliferate through the decomposition process. Techniques for looking at DNA fragmentation have advanced to the point where direct quantification of fragmentation is possible, and as such the use of flow cytometry for the quantification of DNA has become antiquated [126].

1.4.2.3.4 Spectrophotometry based methods

DNA molecules absorb UV light predominantly at 260 nm due to the presence of aromatic bases (adenine, cytosine, guanine, and thymine), and as such it is possible to exploit this characteristic for the purpose of quantification. One spectrophotometric instrument for this purpose is the NanoDrop (Thermo Scientific), which uses a microvolume measurement technique, allowing accurate analysis of small sample volumes as low as 2 μ L [161]. The Nanodrop uses UV-visible spectrophotometry to measure the absorbance of light by the DNA sample at 260 nm, in addition to measuring the absorbance at 280 nm, to produce a ratio that can be used to assess the presence of contaminants such as proteins or phenol [161]. The Nanodrop software calculates the concentration of the DNA sample based on the measured absorbance at 260 nm, using the Beer-Lambert law to relate the absorbance of a sample to

its concentration and the path length of the light through the sample. An advantage of the NanoDrop method is the ability to quantify both single stranded (ss) and double stranded (ds) DNA and RNA, however this lack of selectivity also generates limitations as interference by proteins, single nucleotides and DNA fragments is possible [162]. Additionally, whilst purity is able to be determined using this method, direct quantification of degraded DNA, and the degree to which degradation has occurred is not possible.

Another spectrophotometric instrument, Qubit, utilizes the principle of selective binding between a fluorescent dye and DNA, resulting in an increase in fluorescence intensity. Different kits are available to selectively detect single stranded DNA (ss-DNA) and double stranded DNA (ds-DNA), by mixing the sample to be quantified with the assay reagents provided [162]. The mixed sample is then loaded into the Qubit fluorometer, using an optically clear Eppendorf tube. The fluorometer emits light at a specific wavelength to excite the bound fluorescent dye, causing it to re-emit light at a different wavelength [163]. The emitted light is then detected by the fluorometer, where the intensity of the emitted light is directly proportional to the concentration of DNA in the sample [163]. This method requires the production of a standard curve for calibration in order for the qubit fluorometer to convert the fluorescence reading into DNA concentration units (e.g., ng/ μ L) [163]. Similarly to the NanoDrop instrument, the Qubit is incapable of providing quantitative information as to the degree of degradation of a DNA sample, as fragmented DNA results only in a lower quantity reading [164].

1.4.2.3.5 Capillary Electrophoresis (CE) methods

Capillary electrophoresis (CE) methods are effective for DNA quantification and degradation assessment due to their ability to separate and analyse DNA fragments based on size, charge, and structure [165]. CE methods can detect low concentrations of DNA, which is particularly important when working with degraded or limited DNA samples, and allows for excellent separation of DNA fragments based on size [165]. This sensitivity and high resolution is crucial for accurately quantifying the small amounts of DNA that might be present in degraded or ancient DNA samples. Additionally, CE systems can be automated, allowing for the analysis of multiple samples in a high-throughput manner.

Sanger sequencing, also known as capillary electrophoresis sequencing, was regularly employed as the first method developed for DNA sequencing. It relies on the PCR amplification of target regions, which are then separated by size (molecular weight) using capillary electrophoresis, generating a chromatogram that reveals the sequence [166]. Sanger sequencing is known for its accuracy and ability to sequence relatively long DNA fragments, but it is time-consuming and limited in its throughput [166].

The Bioanalyzer (Agilent) is a microfluidics-based CE instrument that provides accurate size distribution and concentration information of DNA molecules in a sample. An electric field is applied across a microfluidic chip, causing the negatively charged DNA molecules to move

through the gel matrix toward the positive electrode [167]. The molecules' migration depends on their size, with smaller fragments moving faster and farther than larger ones. As the DNA fragments migrate through the gel, they pass by a detection window equipped with a laser [167]. The laser excites fluorescent dyes in the DNA sample, causing them to emit light, which is collected and processed to generate an electropherogram, showing the intensity of the emitted light at different migration times [167, 168]. The electropherogram provides information about the size distribution of DNA fragments in the sample and the concentration of DNA in the sample. Assessment of the resultant electropherogram enables the identification of primer dimers, degradation or contamination [169]. The bioanalyzer has been previously shown to be more expensive than other quantification methods [170].

The TapeStation (Agilent) builds on the applications of the Bioanalyzer. The DNA sample is mixed with a gel-like solution containing a fluorescent dye. This mixture is loaded into small wells on a microfluidic chip known as a "TapeStation Tape." The chip has a series of wells that hold the sample. Similar to the Bioanalyzer, fragments are separated by the application of an electric field across the microfluidic chip, and generates a similar output. A benefit to the tape station is it allows for a higher throughput with the capacity to analyse 96 samples in a run compared to 12 in a bioanalyzer chip [168]. However, both systems analyse comparatively fewer samples than qPCR based methods [170].

1.4.2.3.6 PCR based methods

The PCR process involves the cycling of three steps carried out at different temperatures depending on the reagents or specific kit being used. These steps involve the denaturation of the double stranded DNA within a sample annealing of primers to a target region, and extension or replication of the target region [171, 172]. Generally these steps are conducted, for 25-35 cycles, under the following conditions: Denaturation at 94 °C - 98 °C for 10 s to 1 minute, annealing at 52 °C - 58 °C, and extension at 70 °C – 80 °C [172]. The elongation step in the final cycle is generally held for up to 5 minutes to allow for synthesis of uncomplemented amplicons, before a hold temperature of 4 °C for termination of the reaction. This results in the exponential increase of the targeted DNA region after each cycle, before reaching a plateau due to the exhaustion of reagents [171]. The application of PCR methods for the creation of DNA profiles has also enabled the ability to detect and profile low-template DNA (LT-DNA), through the addition of extra cycles in the amplification process (usually one to five cycles above protocol recommended number). This subsequently allows for better detection by capillary electrophoresis for the production of DNA profiles [173].

PCR reactions are conducted using a thermal cycler, an instrument able to uniformly raise and lower the temperature of a reaction mixture, allowing for each step of the PCR process [171]. Genetic targets (amplicons) are generally selected to be species specific. Primers are designed as the reverse complement to a target region, and care is taken to minimise the propensity to form dimers or hair pin loops (self-binding) in addition to binding solely to the desired region [171]. PCR master mixes are commonly used as reagents for the PCR process. Specific chemistries of commercially available kits are not detailed, but generally contain free

deoxynucleoside triphosphates (dNTPs) and DNA polymerase for replication of the template DNA, MgCl₂ to enhance the enzymatic activity of DNA polymerase, and a buffer to maintain an appropriate chemical environment for the activity of DNA polymerase [171].

The quantification of DNA fragmentation is usually performed using quantitative real-time PCR (qPCR) [174]. The quantification of targeted regions is achieved through the detection of fluorescence using an intercalating dye (*e.g.*, SYBR Green) or fluorescently labelled primers (*e.g.*, TaqMan probes) using qPCR (Figure 1-4).

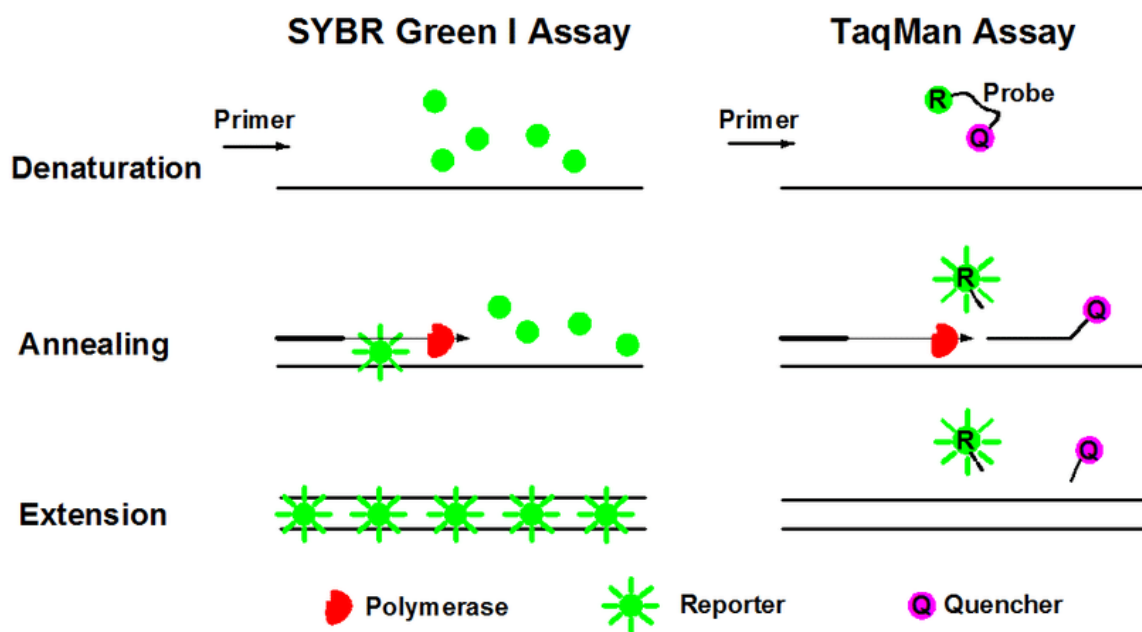


Figure 1-4 Representation of the PCR process for SYBR Green and TaqMan based assays. Figure sourced under creative commons from Cao *et al.* [175]

qPCR differs from general PCR experimentation with the reading of fluorescence after each PCR cycle. As fluorescently labelled primers amplify target regions, these regions are able to be detected under specified wavelengths of light depending on the fluorescent dye [174]. An amplification threshold is set depending on the specific experiment, and is the point where detection of fluorescence reaches an intensity above background fluorescence levels. The threshold is usually set to coincide with the number of cycles required to reach the exponential phase of amplification, as shown in Figure 1-5.

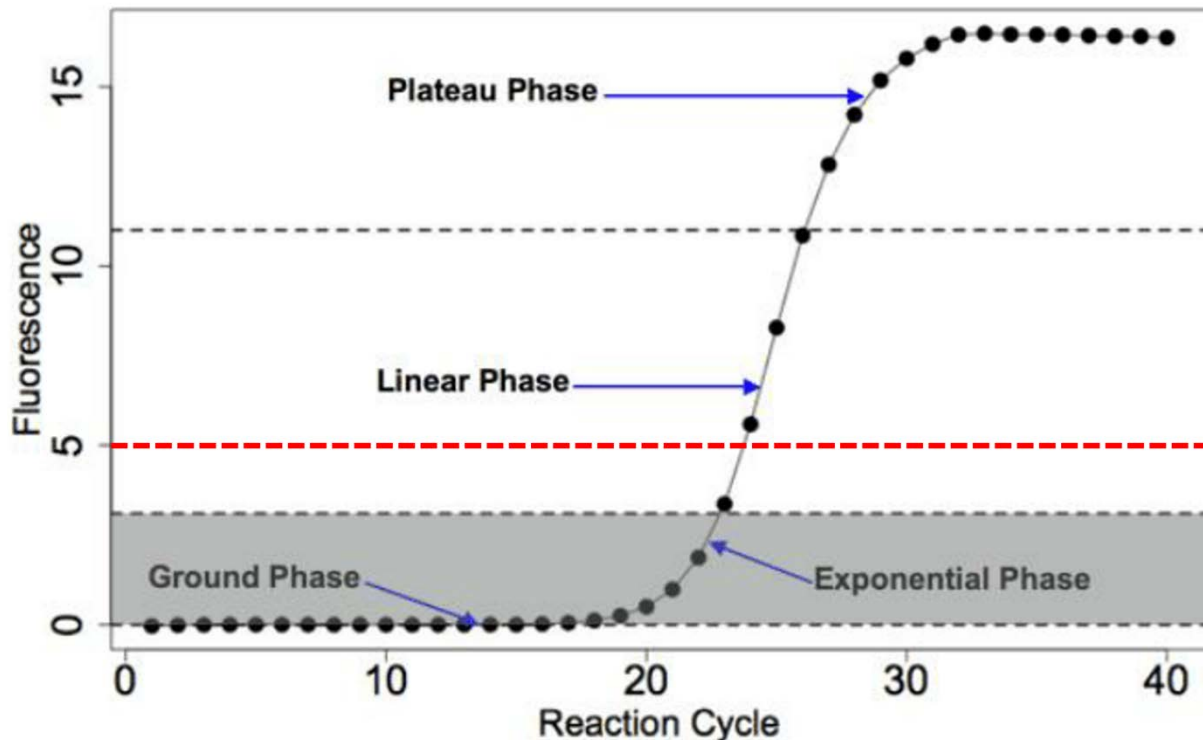


Figure 1-5 Representation of a real-time qPCR amplification curve. The phases of amplification are shown, with dashed lines indicating the approximate boundaries for each phase. The red dotted line shows an example of a chosen amplification threshold. This figure was adapted from Page & Stromberg [176]

As the quantity of amplified target regions increases over each amplification cycle, the fluorescence increases proportionally, which can then be used to calculate the quantity of the starting template. Intercalating dyes bind to the double-stranded DNA of the amplified target regions, and are widely used due to the low cost and broad detection [177]. The use of these dyes can sometimes result in an overestimated DNA concentration because they bind non-specifically to all DNA, including primer-dimers [177]. Additionally, with single plex systems issues can arise with the introduction of random error due to the different targets being measured in separate reactions. Contrastingly, systems using fluorescently labelled primers are sequence specific, and will only be detected when bound to the target region, as fluorescent quenchers prevent the detection of primer-dimers [177, 178]. The specificity of this method allows for multiplexing amplification targets through the use of fluorescent dyes that emit different wavelengths upon excitation [177]. A fluorescence measurement above background level is taken in real-time after every cycle. The measured fluorescence increases proportionally with the amplified DNA, through the exponential, and plateau phases of amplification. From this, a cycle threshold (Ct) value is produced, which indicates the number of cycles required to detect fluorescence of the PCR product above the background level [177]. A lower Ct value indicates a large amount of start material, as fewer cycles are required to reach fluorescence above the background level [177]. By comparison of Ct values of unknown samples to those of a standard series of known concentration, determination of DNA quantity in a sample can be achieved [177].

Positive and negative controls are included to guard against the possibilities of false negatives and false positives, respectively. An internal positive control (IPC) is a synthetic oligonucleotide not found in nature and is included in every PCR, together with associated primers, to indicate the presence of PCR inhibitors [179]. Regularly this involves the inclusion of synthesized exogenous DNA in a sample, which is amplified in addition to the target regions either simultaneously in multiplex reactions, or separately in singleplex reactions [179]. IPCs are designed to not interfere with amplification of the target regions, and act as an indicator for PCR inhibition and proper target region amplification [174]. PCR inhibition can occur due to a variety of chemical or experimental reasons, and ultimately results in the lack of amplification of a target [174]. Assessment of degradation can be conducted when target regions of different base pair length are quantified. As DNA degrades, fragmentation in the structural backbone occurs, leading to preferential detection of shorter (LMW) amplicons due to a lesser likelihood of fragmentation [180]. Generating a ratio of the quantities obtained for the HMW to LMW amplicons produces a value called the degradation index [181, 182].

A comprehensive comparison of methods for the quantification of DNA was carried out by Hussing *et al.* in 2018, comparing qPCR, CE, UV spectrophotometry and fluorescence spectroscopy-based methods [170]. This study identified that qPCR based methods appeared the best choice for the accurate and sensitive quantification of DNA [170].

1.4.2.3.7 Next generation sequencing

A more recent development in the analysis of DNA is next generation sequencing (NGS). NGS allows for the massively parallel sequencing of a sample, returning both sequencing and quantitative data [183]. NGS relies on massively parallel processing, where DNA fragments are amplified, attached to sequencing adapters, and then sequenced in parallel. The resulting sequences are then computationally assembled into a complete genome or transcriptome [184]. The method offers increased sensitivity and higher throughput, in comparison to traditional methods of DNA analysis [183]. Research using NGS to look at nuclear DNA (nDNA), mtDNA, and RNA has been proposed, however, currently NGS has only been used to assess bacterial communities within the context of PMI estimation [185]. As current NGS technology is relatively new, it is expensive, time consuming, and not widely employed in forensic labs when compared to qPCR [126, 186]. It is however, important to note that NGS remains a valuable tool for the assessment of DNA and could potentially provide higher accuracy in the evaluation of degraded DNA, either as a targeted tool or when use of NGS become more mainstream. Until the use of NGS technology is widely implemented, qPCR remains the most cost effective and applicable method for the analysis of DNA degradation [126].

1.4.3 RNA as a biomarker for PMI

Ribonucleic acid (RNA) is a single stranded macromolecule generated through transcription from DNA. This molecular entity is responsible for multiple biological functions including protein translation [128, 187]. RNA is a diverse molecule, encompassing messenger RNA

(mRNA), transfer RNA (tRNA), ribosomal RNA (rRNA), and microRNA (miRNA), among others [128]. These types of RNA play distinctive roles within the cell, including mRNA's role as a template for protein synthesis, tRNA's involvement in transporting amino acids, and miRNA's function in regulating gene expression [188]. Analysis of RNA is generally conducted using real-time qPCR due to the method's high sensitivity [128]. To achieve high levels of accuracy, the employment of this method is regularly reliant on the simultaneous analysis of stable endogenous reference genes for normalisation of samples. However, many of the currently accepted reference genes (*e.g.*, GAPDH, β -actin etc.) have been shown to degrade over time and in extreme conditions (*i.e.*, high temperatures [128]). Reliable correlation between RNA degradation and PMI has been largely unsuccessful due to the lack of stable reference genes [189]. Studies evaluating RNA for PMI estimation have largely been focussed on mRNA and miRNA [132]. The sensitivity of RNA to temporal alterations renders it a potential tool for PMI estimation, and a correlation has been suggested between the loss of RNA transcripts and PMI, particularly in the early post-mortem period, for brain, heart, and muscle tissues [128, 133].

To date, many RNA studies have been conducted using animal models, using samples with short PMIs (*i.e.*, the majority of studies are conducted on samples taken within the first week post-mortem), or using sample pools collected from controlled conditions (*i.e.*, from autopsied bodies kept in laboratory conditions), and are therefore not reflective of real-world applications [128, 132]. Lv *et al.* attempted to establish a mathematical model for PMI estimation from the assessment of RNA markers in human tissues [190]. The study collected myocardial, liver, and brain tissue samples from 13 autopsied human cadavers, with PMIs between six to 71 hours. Real-time qPCR was conducted to assess 10 chosen RNA biomarkers with β -actin and GAPDH as endogenous references [190]. Whilst the suggested mathematical model appeared to be useful for the accurate estimation of PMI, and showed a low estimated error, it was acknowledged that the conditions of this study were not reflective of the complexities of real-life situations and environments.

A 2018 study was conducted using twelve healthy skin swab samples from six volunteers. Specimens were divided into two groups and stored at 25°C and 40°C respectively [191]. Expression levels of LCE1C mRNA were assessed at various time points between 0 hours and 5 days, using quantitative reverse transcription PCR (qRT-PCR) with GAPDH mRNA as an internal reference gene [191]. The results indicated that the expression of LCE1C mRNA decreased progressively with time, without being significantly affected by the investigated storage temperatures, suggesting LCE1C mRNA has the potential to serve as a marker for estimating early post-mortem interval (PMI), particularly within the first five days after death [191].

Whilst the current basis for RNA biomarkers is unrepresentative of real-world applications, the potential for RNA as an indicator of PMI has been shown. Further studies are required, using human cadavers placed at taphonomic facilities, and monitoring influencing factors (such as, temperature, body mass, cause of death etc.) to refine the potential for use of RNA

Chapter 1

as an effective biomarker for PMI estimation. At present, there are no studies assessing human decomposition at a taphonomic facility using RNA biomarkers for PMI estimation.

1.4.4 Mitochondrial DNA as a biomarker for PMI

Traditionally, many of the aforementioned methods have been applied to nuclear DNA, however, with recent advancements in technology application to mtDNA is also possible. When STR profiles are not able to be generated, due to degradation or low template from trace DNA, mtDNA can be targeted with forensic DNA identification methods as it is more abundant than nuclear DNA [16]. Rather than a single copy of nDNA contained within the nucleus of a cell, a single cell will contain between several hundred to over a thousand mitochondria, and a single mitochondrion may contain multiple copies of mitochondrial DNA [192]. This increased availability gives more opportunity for the detection of DNA fragments, and provides greater stability due to its circular structure [16]. As a result, research has been focussed on mtDNA for human identification from degraded or compromised remains [14]. The analysis of mtDNA has become the preferred method when looking at samples obtained from bone, fingernails, and hair [16]. However a limitation exists with the interpretation and downstream application of mtDNA profiles as mtDNA is conserved through the maternal line, and therefore is not representative of an individual [193]. Muscle tissues are thought to contain an increased number of mitochondria [194, 195], and as such would be a good sampling target for the analysis of mtDNA. It has also been noted that elderly people appear to have increased numbers of mitochondria, and as most body donation programs receive elderly donors this is a confounding factor [192, 196]. As mtDNA is more abundant than nDNA, it is possible that a more reliable quantification and subsequent degradation index may be obtained when assessing mtDNA compared to assessing nDNA, as a greater initial quantity is present. The use of NGS in a forensic setting has enabled whole genome sequencing of mtDNA [197-199], and recent studies have shown the utility of mtDNA in producing identification profiles from ancient and degraded remains [198, 200, 201]. The resilience of mitochondrial DNA, in comparison to nDNA, could also be exploited for PMI determination. Whilst not commercially available, qPCR assays for mtDNA quantification and the assessment of mtDNA degradation have been developed by the FBI [202] and Goodwin *et al.* [203].

1.4.5 Proteins as biomarkers for PMI

Proteins are complex and essential biomolecules composed of linear sequences of amino acids, and play an intricate role in various biological processes, serving as catalysts, structural components, and signaling molecules within living organisms [204, 205]. With their diverse functions and complex structures, proteins serve as a rich source of information about the physiological state of an organism, and are the direct result of cellular transcription/translation through the nucleotide sequences within open reading frames [204, 206]. The unique sequence of amino acids in a protein determines its three-dimensional

structure and its specific functions, which are critical for maintaining the integrity and functionality of cells and tissues [205].

Generally, protein abundance within a forensically relevant sample will be high, due to the nature of protein presence in the body, when compared to the abundance of DNA [204]. As a result, the intrinsic stability of proteins relative to DNA make them an attractive alternative for degradation analysis, as they may be present for longer periods in decomposing human remains [204]. Understanding the alterations that proteins undergo after death has led to the exploration of proteins as potential biomarkers for estimating PMI. Proteins have previously been shown to be useful biomarkers [131], with many studies showing the value of protein analysis from bone [207-211], with skeletal muscle showing the most application potential amongst assessed soft tissues [212]. Pittner *et al.* [78, 213] assessed the use of proteins as a biomarker through laboratory and field decomposition studies using a pig model. These studies targeted titin, nebulin, α -actinin, tropomyosin, desmin, cardiac troponin T (cTnT), SERCA1, calpain 1, calpain 2, cardiac troponin T, and vinculin and employed SDS-PAGE, Western blotting and casein zymography to evaluate protein degradation. Degradation of particular proteins has been shown to occur at different time points post-mortem, in particular both desmin and tropomyosin have shown promising results in terms of degradation patterns over time in relation to PMI estimation [213].

Historically proteins have been analysed through targeting specific proteins with ligand binding assays or the separation of proteins using gel electrophoresis followed by a western blot or other immuno-staining method [204]. More recently, the establishment of mass spectrometry techniques has provided a more sensitive and in-depth analysis method for both qualitative and quantitative measurement of the proteome (i.e., the entire set of proteins expressed by a cell, tissue, or organism at a specific time under defined conditions [204]) within samples. This technological advancement has subsequently become applicable to the analysis of forensically relevant samples, and it is possible to incorporate these analyses into traditional forensic work flows [204].

1.4.5.1 Protein extraction and sample preparation

A general approach to the extraction of proteins involves mechanical breakdown and homogenisation of the tissue sample, cell lysis, protein extraction, centrifugation to remove unwanted cellular material and clean-up of any unwanted chemicals required for the extraction process [214]. The solubilisation of proteins is integral to the extraction process, and surfactants like sodium dodecyl sulfate (SDS) are commonly used to achieve this through their ability to disrupt the phospholipid bilayer, releasing proteins into the surrounding buffer, and inactivating cellular proteases [215, 216]. However, surfactants are problematic in established downstream proteomics methodologies, and as such must be removed prior to protein digestion and analysis by liquid chromatography tandem mass spectrometry (LC-MS/MS) [216, 217]. A proteolytic digestion step is often incorporated to produce peptides compatible with LC-MS/MS analysis, as intact proteins are often too large and ionisation

efficiencies decrease with larger molecules [214, 218]. Trypsin is the most commonly used enzyme, due to its specificity, breaking only peptide bonds immediately adjacent to lysine and arginine on their C-terminal sides [214]. Trypsin also generates peptides of an optimal length (5-25 amino acids) and of multiple charge, characteristics that are optimal for MS analysis [214]. Multiple charges originate from the electrospray ionisation (ESI) step of LC-MS/MS analysis as outlined in 1.4.5.2, and occur due to the size of protein molecules and subsequent number of locations for cationisation [219]. This can be beneficial when assessing molecules of high molecular weight, as the shift in mass to charge ratio is brought within the range of the mass spectrometer [219]. With the application of ESI, MS systems are capable of determining the molecular weight of large molecules (over 100,000 Da) [218].

Effective analysis by LC-MS/MS requires the removal of chemicals that can interfere with the MS process, such as chaotropes, detergents, enzymes and other common reagents used for the extraction and digestion of proteins [217]. To ensure that the cleanest possible sample of peptides is injected into the chromatography column, multiple methods exist for the removal of unwanted chemicals and usually involve either in-solution processing (*e.g.*, StageTips), or clean-up methods using protein precipitation, spin-filter enrichment, or affinity capture prior to digestion [217]. Filter aided sample preparation (FASP) was one of the first proposed methods, and uses ultrafiltration columns capable of retaining molecules of molecular weights up to 30 kDa, whilst allowing small organic molecules (*e.g.*, SDS) to be washed out through centrifugation [220]. Proteins are then able to be digested whilst retained in the membrane, before elution and LC-MS/MS processing [220]. This method may require extra washing steps in order to completely remove contaminating chemicals, making the method time-consuming [220, 221]. Additionally, filters have been shown to be inconsistent in terms of the yield of eluted peptides [221, 222].

Recent methods have expanded on the FASP method, using quartz or silica filters to retain proteins from suspension (S-Trap) [222]. S-Traps are similar to FASP methods, in that proteins are retained on a filter, washed, and then digested before elution, however offer a larger pore size, a 10 fold reduction in spin times, and greater binding efficiency in comparison to FASP [223, 224]. One benefit from the FASP and S-trap methods is the ability to process multiple samples at a time, as they are commercially available in a 96-well format [220].

In 2019, single-pot, solid-phase-enhanced sample preparation (SP3), was developed to combat some of the issues with other clean-up methods. SP3 involves the forced precipitation of proteins onto the surface of para-magnetic beads, coated with carboxylate functional groups [217]. This method is relatively inexpensive, non-complex, and allows for the removal of a wide range of chemicals and surfactants utilised in protein extraction. Proteins can be digested whilst bound to the beads, and the resultant peptides are eluted in standard aqueous conditions (*e.g.*, LC-MS/MS grade water, or the LC-MS/MS mobile phase being used) for direct LC-MS/MS analysis [217]. This method has been shown to handle small quantities of protein, can also be automated in a 96-well format, and is comparatively cheaper than other methods [220, 221].

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Currently no single method is considered the gold standard, however experimental comparisons have been made [217]. A recent study by Mikulasek *et al.* compared FASP, S-Trap and SP3 protocols for quantitative protein extraction from plant cells [225]. The study found that a greater depth of protein discovery was possible using the FASP and SP3 methods when compared to S-Trap [225]. Additionally, this study found that whilst the FASP and SP3 methods were comparable with high protein input, the SP3 protocol performed better when protein input was low [225]. SP3 appears the current best choice for bottom-up protein sample preparation.

1.4.5.2 Protein analysis by mass spectrometry

Many different instrumentation combinations exist for mass spectrometry analysis, depending on the type of sample being processed and what information is desired. With LC-MS/MS (Figure 1-6), tryptic peptides from the digested proteins are firstly separated, based on hydrophobicity, by reverse-phase liquid chromatography [204, 214]. Samples are injected onto a column containing a hydrophobic stationary phase (*e.g.*, Silica coated or chemically modified with hydrophobic groups, such as long hydrocarbon chains), and separation is achieved by subsequent introduction of a polar mobile phase (aqueous and organic solvents *e.g.*, acetonitrile) which vary in concentration over time [226]. As the concentration of the mobile phase changes, the samples are separated based on their affinity to adhere to each phase (*i.e.*, hydrophobicity/hydrophilicity) [226]. Reverse-phase liquid chromatography is regularly utilised for shotgun proteomic analyses due to the high-resolution separation and compatibility with ESI for MS analysis. The separated peptides are then ionised via ESI, a technique that converts molecules from liquid solution into gas-phase ions [218]. An electric field is applied to the sample, initiating the formation of droplets which become charged by acquiring ions from the surrounding solvent due to the electric field [218]. As these charged droplets move towards the MS, the solvent evaporates and the charged molecules become more concentrated, causing the repulsive forces between the like charges on these molecules to become more significant [218]. This repulsion leads to the breakdown of the droplets into smaller molecules or individual ions. These ions are then transferred to a vacuum chamber and subsequently are selected by mass to charge ratio (m/z), using a quadrupole analyser, time-of-flight (TOF) analyser, Ion trap analyser, or a combination. This is commonly known as the MS1 scan [204]. Ions are then fragmented into product ions by inert gases within a collision chamber, and again filtered by m/z (MS2 or MS/MS) [226]. The application of a secondary scan (MS2) enables the detection of specific amino acid sequences for the identification of peptides within a sample [206]. Finally, fragment ions are presented as a mass spectrum, showing ion intensity (%) on the Y-axis and m/z on the x-axis, which can then be searched against a reference database to identify the peptide that created the spectrum, and by inference the proteins within a sample [226].

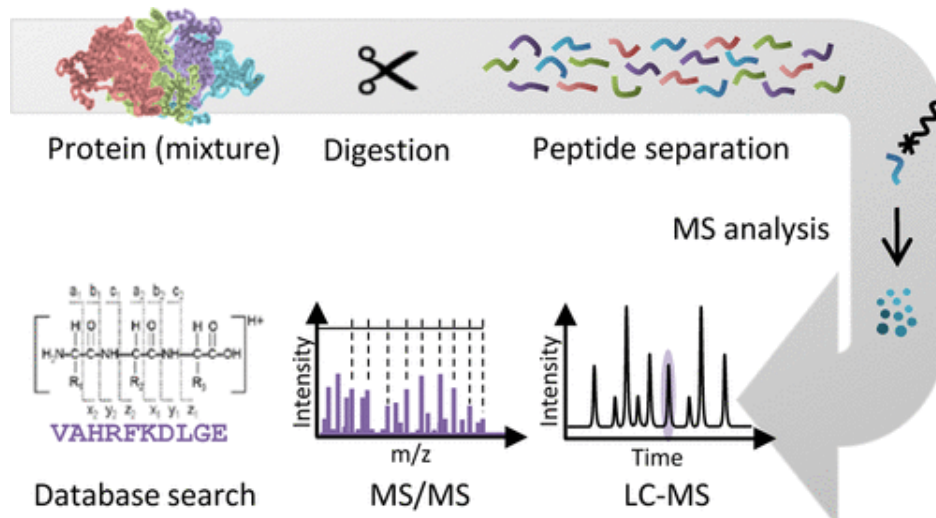


Figure 1-6 Method outline for LC-MS/MS of protein samples. Diagram sourced from Switzer et al. [227].

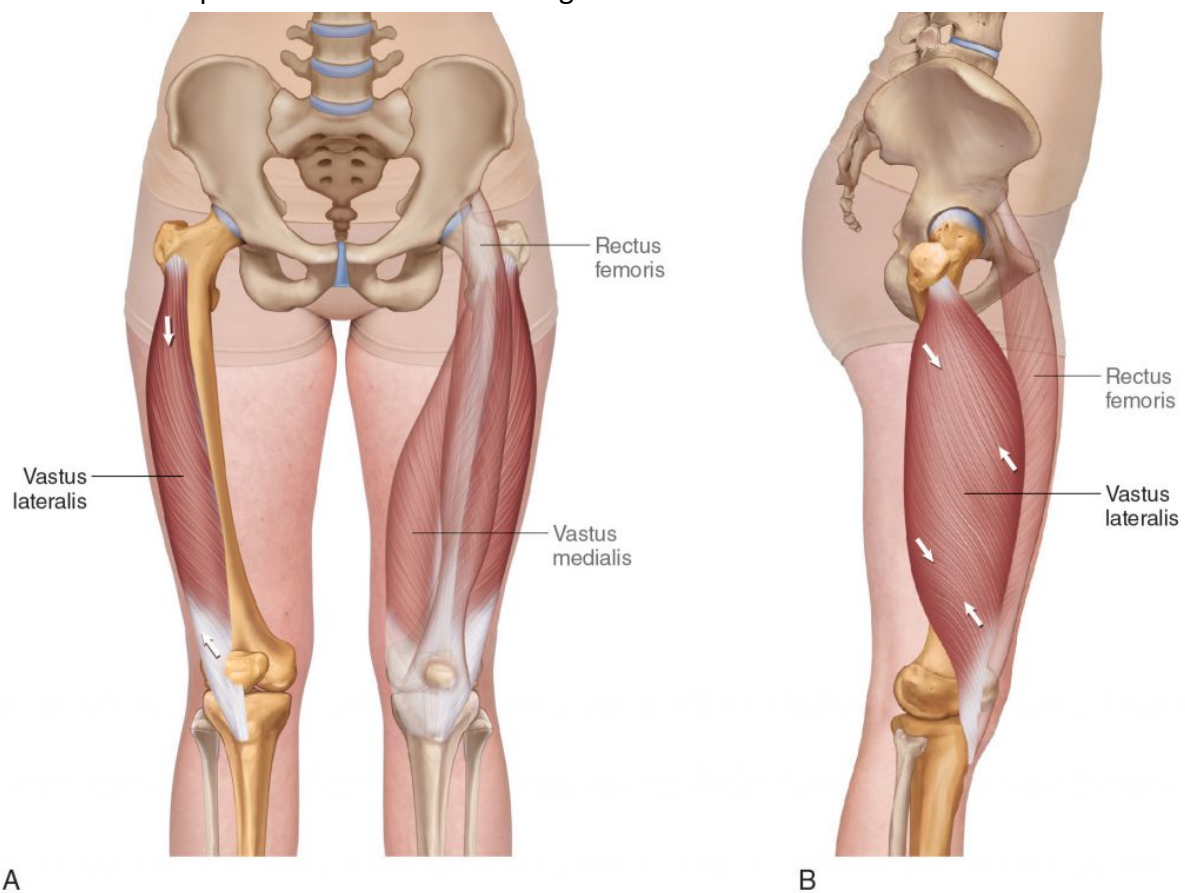
1.4.5.2.1 Top-down vs. bottom-up proteomics

Mass spectrometry (MS) based analysis allows for more sensitive detection of the proteins present in a sample, through the detection of their peptides, when compared to traditional western blotting and SDS-PAGE techniques. MS methods also allow for the general detection of proteins through non-targeted experiments that can be searched against a database [204, 214]. This is known as: “shotgun” proteomics or “bottom up” proteomics [204]. With bottom-up proteomics, enzymatic cleavage of the proteins within a sample is first required, followed by the separation of the resultant peptides [228]. This method allows for the detection of all proteins in samples with complex mixtures [228]. Due to the variability expected in human decomposition tissue samples, this type of analyses is desirable to capture the most possible information from a sample [214]. Additionally, as it is not yet fully understood which proteins are forensically relevant, data dependent acquisition (DDA) is usually conducted. DDA mode selects the most abundant pre-cursors from the MS1 scan, and prioritises these for fragmentation in subsequent MS2 scans [229]. In contrast, data independent acquisition (DIA) is less selective, allows for the detection of all peptides present within a m/z range, and has a better overall depth of discovery. Whilst this comes with an increase in spectral complexity, DIA analyses are increasingly being utilised in a forensic context [230, 231]. “Top down” proteomics is another possible approach, where digestion of the protein is skipped and the intact protein is loaded onto the mass spectrometer and then fragmented [228]. Although modern technologies have improved sensitivity and resolution, the resultant spectra from these analyses can be complex and difficult to interpret. Top-down methods can be useful when looking for post translational modifications (PTMs), however, this requires appropriate validation of proteins of interest [214, 228]. The use of bottom-up proteomics in conjunction with DDA offers the best experimental design to quickly identify and validate proteins of interest [204]. Following the identification of informative proteins, targeted analysis methods can be optimised for use in forensic laboratories utilising widely available triple quadrupole mass spectrometers [204].

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1.4.5.3 Forensically relevant proteins for PMI estimation

Proteins of interest for the estimation of PMI have been suggested, however, are yet to be validated [96, 127, 207, 208, 232, 233]. A comprehensive systematic review by Zissler *et al.* [131] identified a number of proteins previously assessed from a range of body tissues, through both immuno-chemistry and MS techniques. This study noted that samples from skeletal muscle and kidneys were the best sources for protein, and showed good consistency in terms of results and use for PMI [131]. In terms of casework applicability, skeletal muscle offers a minimally invasive and easily accessible sampling procedure in comparison to specific tissues from internal organs [131]. An adapted list of the outlined informative proteins can be seen in Table 1-1, showing only those identified from skeletal muscle tissue samples [131]. The *vastus lateralis* muscle (Figure 1-7) is commonly used as a skeletal muscle sample source due to its size and ease of access [234, 235]. A study by Pittner *et al.* [234] showed little variation in samples taken from different regions of the *vastus lateralis*.



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Figure 1-7 Diagrammatical representation of the *M. vastus lateralis* and its location. Permission: Joe Muscolino [236].

Table 1-1 Skeletal muscle proteins identified as potentially informative for PMI estimation from previous studies, adapted from Zissler *et al.* [131]. * Proteins identified as having an excellent evidence base. † Proteins identified as having a satisfactory evidence base. ‡ Proteins identified as being consistent across studies.

| Protein | Reported relationship with time |
|---|---|
| acetylcolagenesterase | Potential initial increase, followed by degradation |
| actin | Degrades |
| alpha actinin | Stable |
| AMP-activated protein kinase α | Degrades |
| beta catenin† | Stable |
| Ca ²⁺ /calmodulin-dependent protein kinase II† | Stable |
| calcineurin A† | Degrades |
| calpain 1 (μ -calpain) † | Degrades |
| calpain 2 (m-calpain) † | Degrades |
| cardiac troponin T† | Degrades |
| caspase 3 | Degrades |
| desmin*‡ | Degrades |
| eucaryotic translation elongation factor 1 alpha 2 | Degrades |
| glutathione-S-transferase† | Inconsistent results |
| glyceraldehyd-3-phosphatdehydrogenase† | Degrades |
| glycogen synthase | Degrades |
| inducible nitric oxide synthase | Inconsistent results |
| laminin | Stable |
| myoglobin | Degrades |
| myristoylated alanine-rich C-kinase substrate† | Degrades |

| | |
|---|--|
| nebulin | Degrades |
| protein phosphatase 2 | Initial increase, followed by degradation |
| Sarco/endoplasmic reticulum Ca²⁺-ATPase 1 | Degrades |
| Sarco/endoplasmic reticulum Ca²⁺-ATPase 2 | Degrades |
| titin | Degrades |
| Tropomyosin*† | Stable |
| troponin I | Degrades |
| vinculin† | Degrades |

From previous studies assessing human tissue samples, desmin, tropomyosin, troponin, laminin, β -catenin and collagen have all been identified for possible PMI estimation application. Both desmin and troponin have been shown to degrade with time and troponin became undetectable at certain PMIs [127, 213, 237], whilst collagen, laminin, β -catenin and tropomyosin appeared stable over time indicating possible use for later PMIs [127, 131, 208, 213]. It should be noted that collagen, β -catenin and laminin have only been identified through previous studies from bone samples.

Studies conducted looking at skeletal muscle in animal models have also identified SERCA, nebulin, titin, vinculin, and alpha-actinin to degrade over a range of ADD. Titin, nebulin and vinculin showed degradation in the shortest ADD period with a range of 22-80 ADD. Alpha-actinin and SERCA appeared to degrade for a longer ADD period, with ranges of 110-210 ADD and 105-441 ADD being reported, respectively. Glutathione-S-transferase has given contrasting results in terms of degradation or stability over time. However, it is possible that these studies are not directly comparable as tissue sample, animal, and analysis method vary [131].

A study conducted by Choi *et al.* [127] is the only study to employ LC-MS/MS to analyse human skeletal muscle samples for the purpose of PMI estimation. Human samples in this study were obtained through routine autopsies, and as such continuous comparison of degradation from the same source was not possible. All identified proteins require further validation and application to real-life scenarios through experiments conducted at taphonomy facilities where the impact of influencing variables can be evaluated.

1.4.6 Modelling of biomarkers for PMI estimation

Modelling biomarkers for PMI estimation involves the development of mathematical and statistical frameworks that relate the observed changes in biomarker levels to the passage of time since death [238]. Linear regression models are used when there is a linear relationship between the biomarker levels and the time since death, and are the most widely applied model across proposed measures for PMI [11, 46, 61, 119, 239-242]. These models are relatively simple to implement and interpret, making them more suitable for downstream application in a forensic setting. Well-defined patterns of biomarker degradation are required in order to produce a reliable model, particularly as a regression model assumes one variable to be without error, leaving any deviation from the expected values to be derived from the response variable [238]. Goodness of fit is often assessed through the resultant R-squared value, where the closer the value is to 1 the better the fit of the model to the data [119]. A limitation for this model arises with the sensitivity to outliers in the data. Outliers that deviate significantly from the linear trend can disproportionately influence the regression line, potentially leading to biased results. Another limitation is the assumption of homoscedasticity, *i.e.*, that the variance of the residuals is constant across all levels of the independent variable [238]. If the variability of biomarker levels changes with PMI, this assumption may not hold true.

One of the earliest and most widely referenced studies attempting to create a PMI estimation model was proposed by Megyesi *et al.* in 2005 [46]. This study proposed a linear regression model developed from 68 forensic cases of known PMI (< 1 year), incorporating measures of TBS and ADD and PMI. The regression formulae were able to produce R-squared values of 0.7019 with $TBS^2 \sim \text{Log}_{10}PMI$, and an R-squared of 0.8456 with $TBS^2 \sim \text{Log}_{10}ADD$. Whilst these formulae appeared to be a good fit for a PMI estimation model, a subsequent paper by Moffatt *et al* identified a number of issues with the proposed model [238]. Particularly, issues were identified with rounding values generating significantly different PMI estimations, confusion with the application of temperature within the calculation, and the incorrect use of a linear regression model, ultimately determining the formula to be unfit for use [238].

This formula was also empirically tested, in 2015 at AFTER and 2016 at the University of Tennessee ARF [61, 243]. The study conducted at AFTER investigated four surface placed pig carcasses up to 904 ADD [243]. Application of the model proposed by Megyesi *et al.* failed to predict the true ADD of the decomposing carcasses, with statistically significant differences in the true and predicted values [243]. This study also proposed an alternative simple linear regression model, proposed to better fit the specific environment, but was not validated [243]. The University of Tennessee ARF study used longitudinal data (up to 2500 ADD) from 10 surface placed cadavers [61]. From this, the formula proposed by Megyesi *et al.* was determined to produce inaccurate estimations of ADD from TBS measures, and the development of multivariate methods incorporating environmental factors was encouraged [61].

Another widely recognised study by Vass in 2011 [49], proposed two formulae, one for surface placed decomposition (aerobic) and one for burial decomposition (anaerobic). Both Formulae incorporated TBS as a score out of 100 and temperature as either the daily average for the

day of discovery or across a period of time [49]. The aerobic formula incorporated humidity as a rank value of 1 to 100 as either the daily average for the day of discovery or a period of time. The anaerobic formula incorporated soil moisture as a rank value of 1 to 100 as either the daily average for the day of discovery or a period of time and adipocere as a percent associated with the body [49]. Whilst it was reported that the formulae worked well in the mid/eastern USA, all measures included in these calculations were largely subjective in their derivation. Validation of this formula was attempted in a study by Marhoff-Beard *et al.* with the assessment of eight surface placed pig carcasses at AFTER. They found that the model consistently underestimated the true PMI [112]. The previously mentioned model proposed by Megyesi *et al.* was also assessed in this study and was found to, instead, consistently overestimate the true PMI [112]. As both proposed models were produced in the north American environment, it was proposed that the errors in estimation being observed were due to environmental factors influencing differences in decomposition [112].

A further study was conducted in a South African environment, by Myburgh *et al.* with 30 surface placed pig carcasses up to 4695 ADD used to produce a regression model, and 16 additional pig carcasses used to validate the proposed model [67]. A linear regression model was produced, however, when validated, the PMI from only one of the 16 placed validation carcasses fell within the 95% confidence interval of the model [67].

Application of a linear regression model using TBS and ADD has also been applied to an indoor environment [11]. A study by Cecilason *et al.* found that TBS measurement may need to be adjusted for indoor settings, and assessment of the model proposed by Megyesi *et al.* gave poor results [11]. Additionally, they found division of the data set into decomposition seasons allowed for a better fit of the linear regression model, and no improvement to the model was seen when factoring in the time between death and placement of cadavers [11].

Additional attempts at producing an informative regression model have been conducted using a range of different independent variables. A 2016 study by Poor *et al.* [242] assessed RNA degradation from the dental pulp of extracted teeth. A high predictive confidence was determined to day 21 post-mortem, and crude estimation to day 42 post-mortem was possible. Vitreous humour has been evaluated through the K^+ concentration, and was found by both Rognum *et al.* and El Sawaf *et al.* to be significantly correlated to PMI employing a linear regression model [119, 240]. However, El Sawaf *et al.* did note that physical postmortem changes were determined to be more valuable for PMI estimation [240]. Kim *et al.* assessed cell death associated RNA fragmentation with Pearson correlation co-efficient (r) values to determine linear regression model fit [241]. The results of this returned $r = -0.971$ for brain tissue, $r = -0.653$ for lung tissue, $r = -0.969$ for muscle tissue, and $r = -0.986$ for liver tissue samples indicating significant correlation [241]. However, it was highlighted that application of these results to an implementable predictive model is difficult to achieve [241]. The response variable in many of these studies is ADD, and the allowance for assumption of error in ADD leads to a greater applicability of these models to a real world setting, where ADD would likely be estimated based on circumstantial evidence. The error observed may

also be explained through the employment of multiple linear regression, where multiple variables are used in conjunction with the explanatory variable. A multiple linear regression model was proposed by Langley *et al.* in 2019, in a study employing lipidomics to identify biomarkers for PMI estimation [130]. The study assessed soft tissue samples from 16 surfaced placed cadavers at the University of Tennessee ARF, with a sample period up to 2000 ADD [130]. Six biomolecules were included in the multiple linear regression model, alongside ADD [130]. Multicollinearity testing was conducted in order to exclude any lipids that were explainable through another included lipid, and assessment of fit was conducted with evaluation of adjusted R-squared values [130]. The study found that the tested multiple linear regression models did not improve on single linear regression for the individually tested biomarkers [130]. Additional studies proposing or validating a multiple linear regression model do not exist, however many of the aforementioned studies have recommend the application of multiple regression models.

Recent advancement in computing and data processing has opened an avenue for the application of machine learning (ML) algorithms for PMI estimation. ML algorithms, such as random forests, support vector machines, and neural networks, offer the advantage of being able to capture intricate relationships within large and complex datasets [244]. These models can identify nonlinear patterns and interactions among multiple biomarkers, potentially leading to more accurate PMI predictions. In 2016, Johnson *et al.* swabbed the nostril and ear canal to sample the microbiome of 21 cadavers, surface placed, at the University of Tennessee ARF [244]. The study assessed 7 ML methods, with k-nearest-neighbours regression identified as the best performing regressor. A recent review by Sharma *et al.* in 2021, highlighted the future applicability of ML methods for PMI estimation, noting that ML methods appeared to demonstrate better overall accuracy and precision and were resistant to human error and bias [245].

An important step in the development of ML models is feature selection *i.e.*, identification of the best independent variables for prediction of the dependent variable [244]. Following this, univariate analysis to assess measured influencing factors is a crucial step towards the production of an accurate ML model. Additionally, a major barrier to the application of ML models is the requirement for large datasets for adequate training of models [245]. As ML methods are reliant on identifying patterns and “learning” from data sets in order to generate predictive models, significant datasets are required and at present collection of large volume datasets in human decomposition studies is difficult [245]. Amalgamation of results from studies conducted under similar conditions will help to create a valid database for ML applications.

1.5 Significance of the study

The accurate determination of PMI has been shown to be a difficult task. Although current methods encompass the assessment of decomposition from <12 hours all the way to

skeletonized remains, these methods lead to large error ranges [106], and still employ a level of subjectivity from the analyst [157]. Increasing the accuracy of PMI estimation methods requires the inclusion of influencing variables, and more sophisticated data analysis for an appropriate knowledge base [49, 156]. To date there has been no study into nDNA or mtDNA degradation in whole human cadavers using qPCR for the creation of a DI [126]. Research into proteins relevant to PMI estimation is also limited, and highly dependent on the tissue being analysed. As yet, no study has employed LC-MS/MS to evaluate proteins in decomposing human skeletal muscle tissues. This study aims to investigate the effect of both extrinsic and intrinsic factors on nDNA degradation, mtDNA degradation, and the proteome of skeletal muscle tissue in decomposing human remains, in an Australian setting. This will provide more knowledge on the decomposition process with a view to establishing an accurate PMI estimation method. Ultimately this research will aid in criminal investigations and more importantly facilitate the identification of unknown remains, providing closure to families of victims.

1.6 Research Aims & Objectives

This project will look at identifying correlations between the results and the intrinsic and extrinsic taphonomic factors, in order to improve PMI estimation. The results of this research project will support the development of understanding of the human decomposition process and add novel and distinct data to the currently limited knowledge base. This will improve the outcomes of cases related to missing persons, DVI, and unknown human remains. In turn, this will provide closure to families, help administer new avenues of inquiry, and ultimately bring perpetrators to justice.

1.6.1 Aims

- 1) Establish a method for continuous sampling of skeletal muscle tissue from decomposing human remains
- 2) Evaluate the degradation of nDNA in post-mortem human skeletal muscle tissue.
 - a. Identify any correlations with intrinsic and extrinsic factors and nDNA degradation over time
- 3) Evaluate the degradation of mtDNA in post-mortem human skeletal muscle tissue.
 - a. Identify any correlations with intrinsic and extrinsic factors and mtDNA degradation over time
- 4) Characterise the proteome of decomposing skeletal muscle tissue
 - a. Identify specific proteins that may be informative for PMI estimation
 - b. Identify any correlations with intrinsic and extrinsic factors and the relative abundance, or presence of proteins over time

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- c. Compare the trends observed in the degradation of nDNA, degradation of mtDNA and relative abundance of proteins from skeletal muscle samples as they vary with PMI, taking account of influencing variables

Chapter 2: Materials and methods

2.1 Field site

This study was conducted at the Australian facility for taphonomic experimental research (AFTER). The facility is in a eucalypt woodland situated within the temperate Cumberland plain west of Sydney, NSW, Australia. The field site is located in an area considered a shale sandstone transition forest, as the soil is constituted of both shale clay and sandstone. Generally the top soil in this area is moderately acidic [246]. The Cumberland plains have an open tree canopy, and groundcover including a variety of grasses, shrubs, and small trees [246].

Trees commonly found in this area include: Grey Box (*Eucalyptus moluccana*), Forest Red Gum (*Eucalyptus tereticornis*), Narrow-leaved Ironbark (*Eucalyptus crebra*), Broad-leaved Ironbark (*Eucalyptus fibrosa*), Cabbage Gum (*Eucalyptus amplifolia*), Blue Box (*Eucalyptus baueriana*), Coast Grey Gum (*Eucalyptus bosistoana*), Broad-leaved Apple (*Angophora subvelutina*), Swamp Oak (*Casuarina glauca*) and paperbark (*Melaleuca decora*). Common groundcover grasses include: Kangaroo grass (*Themeda australis*), Paddock lovegrass (*Eragrostis leptostachya*), Purple wiregrass (*Aristida ramosa*), Threeawn speargrass (*Aristida vagans*), and patches of dense scrub of Blackthorn (*Bursaria spinosa*). Common shrubs include: Hickory wattle (*Acacia implexa*), Paramatta wattle (*Acacia parramattensis*), Forest oak (*Allocasuarina torulosa*), Hairy clairy (*Clerodendrum tomentosum*), Sieber's parrot-pea (*Dillwynia sieberi*), Austral indigo (*Indigofera australis*) and coffee bush (*Breynia oblongifolia*) [246].

Whilst weeds are less common on sandstone derived soils, they may still be found. This includes: *Senecio madagascariensis* (Fireweed), *Cirsium vulgare* (Spear Thistle), *Hypochaeris radicata* (Cat's Ear), *Olea europaea subsp. africana* (African Olive), *Setaria gracilis* (Pigeon Grass), *Plantago lanceolata* (Plantain), *Sida rhombifolia* (Paddy's Lucerne), *Myrsiphyllum asparagoides* (Bridal Creeper) and *Sonchus oleraceus* (Sow Thistle). Another common invasive weed that was observed frequently at the site was lantana (*Lantana camara*) [246].

Whole human cadavers were placed at AFTER in a supine position and shielded from avian and large mammal scavenging activity by placing a 2 m × 1.2 m × 0.9 m wire mesh "cage" around each donor (Figure 2-1). Plot sizes for each donor placement were 5 m × 5 m, as previously determined through soil contamination studies. Donor plots were chosen so that concurrent studies would not be contiguous, in order to prevent attraction of entomological activity due to proximity. Prior to placement any large vegetation that would impact placement or subsequent sampling was removed.



Figure 2-1 Example of cages placed around donors to protect from large scavengers.

Common arthropod activity seen at the field site include Diptera within the Calliphoridae, Sarcophagidae, Muscidae, Piophilidae, and Phoridae families [9]. Additionally Coleoptera from families; Staphylinidae, Histeridae, Cleridae, Silphidae, Dermestidae, and Trogidae are also commonly observed [9].

2.2 Environmental data

Accurate weather data was recorded at the field site using a HOBO® U30 weather station (OneTemp, Marlestone, NSW, Australia) (Figure 2-2). Hourly data were collected for rainfall (mm), temperature (°C), relative humidity (%), wind speed (mph), wind gust (mph), wind direction (ϕ), and solar radiation (W/m^2). Temperature data were used to calculate an average temperature (T_{ave}) for each day (24 hr). These average temperatures were then used to calculate ADD, by cumulatively summing the averages across the trial period. Accumulated solar radiation (ASR), accumulated relative humidity (ARH) and accumulated total rainfall (ATR), were also calculated in the same manner. The occurrence of a negative T_{ave} value would be considered as an average of 0°C for that 24 hr period. All measures at placement Day 0 were assigned a value of 0.



Figure 2-2 HOBO® weather station set up.

Instrument malfunction led to a lack of data for the period 19/11/2018 to 24/01/2019. Temperature and rainfall data for this period were supplemented via the nearest accurate weather station, located approximately 15 km from the field site at the Royal Australian Air Force (RAAF) base, Richmond. The average difference between the field measurements and RAAF measurements prior to the outage was calculated, and subsequently a correction was applied to the supplementary RAAF data.

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2.3 Experimental plan

Selection of a range of donors representative of the population was attempted for this study. Additionally, cadavers were exposed in each of the four seasons, with at least two per season. When possible, donors without open wounds were preferred for this study, to minimise potential impact on decomposition.

2.3.1 Donor information

A total of 11 cadavers were received through the UTS Body Donation Program, kept in cold storage at all times during transit, and placed within four days of death. The time between death and placement at AFTER consisted of transportation from place of death to the UTS morgue for processing and acceptance of the donation, followed by transfer to the AFTER field site. In this time donors were placed inside a body bag with no scavenging access. A finite time lag between death and field placement of donors is a reality for taphonomic field studies and is an acknowledged limitation. Monitoring temperature and other environmental factors between place of death and receiving the donor is often not possible and as such throughout these studies day 0 refers to initial exposure to the external environment at AFTER and not time of death. Consent was provided by each donor, their legal guardian, or next of kin, in accordance with the NSW Anatomy Act (1977). UTS Human Research Ethics Committee (HREC) approval was obtained (ETH15-0029 and ETH18-2999). The sex, age, and cause of death of the donors were recorded (Table 2-1). Donors were visually categorised into slim, medium, or large body mass (BM) based on approximated correlation with standard body mass index (BMI) ranges [56]. Donors 1 and 2 were classified as winter donors, as they were placed on the final day of autumn, and decomposition predominantly occurred in the winter months.

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Table 2-1 Cadaver information and experimental trial dates. Body mass (BM) was approximated by mortuary staff prior to arrival at AFTER.

| Donor | Date of death | Start date | End date | Sex | Age (years) | BM | Placement season | Primary cause of death |
|-------|---------------|------------|------------|-----|-------------|--------|------------------|--|
| D1 | 29/5/2018 | 31/05/2018 | 28/09/2018 | F | 86 | Large | Winter | Chronic obstructive pulmonary disease |
| D2 | 27/5/2018 | 31/05/2018 | 28/09/2018 | F | 75 | Large | Winter | Intraventricular haemorrhage |
| D3 | 01/7/2018 | 04/07/2018 | 01/11/2019 | M | 85 | Large | Winter | Intrapleural sepsis, Multiple organ failure |
| D4 | 28/12/2018 | 31/12/2018 | 29/01/2019 | M | 69 | Slim | Summer | Acute myeloid leukemia |
| D5 | 23/2/2019 | 27/02/2019 | 12/03/2019 | M | 87 | Slim | Summer | Malignant pleural mesothelioma |
| D6 | 21/04/2019 | 24/04/2019 | 22/08/2019 | F | 88 | Medium | Autumn (Fall) | Multiple organ failure |
| D7 | 14/5/2019 | 16/05/2019 | 12/09/2019 | F | 63 | Medium | Autumn (Fall) | Metastatic colorectal cancer |
| D8 | 04/06/2019 | 07/06/2019 | 02/10/2019 | M | 74 | Slim | Winter | Chronic obstructive pulmonary disease |
| D9 | 06/11/2019 | 08/11/2019 | 02/12/2019 | F | 82 | Slim | Spring | Metastatic leiomyosarcoma |
| D10 | 12/11/2019 | 13/11/2019 | 28/11/2019 | F | 97 | Slim | Spring | Cardiac failure |
| D11 | 21/3/2020 | 25/03/2020 | 08/06/2020 | F | 75 | Large | Autumn (Fall) | Liver failure, Metastatic cancer - duodenal adenocarcinoma |

It should be noted that Donor 6 had an approximately 15 cm long section of skin removed from the entire circumference of the left calf due to chronic oedema, and so the right leg was sampled. Additionally, Donor 7 had an open wound to the lower left abdomen due to a colostomy bag. Whilst a cause of death and co-morbidities were included in donor information, a comprehensive account of their medical history including medications being taken at time of death was not available.

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2.3.2 Sampling timeline

Muscle tissue biopsy samples were collected (where possible) every day for the first 7 days of placement at the field site, every second day to day 30, and every fifth day to day 120, or when no soft tissue sample was able to be collected. Sampling days for each cadaver are shown in Table 2-2. Variations to the sampling schedule occasionally occurred due to site access limitations and researcher availability.

Table 2-2 Cadaver sampling days for each donor

| Donor | Start date | Sampling days |
|-------|------------|--|
| D1 | 31/05/2018 | 1, 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 34, 41, 45, 50, 55, 60, 68, 76, 80, 86, 90, 95, 99, 104, 109, 114, 120 |
| D2 | 31/05/2018 | 1, 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 34, 41, 45, 50, 55, 60, 68, 76, 80, 86, 90, 95, 99, 104, 109, 114, 120 |
| D3 | 4/07/2018 | 1, 30, 31, 32, 33, 34, 35, 36, 37, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 65, 70, 75, 80, 85, 91, 96, 100, 105, 110, 115, 120 |
| D4 | 31/12/2018 | 0, 3, 7, 8, 11, 14, 17, 21, 24, 29 |
| D5 | 27/02/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13 |
| D6 | 24/04/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 35, 40, 45, 49, 53, 58, 63, 68, 74, 80, 85, 90, 95, 100, 105, 110, 115, 120 |
| D7 | 16/05/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13, 15, 18, 20, 23, 25, 27, 29, 31, 36, 41, 46, 52, 58, 63, 68, 73, 78, 83, 88, 93, 98, 104, 109, 114, 119 |
| D8 | 7/06/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 36, 41, 46, 51, 56, 61, 66, 71, 76, 82, 87, 92, 97, 102, 107, 112, 117 |
| D9 | 8/11/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13, 15, 18, 20, 22, 24 |
| D10 | 13/11/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 8, 10, 13, 15 |
| D11 | 25/03/2020 | 0, 1, 2, 3, 4, 5, 6, 7, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 33, 35, 40, 45, 50, 55, 60, 65, 70, 75 |

2.4 Sampling technique

Skeletal muscle samples were collected from the proximal to distal region of the vastus lateralis, as shown in

| | |
|-----------------|----------------|
| Version | 1.6.14.0 |
| User name | 11414253 |
| Machine name | SCI0407346005 |
| Date of writing | 4/08/2022 9:18 |

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| | |
|--|--|
| Include contaminants | TRUE |
| PSM FDR | 0.01 |
| PSM FDR Crosslink | 0.01 |
| Protein FDR | 0.01 |
| Site FDR | 0.01 |
| Use Normalized Ratios For Occupancy | TRUE |
| Min. peptide Length | 7 |
| Min. score for unmodified peptides | 0 |
| Min. score for modified peptides | 40 |
| Min. delta score for unmodified peptides | 0 |
| Min. delta score for modified peptides | 6 |
| Min. unique peptides | 0 |
| Min. razor peptides | 1 |
| Min. peptides | 1 |
| Use only unmodified peptides and | TRUE |
| Modifications included in protein quantification | Oxidation (M);Acetyl (Protein N-term) |
| Peptides used for protein quantification | Razor |
| Discard unmodified counterpart peptides | TRUE |
| Label min. ratio count | 2 |
| Use delta score | FALSE |
| iBAQ | FALSE |
| iBAQ log fit | FALSE |
| Match between runs | TRUE |
| Matching time window [min] | 0.7 |
| Match ion mobility window [indices] | 0.05 |
| Alignment time window [min] | 20 |
| Alignment ion mobility window [indices] | 1 |
| Find dependent peptides | FALSE |
| Fasta file | D:\RS Human SwissProt Jun2020 iRT.fasta |
| Decoy mode | revert |
| Include contaminants | TRUE |
| Advanced ratios | TRUE |
| Fixed andromeda index folder | |
| Combined folder location | |
| Second peptides | TRUE |
| Stabilize large LFQ ratios | TRUE |
| Separate LFQ in parameter groups | FALSE |
| Require MS/MS for LFQ comparisons | TRUE |

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| | |
|---|--------|
| Calculate peak properties | FALSE |
| Main search max. combinations | 200 |
| Advanced site intensities | TRUE |
| Write msScans table | FALSE |
| Write msmsScans table | TRUE |
| Write ms3Scans table | FALSE |
| Write allPeptides table | TRUE |
| Write mzRange table | TRUE |
| Write DIA fragments table | FALSE |
| Write pasefMsmsScans table | FALSE |
| Write accumulatedPasefMsmsScans table | TRUE |
| Max. peptide mass [Da] | 4600 |
| Min. peptide length for unspecific search | 8 |
| Max. peptide length for unspecific search | 25 |
| Razor protein FDR | TRUE |
| Disable MD5 | FALSE |
| Max mods in site table | 3 |
| Match unidentified features | FALSE |
| Epsilon score for mutations | |
| Evaluate variant peptides separately | TRUE |
| Variation mode | None |
| MS/MS tol. (FTMS) | 20 ppm |
| Top MS/MS peaks per Da interval. (FTMS) | 12 |
| Da interval. (FTMS) | 100 |
| MS/MS deisotoping (FTMS) | TRUE |
| MS/MS deisotoping tolerance (FTMS) | 7 |
| MS/MS deisotoping tolerance unit (FTMS) | ppm |
| MS/MS higher charges (FTMS) | TRUE |
| MS/MS water loss (FTMS) | TRUE |
| MS/MS ammonia loss (FTMS) | TRUE |
| MS/MS dependent losses (FTMS) | TRUE |
| MS/MS recalibration (FTMS) | FALSE |
| MS/MS tol. (ITMS) | 0.5 Da |
| Top MS/MS peaks per Da interval. (ITMS) | 8 |
| Da interval. (ITMS) | 100 |
| MS/MS deisotoping (ITMS) | FALSE |
| MS/MS deisotoping tolerance (ITMS) | 0.15 |
| MS/MS deisotoping tolerance unit (ITMS) | Da |
| MS/MS higher charges (ITMS) | TRUE |
| MS/MS water loss (ITMS) | TRUE |

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| | |
|--|------------------------|
| MS/MS ammonia loss (ITMS) | TRUE |
| MS/MS dependent losses (ITMS) | TRUE |
| MS/MS recalibration (ITMS) | FALSE |
| MS/MS tol. (TOF) | 40 ppm |
| Top MS/MS peaks per Da interval. (TOF) | 10 |
| Da interval. (TOF) | 100 |
| MS/MS deisotoping (TOF) | TRUE |
| MS/MS deisotoping tolerance (TOF) | 0.01 |
| MS/MS deisotoping tolerance unit (TOF) | Da |
| MS/MS higher charges (TOF) | TRUE |
| MS/MS water loss (TOF) | TRUE |
| MS/MS ammonia loss (TOF) | TRUE |
| MS/MS dependent losses (TOF) | TRUE |
| MS/MS recalibration (TOF) | FALSE |
| MS/MS tol. (Unknown) | 20 ppm |
| Top MS/MS peaks per Da interval. (Unknown) | 12 |
| Da interval. (Unknown) | 100 |
| MS/MS deisotoping (Unknown) | TRUE |
| MS/MS deisotoping tolerance (Unknown) | 7 |
| MS/MS deisotoping tolerance unit (Unknown) | ppm |
| MS/MS higher charges (Unknown) | TRUE |
| MS/MS water loss (Unknown) | TRUE |
| MS/MS ammonia loss (Unknown) | TRUE |
| MS/MS dependent losses (Unknown) | TRUE |
| MS/MS recalibration (Unknown) | FALSE |
| Site tables | Oxidation (M)Sites.txt |

, and stored at -20°C. Samples were obtained using the BARD® MAGNUM® Reusable Core Biopsy System (Covington, GA, USA) in conjunction with both a BARD® MAGNUM® 14G x 10cm Needle and a BARD® MAGNUM® 18G x 10cm Needle. Preliminary testing of the sampling technique was conducted in the UTS anatomy labs to ensure correct muscle identification and operation of the biopsy needle. Samples were collected from Donors 1, 2, and 7 using a single puncture site. For Donors 3-6 and 8-11, a 2 cm x 2 cm laminated grid was used to space sample collection sites 2 cm apart, with a new site being used each sample collection day. Puncture wounds were sealed using wound glue (Histoacryl®, B Braun, and Vetbond™, 3M) post sampling in order to reduce any potential effect of microbial infection. Images were taken of each donor at every sampling point, and notes on visual decomposition recorded. Total body scoring was conducted at each sampling point based on visual assessment following a guide

developed by Megyesi et. al [46] and further adapted for an Australian environment by another colleague (APPENDIX A:). At present the adapted TBS scoring method is yet to be published.

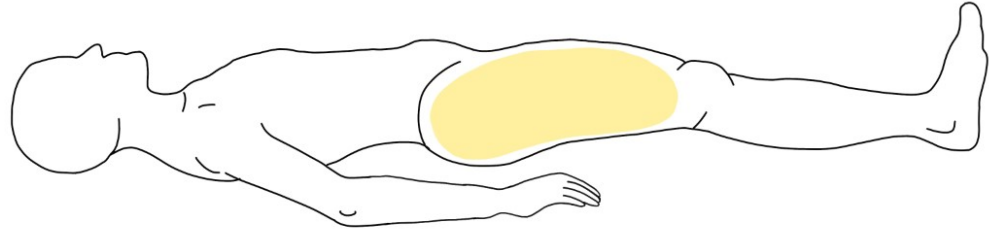


Figure 2-3 Selected anatomical region for muscle tissue sampling highlighted in yellow.

2.4.1 Needle decontamination method

Wash methods of different lengths were tested in order to optimise a method to allow for the reuse of biopsy needles. Each method was tested in triplicate with both 2% and 4% bleach (Table 2-3). Needles were first separated into their components (inner needle, outer needle, plastic safety spacer), and rinsed with soapy water to remove any residual biological material. Bleach washes were followed by immersion in 70% ethanol, left to air dry, and then subjected to 10 minutes of ultraviolet (UV) light.

Table 2-3 Tested wash methods .

| Condition | Time (seconds) |
|------------------|---------------------------|
| <i>2% bleach</i> | 15 |
| | 30 |
| | 60 |
| <i>4% bleach</i> | 15 |
| | 30 |
| | 60 |

Subsequent to each decontamination (bleach, ethanol, UV), needles were swabbed with a rayon swab moistened with DNA/RNA free water. The swabs were then extracted for DNA and quantified using the Investigator® Quantiplex® Pro Kit (QIAGEN, Hilden, Germany) according to the manufacturer’s recommended protocol [247]. Average DNA quantities for both the small (91 base pair (bp)) and large amplicon (353 bp) are shown in Figure 2-4.

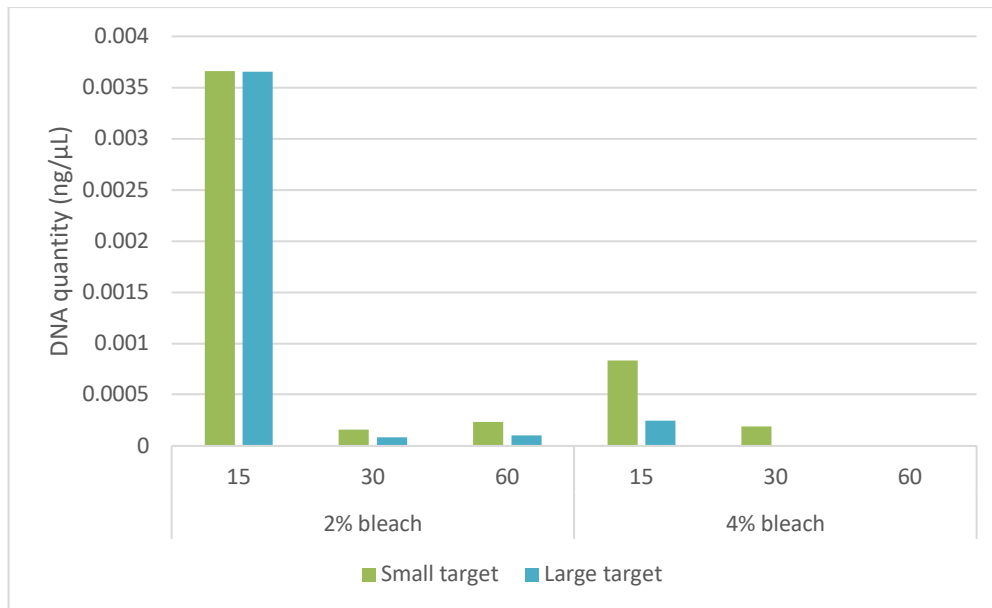


Figure 2-4 Average quantity of DNA for tested wash methods.

It was determined that at least 60 seconds submersion in 4% bleach was adequate to completely remove any DNA contamination from the needles. Lack of microbial DNA contamination was confirmed by not detecting DNA using Qubit™ dsDNA Assay Kit with a Qubit™ 4 Fluorometer (Invitrogen, California, USA).

The final DNA decontamination procedure involved separation into components rinsing with soapy water, immersion in 4% w/v sodium hypochlorite (bleach) for a period of at least 60 seconds, immersion in 70% ethanol solution for 60 seconds, air drying, followed by 10 minutes under UV light.

2.5 Visual Analysis

Visual assessment of each donor was conducted at every sampling time point, and corresponding images were captured. A TBS method previously developed within this research group was employed (APPENDIX A:), which was adapted from the method outlined by Megyesi *et al.* [46]. This method involved the attribution of a decomposition score to seven distinct regions, based on observable decomposition characteristics. These regions include, 1 – Head and Neck, 2 – Upper torso, 3 – Abdomen, 4 – Posterior torso, 5 – Upper limbs, 6 – Lower limbs (proximal), and 7 – Lower limbs (distal). Region 4 (Posterior torso) was excluded from the evaluation due to the requirement to move the body to observe the posterior side.

2.6 DNA Analysis

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2.6.1 nDNA extraction

nDNA was extracted from biopsy samples using the QIAamp® DNA Mini Kit (QIAGEN, Hilden, Germany), according to the manufacturer's recommended protocol for tissue extraction [248], with a single deviation in the tissue lysis step. Mechanical disruption of the sample was avoided to minimise potential sample loss. Tissue lysis was completed with the addition of 20 µL of 20 mg/mL proteinase K followed by overnight incubation in a thermal shaker at 900 rpm and 56 °C.

2.6.2 nDNA quantification

Quantification of nDNA was performed in duplicate using the Investigator® Quantiplex® Pro Kit (QIAGEN, Hilden, Germany) according to the manufacturer's recommended protocol [247]. Three target regions were simultaneously amplified alongside an internal positive control (IPC). The sizes of these targets are shown in Table 2-4. A standard curve was generated using a five point, 10x dilution series from 50 ng/µL to 0.005 ng/µL. Two negative controls were included in each run using 2 µL DNA/RNA free water in place of template DNA.

Table 2-4 nDNA target regions and amplicon lengths (bp).

| Target Name | Amplicon length (bp) |
|-----------------|----------------------|
| Small autosomal | 91 |
| Large autosomal | 353 |
| Human male | 81 |
| IPC | 434 |

Real-time qPCR was conducted using an Applied Biosystems™ QuantStudio™ 6 Flex Real-Time PCR System (Thermo Fisher Scientific, Waltham, MA, USA). The run protocol was set-up following the manufacturers recommendations for the Investigator® Quantiplex® Pro Kit (QIAGEN, Hilden, Germany) [247].

2.6.3 nDNA Data analysis

The nDNA DI was calculated using equation 1 where C_{ave} is the average DNA concentration for the small (LMW) and large (HMW) amplicons. Undegraded samples would give a value of 1 as the ratio of HMW to LMW amplicons would be 1:1, greater degradation would give values <1, tending towards 0 as degradation increases.

Equation 1

$$DI = \frac{C_{ave} (353 \text{ bp amplicon})}{C_{ave} (91 \text{ bp amplicon})}$$

Equation 1 represents a DI that is the inverse of the one described in the Investigator® Quantiplex® Pro Handbook [247]. This enabled us to obtain linear relationships between our DI and ADD. The handbook suggests a DI threshold of 10, where below this a full STR profile is expected, and a DI value >10 indicates the sample is most likely degraded. This means that we would expect to obtain an STR profile for our DI values as low as 0.1.

Initially a LOESS regression model was applied to plots of nDNA DI versus time using the base R V4.0.3 [249], with the ggplot2 package [250] for visual representation of smoothing and standard error (SE – standard deviation divided by the number of samples). The LOESS regression model is used to produce a smooth trendline with scattered data, to clarify relationships in the data [251]. Subsequent to this, outlier data beyond quartile 1 plus 1.5 × the interquartile range and quartile 3 minus 1.5 × the interquartile range were removed. A linear regression model was applied to the linear portion of the degradation plots. The linear portion of the data was defined as occurring before DI plateaued (so that there was little or further decline in DI) as indicated in Table 2-5. Linear regression plots of nDNA DI versus time were created using the ggplot2 package in R, with SE. The mean absolute error (MAE) for the linear regression plots for each donor (DI ~ Day) was calculated using the Metrics package in R. The MAE can be interpreted as the value difference between the observed and predicted values in a model, therefore the smaller the MAE value, the better the fit of the model.

[Table 2-5 End of linear decline in nuDNA DI for donors where a plateau occurred.](#)

| Donor | Final placement day for adjusted data |
|----------|--|
| Donor 2 | 34 |
| Donor 6 | 19 |
| Donor 7 | 18 |
| Donor 8 | 29 |
| Donor 11 | 22 |

Linear regression plots comparing nDNA DI with the environmental factors of ADD, ADH, and ARH were also created using the ggplot2 package in R. The x-intercepts (at y

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= 0) for the regression trendlines for each donor were determined, and converted into Z-scores to standardise for comparison between each variable (ADD, ASR, ARH, ATR, and Days). These values were then plotted in a boxplot using the ggplot2 package in R for assessment of the spread of the trendlines.

A multiple regression model was produced for nDNA DI \sim ADD+ATR+ARH+ASR using R V4.2.1. The package ggcorrplot was used to display the correlation matrix for the included variables (ADD, ATR, ARH, ASR) to assess multicollinearity. A second model was produced, nDNA DI \sim ADD, excluding strongly correlated factors. The two models were then compared using an ANOVA to test the null hypothesis (H_0), that the variables removed have no significance, against the alternative hypothesis (H_1) that those variables are significant.

2.7 mtDNA Analysis

2.7.1 mtDNA Extraction

mtDNA was also extracted from biopsy samples using the QIAamp[®] DNA Mini Kit (QIAGEN, Hilden, Germany), following the same method outlined in 2.6.1 nDNA extraction. DNA was extracted from a buccal swab, following the manufacturers protocol, for the mtDNA standard.

2.7.2 mtDNA quantification

mtDNA quantification was conducted following the procedure outlined in Goodwin *et al.* [203]. Brand differences for commercial reagent kits were the only deviations from the procedure. Lyophilised oligonucleotides (primers) were purchased from Sigma-aldrich (MO, USA) following the outlined sequences, shown in Table 2-6. Primers were reconstituted to a concentration of 100 μ M with 10 mM Tris-chloride (pH8.0) and 0.1 mM ethylenediaminetetraacetic acid (EDTA) (TE buffer) and then diluted into 10 μ M working solutions.

The mtDNA standard was amplified using MyTaq[™] DNA polymerase (Bioline, London, UK), with 1x MyTaq[™] Reaction Buffer, 1 μ L MyTaq[™] DNA polymerase, 0.4 μ M forward primer, 0.4 μ M reverse primer, and PCR grade water to a total reaction volume of 50 μ L. The standard was amplified using a Veriti[™] Thermal Cycler (Thermo Fisher Scientific, Waltham, MA, USA). The PCR cycling method involved denaturation at 95 $^{\circ}$ C for 10 min, 35 cycles at 95 $^{\circ}$ C for 15 s, 60 $^{\circ}$ C for 30 s, 72 $^{\circ}$ C for 1 min, and a final extension at 72 $^{\circ}$ C for 10 min. The mtDNA standard was isolated and purified using the procedure outlined by McNevin [252]. 10 μ L sodium acetate (3 M, pH 5.2) and 300 μ L of cold 100% ethanol (EtOH) was added to 100 μ L of amplified mtDNA standard, mixed and incubated at -20 $^{\circ}$ C for 15 minutes. Sample was then centrifuged at 8,000 rpm, the supernatant was removed and the pellet left to air dry. The DNA was then resuspended

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in 50 μ L TE buffer. Purity of the standard was determined from absorbance ratios at 260/280 nm and 260/230 nm using a NanoDrop™ One Spectrophotometer (Thermo Fisher Scientific, Waltham, MA, USA). The concentration of the standard was determined using the Qubit™ dsDNA Assay Kit with a Qubit™ 4 Fluorometer (Invitrogen, California, USA).

The three target regions and IPC were individually amplified using either the FastStart™ SYBR® Green Master Mix (Roche, Basel, Switzerland) or the Arraystar SYBR® Green qPCR Master Mix (Arraystar, Maryland, USA), following the manufacturer's recommended protocols in each case. The sizes of these targets are shown in Table 2-6.

Table 2-6 mtDNA target regions, amplicon lengths (bp), and primer sequences [203].

| Target Name | length (bp) | Forward primer (5'→3') | Reverse primer (5'→3') |
|----------------|-------------|--|------------------------|
| Small | 86 | CGGAACAAGTTACCCTAGGGAT | TGATCCAACATCGAGGTCGT |
| Medium | 190 | TGCTTAGCCCTAACCTCAACA | GGGTTTGCTGAAGATGGCG |
| Large | 452 | ACAGCTCTTTGGACACTAGGA | ACATGTGTCCTGGGCAGG |
| IPC | 100 | CAGCCCAGGACGATACCT | CGCAGGTAATTCCGCGACT |
| mtDNA standard | 2119 | AGTCAATAGAAGCCGGCGTA | ACGAACCTTTAATAGCGGCTG |
| IPC sequence | 100 | CAGCCCAGGACGATACCTATCGATCGCGAGCCTCAGGTCCCAATGCATCG ATCGATCGATCGATCGATCGATCGATCGATCGATCGATCGCGGAATTACCTGCG | |

Amplification was conducted using an Applied Biosystems™ QuantStudio™ 6 Flex Real-Time PCR System (Thermo Fisher Scientific, Waltham, MA, USA), with thermal cycling method: 95 °C for 10 min, 40 cycles at 95°C for 15 s, 60 °C for 100 s, and then a final extension at 60 °C for 1 min. Amplification reactions were carried out as per Table 2-7, with a total reaction volume of 20 μ L. For IPC assays, IPC stock sequence was diluted to a concentration of 1×10^{-7} μ M, for a final concentration of 2.5×10^{-9} μ M.

Table 2-7 reagent volumes for amplification of each target region and IPC.

| | 86bp | 190bp | 452bp | IPC |
|--|------|-------|-------|-----|
| | | | | |

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|---|-----|-----|------|-----|
| Stock Conc. (μM) | 10 | 10 | 10 | 10 |
| Final Conc. (μM) | 0.2 | 0.4 | 0.45 | 0.3 |
| Volume Primer forward (μL) | 0.4 | 0.8 | 0.9 | 0.6 |
| Volume Primer reverse (μL) | 0.4 | 0.8 | 0.9 | 0.6 |
| Volume SYBR green (μL) | 10 | 10 | 10 | 10 |
| Volume sample (μL) | 2 | 2 | 2 | 2 |
| Volume IPC sequence (μL) | | | | 0.5 |
| Volume water (μL) | 7.2 | 6.4 | 6.2 | 6.3 |
| Total | 20 | 20 | 20 | 20 |

An 8-point 10x serial dilution series standard curve was created following Goodwin *et al.* [203]. A deviation from the procedure was made in keeping the concentration of the standard curve in $\text{ng}/\mu\text{L}$ (1.14×10^{-10} to 1.14×10^{-17}), instead of converting to copy number, to allow for later comparison with nDNA data. The standard curve was amplified in duplicate, alongside a positive and negative control.

2.7.3 mtDNA data analysis

The mtDNA DI was calculated using equation 2 where C_{ave} is the average DNA concentration for the small (LMW) and large (HMW) amplicons. As with nDNA, undegraded samples would give a value of 1 as the ratio of HMW to LMW amplicons would be 1:1, greater degradation would give values <1 , tending towards 0 as degradation increases.

Equation 2

$$\text{DI} = \frac{C_{\text{ave}} (190 \text{ bp amplicon})}{C_{\text{ave}} (86 \text{ bp amplicon})}$$

Calculation of the mtDNA DI was completed similar to the nDNA DI, to allow for comparison. Again, this enabled a linear relationship between DI and ADD.

Regression models were applied to the mtDNA data as they were for nDNA, described in methods section 2.6.3.

2.8 Protein analysis

Protein extraction was conducted on a subset of 200 samples, across a range of time points for Donors 3-11 (Table 2-8). Samples from Donors 1, 2 and other timepoint for Donors 3-11 were not included due to a lack of sample quantity. A greater number of samples were collected at each time point for Donors 3-11 with the evolution of the experimental plan and to allow for the inclusion of different extraction/analysis techniques (i.e. proteomics).

Table 2-8 Sample pool for protein extraction.

| Donor | Start date | Sample days |
|----------|------------|---|
| Donor 3 | 4/07/2018 | 1, 30, 31, 32, 33, 34, 35, 36, 38, 40, 44, 46, 48, 50, 52, 54, 56, 60, 65, 70, 75, 80, 85, 91, 96, 100, 105, 110, 115, 120 |
| Donor 4 | 31/12/2018 | 0, 3, 7, 8, 11, 14, 17, 21, 24, 29 |
| Donor 5 | 27/02/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13 |
| Donor 6 | 24/04/2019 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 35, 53, 58, 63, 68, 74, 80, 85, 90, 95, 105, 110, 120 |
| Donor 7 | 16/05/2019 | 0, 1, 2, 3, 5, 6, 7, 9, 11, 13, 15, 20, 23, 25, 27, 29, 31, 36, 41, 46, 52, 63, 68, 78, 83, 88, 93, 98, 103, 109, 114, 119, |
| Donor 8 | 7/06/2019 | 1, 2, 3, 4, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 36, 41, 46, 51, 66, 71, 76, 82, 87, 92, 97, 102, 107, 112, 117 |
| Donor 9 | 8/11/2019 | 0, 1, 2, 3, 5, 6, 7, 9, 13, 15, 18, 20, 22, 24 |
| Donor 10 | 13/11/2019 | 0, 1, 2, 3, 4, 5, 7, 8, 10 |
| Donor 11 | 25/03/2020 | 0, 1, 2, 3, 4, 5, 6, 7, 9, 14, 16, 18, 20, 22, 24, 26, 28, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75 |

2.8.1 Protein extraction

Muscle biopsy samples were lyophilised using an Alpha 2-4 LD plus freeze dryer (Martin Christ GmbH, Germany) under negative pressure with the following method: 30 mins at 1 mbar, followed by overnight at 0.001 mbar, then stored at -20 °C. Microcentrifuge tubes with the lyophilised samples were placed into a solid stainless steel freezer block kept at -80°C and the block was placed on dry ice (-78.5°C) to maintain temperature. Samples were manually ground using a microcentrifuge pestle, and the powdered tissue was re-suspended with 500 µL 1% SDS in 100 mM Tris (pH 8.8) followed by sonication for 10 s at 70%. Samples were then heated at 95 °C for 10 mins and centrifuged for 5 minutes at 20,000 g. The supernatant from each sample was then pipetted into a new micro centrifuge tube, without collecting the lipid layer when present. Reduction and alkylation of the protein was conducted by adding 1 µL 5mM tris(2-carboxyethyl)phosphine (TCEP), 10 mM iodoacetamide (IAA) and incubated at

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room temperature for 1 hour as per recommended guidelines [253]. Five volumes of cold (-20 °C) acetone was added to each sample and then placed at -20°C overnight to precipitate the protein. Samples were then centrifuged for 5 min at 20,000 g and the acetone supernatant was removed. The resulting pellet was resuspended in 250 µL of 1% SDS in 100 mM Tris-HCl.

2.8.2 Protein clean-up

A BCA assay was performed using the Pierce™ BCA Protein Assay Kit to quantify the protein in each sample, following the manufacturers protocol [254]. Samples were then normalised to 40 µg of protein and made up to 50 µL using water. Protein samples were cleaned of any contaminants and extraction chemicals that may interfere with LC-MS/MS down-stream processing using the single-pot solid-phase enhanced sample preparation technique (SP3). Following recommendations outlined by Hughes *et al.* [217], 4 µL of 50 mg/mL paramagnetic bead suspension (SpeedBeads™ magnetic carboxylate modified particles, Merck, Germany) was added to each sample for a bead concentration of 0.5 µg/µL, and samples were vortexed for 10 s. Next, 50 µL of 100 % EtOH was added to each tube, shaken, then incubated at 24 °C with a vortex mixer for 5 mins at the slowest speed. Samples were then placed in a magnetic rack and the magnetic beads were allowed to aggregate on the wall of the tube (1 minute). The supernatant was removed by pipette, being careful not to disturb the beads. The microcentrifuge tubes were then removed from the magnetic rack and washed with 180 µL of 80% EtOH before briefly vortexing. Samples were then incubated for 5 minutes at room temperature with periodic mixing, before being placed in the magnetic rack again. The supernatant was once more removed before the samples were removed from the rack. The magnetic beads were washed with 180 µL of 80 % EtOH a further two times before the beads were resuspended in 100 µL of 100 mM ammonium bicarbonate (NH₄HCO₃). An aliquot of 1 µL of trypsin (Trypsin Gold, Mass spectrometry grade, Promega) was added to each sample after which the samples were sonicated for 30 seconds. Samples were then digested overnight at 37 °C. Finally, samples were centrifuged at 20,000 g for 1 minute and placed in the magnetic rack while the supernatant was pipetted into a new tube at a concentration of 0.4 µg/µL.

2.8.3 LC-MS/MS of protein samples

An aliquot of 25 µL of each sample was placed into individual vials and 5 µL of the sample was loaded onto an Acquity M-class nanoLC system (Waters, USA). The sample was loaded at 15 µL/min for 3 minutes onto a nanoEase Symmetry C18 trapping column (180 µm x 20mm) before being washed onto a PicoFrit column (75 µmID x 350 mm; New Objective, Woburn, MA) packed with SP-120-1.7-ODS-BIO resin (1.7 µm, Osaka Soda Co, Japan) heated to 45 °C. Peptides were eluted from the column and into the

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source of a Q Exactive Plus mass spectrometer (Thermo Scientific) using the following program: 5-30% MS buffer B (98% Acetonitrile + 0.2% Formic Acid) over 90 minutes, 30-80% MS buffer B over 3 minutes, 80% MS buffer B for 2 minutes, 80-5% for 3 min. The eluting peptides were ionised at 2400 V. A Data Dependant MS/MS (dd-MS2) experiment was performed, with a survey scan of 350-1500 Da performed at 70,000 MS resolution for peptides of charge state 2+ or higher with an AGC target of 3e6 and maximum Injection Time of 50ms. The Top 12 peptides were selected fragmented in the HCD cell using an isolation window of 1.4 m/z, an AGC target of 1e5 and maximum injection time of 100ms. Fragments were scanned in the Orbitrap analyser at 17,500 MS resolution and the product ion fragment masses measured over a mass range of 120-2000 Da. The mass of the precursor peptide was then excluded for 30 seconds.

2.8.4 Protein data analysis

The MS/MS Raw data files from the QE+ were analysed using the MaxQuant software suite v1.6.14.0 [255] and its implemented Andromeda search engine [256] to identify proteins and their respective label-free quantification (LFQ) values. Standard parameter settings were applied with the addition of match-between runs against the SwissProt human proteome with common contaminants. The full list of applied settings is included in APPENDIX B:. LFQ-Analyst was used to perform preliminary data visualisation and statistical tests with standard parameters [257]. The results of the search were filtered to include proteins with a peptide count of >1, and a log₂ fold change cut off value of 2. Proteins identified commonly across groupings of body mass, sex, and placement season were included for assessment of value for PMI estimation. All graphs were created using R version 4.0.3 with packages ggplot2 and ggpubr. Relative quantities for proteins were tested for normality using the Shapiro-Wilk test, [258]. Because data were not normally distributed and sample sizes were small, the Kruskal-Wallis test for non-parametric data was performed in R to test for differences in the mean relative abundance of proteins in early, middle, and late decomposition stages. Samples with ADD <500 were classified as “early”, 501-1000 ADD as “middle” and >1000 “late”. Post-hoc pairwise comparisons were completed using the pairwise Wilcoxon rank sum test, to determine which groups were significantly different. LOESS regression plots were also created for relative abundance vs ADD using using base R V4.0.3 with the ggplot2 package for visual representation of smoothing and SE. STRING version 11.5 was used to produce protein-protein interaction networks [259]. A Markov cluster algorithm (MCL) clustering method was used to identify clusters within the protein datasets, with an interaction confidence score of 0.7 (high confidence), and an inflation parameter of 1.5. STRING employs a database of known and predicted protein-protein interactions supported by genomic context predictions, high-throughput experiments, co-expression, automated text-mining, and previous knowledge databases, and currently covers 24,584,628 proteins from 5090 organisms

[259]. STRING outputs include a number of measures to determine the relationship between a particular sample set. The number of nodes is representative of the identified proteins within a network, and the number of edges shows known or predicted interactions based on; fusion, neighbourhood, cooccurrence, experimental evidence, text mining, database evidence, and co-expression [259]. A protein-protein interaction (PPI) p-value is given, where significance indicates the nodes within a network are not random and a significant number of edges have been observed. The average local clustering coefficient measures how well nodes within a network are clustering together, and a maximum value of 1 indicates all nodes being connected. Functional enrichment analysis was also carried out using STRING, to identify functions and processes that were more enriched in the set of proteins in the network than the background.

The PANTHER database (v17.0) was used to categorise identified proteins by molecular function, biological process, cellular compartment, protein class, and pathway. PANTHER uses a curated annotated database to classify proteins, and therefore classifications are dependent on the information currently contained within the database [260]. PANTHER currently contains 15,619 protein families, divided into 124,632 functionally distinct protein subfamilies. Benjamini-Hochberg false discovery rate for multiple test correction is used for all statistical tests, with a cut-off of 0.05. UpSet plots were created to visualise the intersections of identified proteins within different groups using UpSetR [261]. Upset plots are used in place of venn diagrams to visualise data with more than three intersecting sets. The rows correspond to defined sets within the data (*e.g.*, donors), and the columns correspond to the number of intersections between these sets (as shown by the dark circles). Intersections refers to proteins that are found commonly between the sets, in a similar concept to the overlap of a venn diagram.

Chapter 3: Environmental data

3.1 Introduction

It is well understood that environmental factors have a large effect on the rate of decomposition, as outlined in chapter 1 [49, 61-63, 65-67]. Following this, environmental data was collected for each experimental trial for comparison to measured biomarkers. Environmental data for temperature, rainfall, relative humidity, and solar radiation were collected. Comparisons were made between the seasons of placement to elucidate trends for subsequent context to the analysis of different measures of degradation.

3.2 Results

Weather data for the placement period for each donor was plotted using the ggplot2 package in R [250]. Each graph (Figure 3-1 to Figure 3-4, and Figure 3-6 to Figure 3-17) shows the cumulative total for the measured weather variable on the left-hand y-axis (e.g. ASR, ADD etc.), and the daily average for the variable on the right-hand y-axis. Table 3-1 shows a summary of the minimum and maximum recorded weather data.

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Table 3-1 Minimum and maximum values for recorded weather data for each donor placement period, including rainfall, temperature, humidity, and solar radiation.

| | Total daily rainfall (mm) | | Accumulated total rainfall (ATR) | | Average daily temperature (°C) | | Accumulated degree days (ADD) | |
|----------|-------------------------------|-------|-------------------------------------|--------|---|-------|-----------------------------------|---------|
| | Min | Max | Min | Max | Min | Max | Min | Max |
| Donor 1 | 0.0 | 3.8 | 0.0 | 16.8 | 6.8 | 20.6 | 10.1 | 1488.5 |
| Donor 2 | 0.0 | 3.8 | 0.0 | 16.8 | 6.8 | 20.6 | 10.1 | 1488.5 |
| Donor 3 | 0.0 | 12.8 | 0.0 | 57.0 | 6.8 | 25.3 | 10.7 | 1718.1 |
| Donor 4 | 0.0 | 40.2 | 0.0 | 84.8 | 19.5 | 43.5 | 30.5 | 896.5 |
| Donor 5 | 0.0 | 0.0 | 0.0 | 0.0 | 18.8 | 26.8 | 22.8 | 337.5 |
| Donor 6 | 0.0 | 5.2 | 0.0 | 21.2 | 7.9 | 20.4 | 19.8 | 1533.3 |
| Donor 7 | 0.0 | 5.2 | 0.0 | 17.4 | 7.9 | 17.8 | 14.2 | 1492.2 |
| Donor 8 | 0.0 | 21.4 | 0.0 | 37.2 | 7.9 | 19.9 | 11.9 | 1524.7 |
| Donor 9 | 0.0 | 1.6 | 0.0 | 3.4 | 17.3 | 25.3 | 21.9 | 539.1 |
| Donor 10 | 0.0 | 1.6 | 0.0 | 3.4 | 19.2 | 25.3 | 20.2 | 347.8 |
| Donor 11 | 0.0 | 8.0 | 2.8 | 37.6 | 8.8 | 21.7 | 18.6 | 1167.3 |
| | Average relative humidity (%) | | Accumulated relative humidity (ARH) | | Average daily solar radiation (W/m ²) | | Accumulated solar radiation (ASR) | |
| | Min | Max | Min | Max | Min | Max | Min | Max |
| Donor 1 | 32.3 | 100.0 | 71.4 | 8060.5 | 13.5 | 164.1 | 75.5 | 7953.6 |
| Donor 2 | 32.3 | 100.0 | 71.4 | 8060.5 | 13.5 | 164.1 | 75.5 | 7953.6 |
| Donor 3 | 32.3 | 95.4 | 90.7 | 7851.0 | 11.4 | 206.1 | 42.2 | 10031.5 |
| Donor 4 | 70.5 | 87.7 | 0.0 | 309.2 | 55.9 | 130.6 | 0.0 | 392.4 |
| Donor 5 | 57.0 | 85.8 | 74.2 | 949.8 | 24.5 | 166.8 | 75.9 | 1374.8 |
| Donor 6 | 40.7 | 98.7 | 84.3 | 8790.5 | 11.2 | 110.3 | 11.2 | 110.3 |
| Donor 7 | 40.7 | 98.7 | 82.3 | 8392.2 | 12.7 | 150.8 | 59.3 | 6430.0 |
| Donor 8 | 40.7 | 98.7 | 81.8 | 8143.8 | 6.0 | 168.3 | 26.4 | 7783.2 |
| Donor 9 | 31.3 | 89.0 | 38.5 | 1380.3 | 33.0 | 169.5 | 54.1 | 2381.9 |
| Donor 10 | 31.3 | 89.0 | 35.9 | 941.9 | 33.0 | 146.7 | 80.9 | 1502.5 |
| Donor 11 | 50.8 | 98.0 | 95.9 | 6021.7 | 17.1 | 154.6 | 65.6 | 4533.3 |

3.2.1 Temperature

Average daily temperature and accumulated degree days (ADD) were plotted for each donor and grouped based on placement season. Autumn (Figure 3-1) and winter (Figure 3-2) placed donors experienced similar average daily temperatures and subsequently the rate of increase of ADD was also comparable. Donor 11 had a shorter trial period in comparison to other donors placed in autumn due to the inability to retrieve a muscle tissue sample at the end of the trial.

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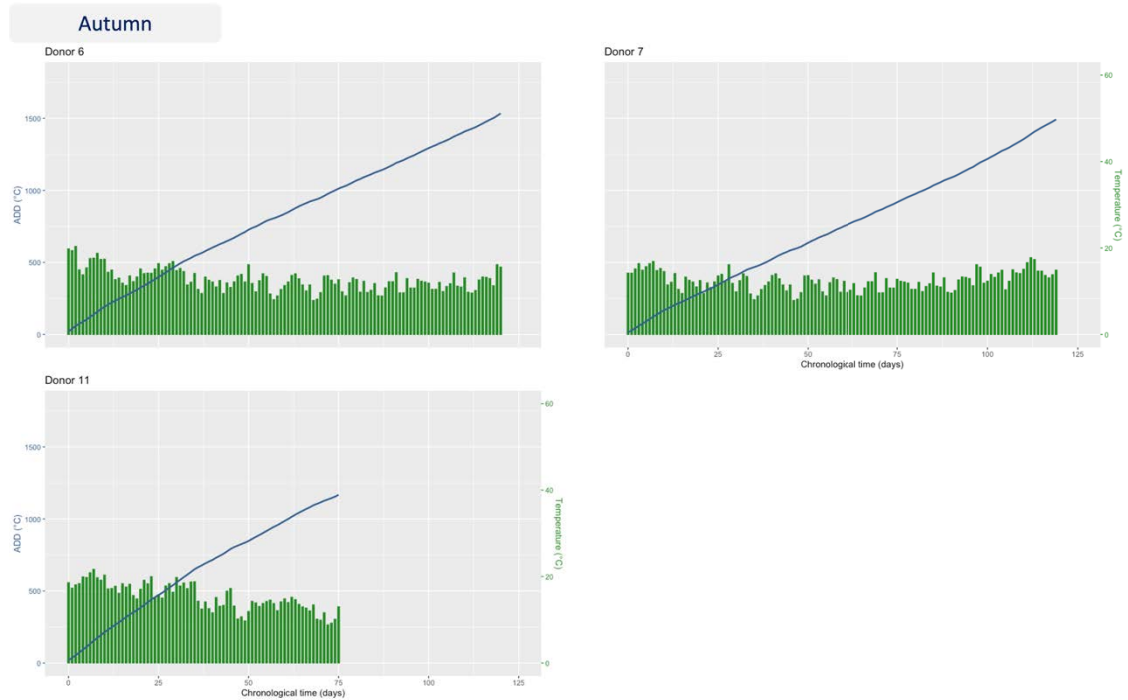


Figure 3-1 Accumulated degree days (ADD) (°C) and average daily temperature (°C) for placement periods of autumn donors. ADD is shown on the left y-axis in blue and average daily temperature is on the right y-axis in orange.

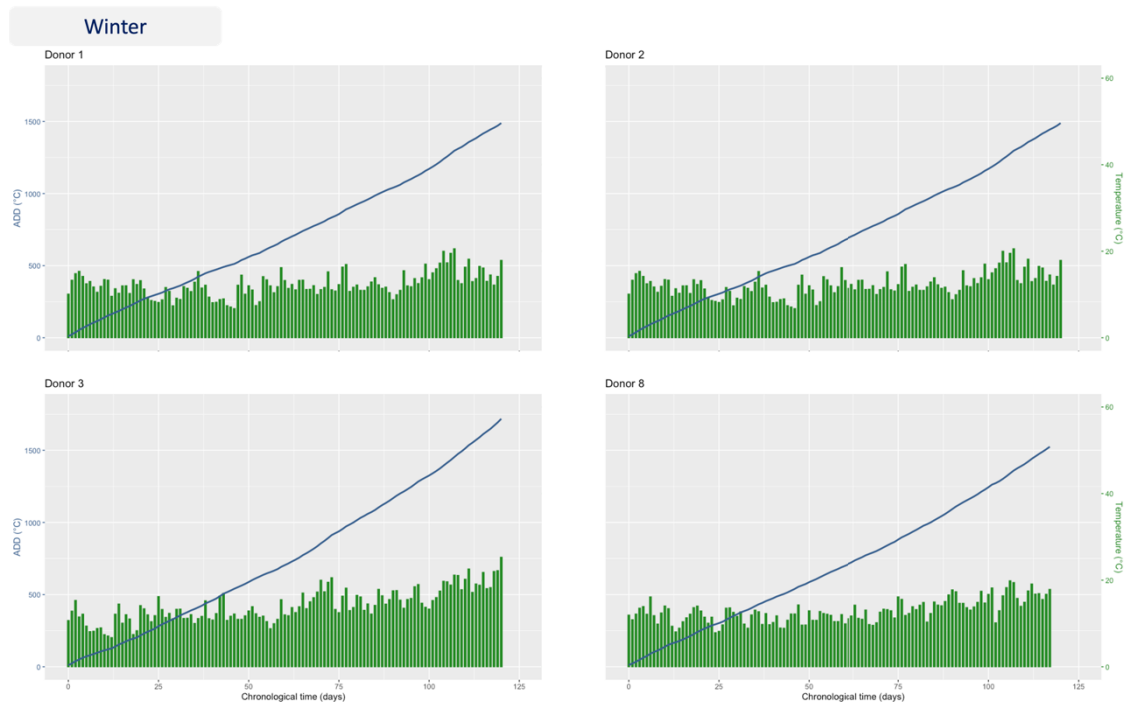


Figure 3-2 Accumulated degree days (ADD) (°C) and average daily temperature (°C) for placement periods of winter donors. ADD is shown on the left y-axis in blue and average daily temperature is on the right y-axis in orange.

Donors placed in autumn appeared to experience a small decline in average daily temperature across the trial periods, however, this is expected as autumn is a transition season from warm to cool months. Additionally, a slight increase in average daily temperature is observed for the trial periods for donors placed in winter. Again, this is

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expected as the season progresses. Studies conducted in the warmer seasons, spring (Figure 3-3) and summer (Figure 3-4), also exhibited comparable average daily temperatures. When comparing the cooler and warmer seasons (*i.e.*, winter and autumn vs. spring and summer), there is a noticeable difference in average daily temperature and the rate of increase of ADD.

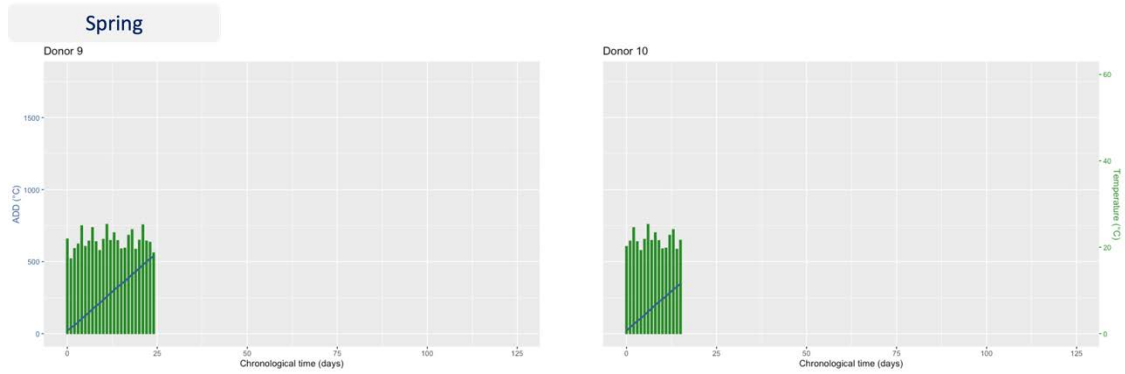


Figure 3-3 Accumulated degree days (ADD) (°C) and average daily temperature (°C) for placement periods of spring donors. ADD is shown on the left y-axis in blue and average daily temperature is on the right y-axis in orange.

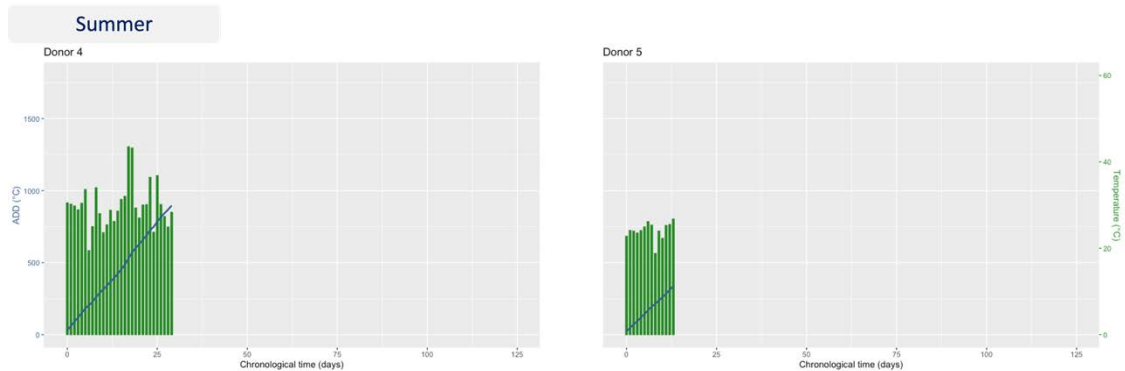


Figure 3-4 Accumulated degree days (ADD) (°C) and average daily temperature (°C) for placement periods of summer donors. ADD is shown on the left y-axis in blue and average daily temperature is on the right y-axis in orange.

From the observed similarities in temperature between the two cooler and two warmer seasons respectively, grouping of donors placed in these seasons into “cool” and “warm” placements appears possible. However, when looking at the difference in rate of ADD over time (Figure 3-5), the seasons are continuous. Subsequently, if grouped into “warm” and “cool” periods, the results would be less discriminatory than when accounting for specific season of placement.

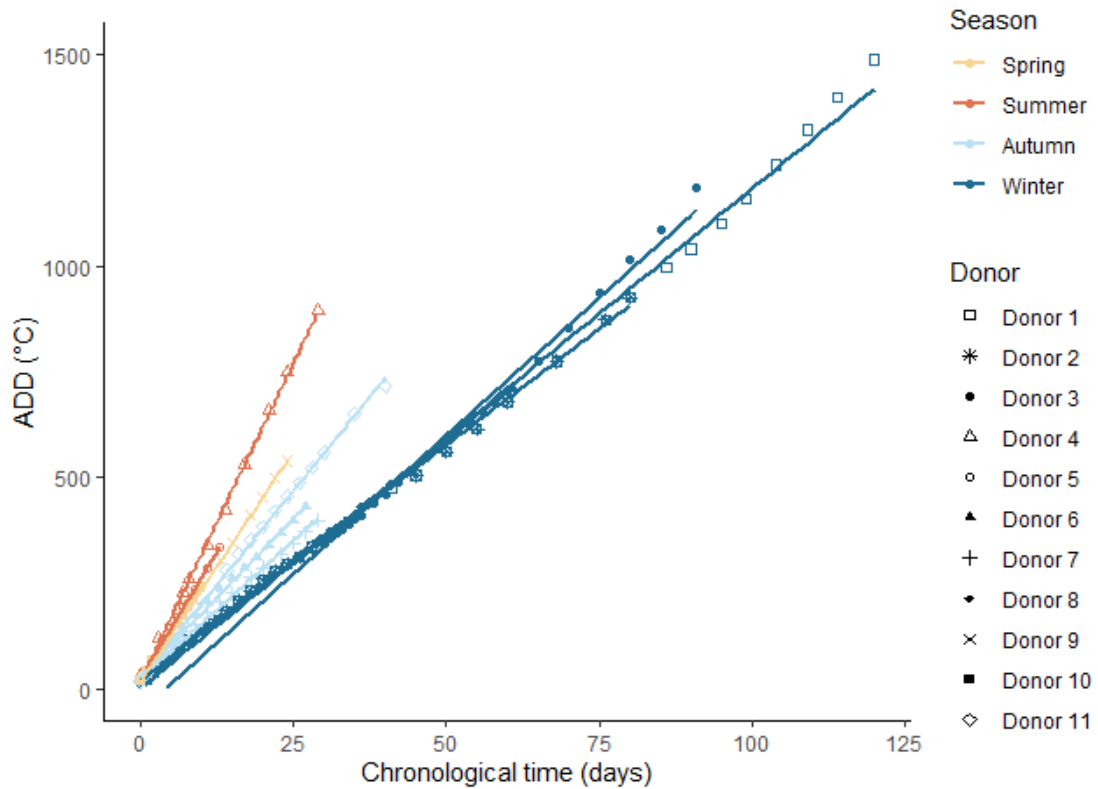


Figure 3-5 Accumulated degree days (ADD) over time (days) for each donor placement period.

3.2.2 Rainfall

Total daily rainfall and accumulated total rainfall (ATR) were plotted for each donor and grouped based on placement season. Autumn Donors 6 and 7 were placed 22 days apart, and as such experienced similar periods of rainfall (Figure 3-6). Donor 6 encountered a total of 21.2 mm of rain, and Donor 7 a total of 17.4 mm of rain. Donor 11 was placed in a successive autumn season and was exposed to near twice as much rain, with a total of 37.6 mm.

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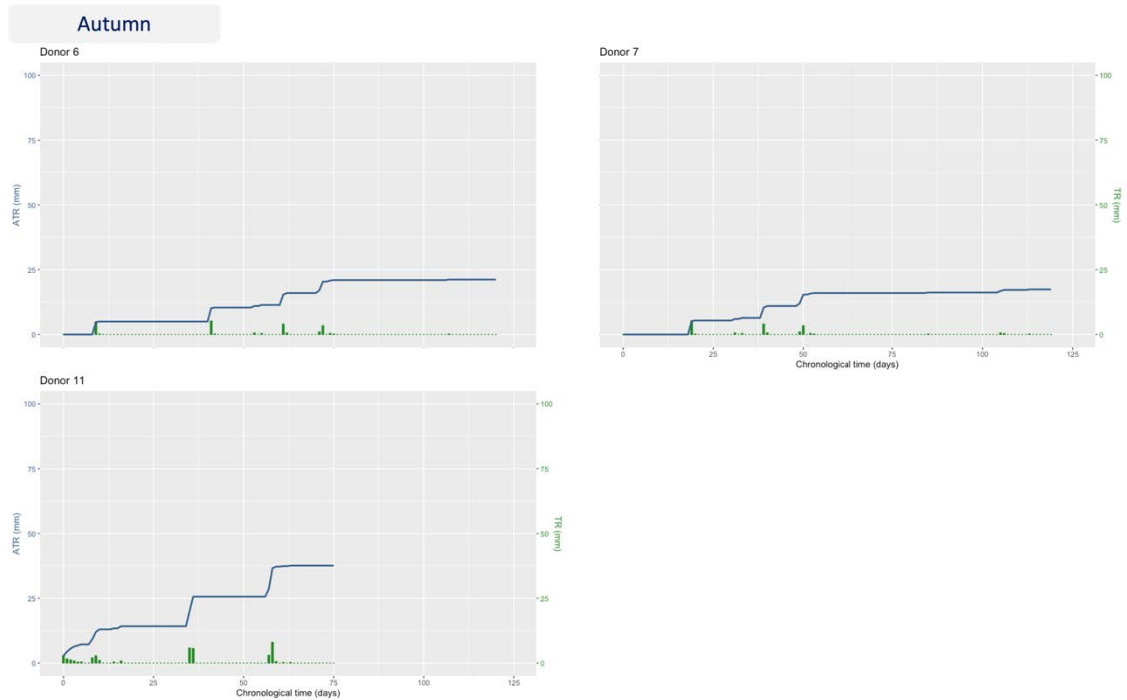
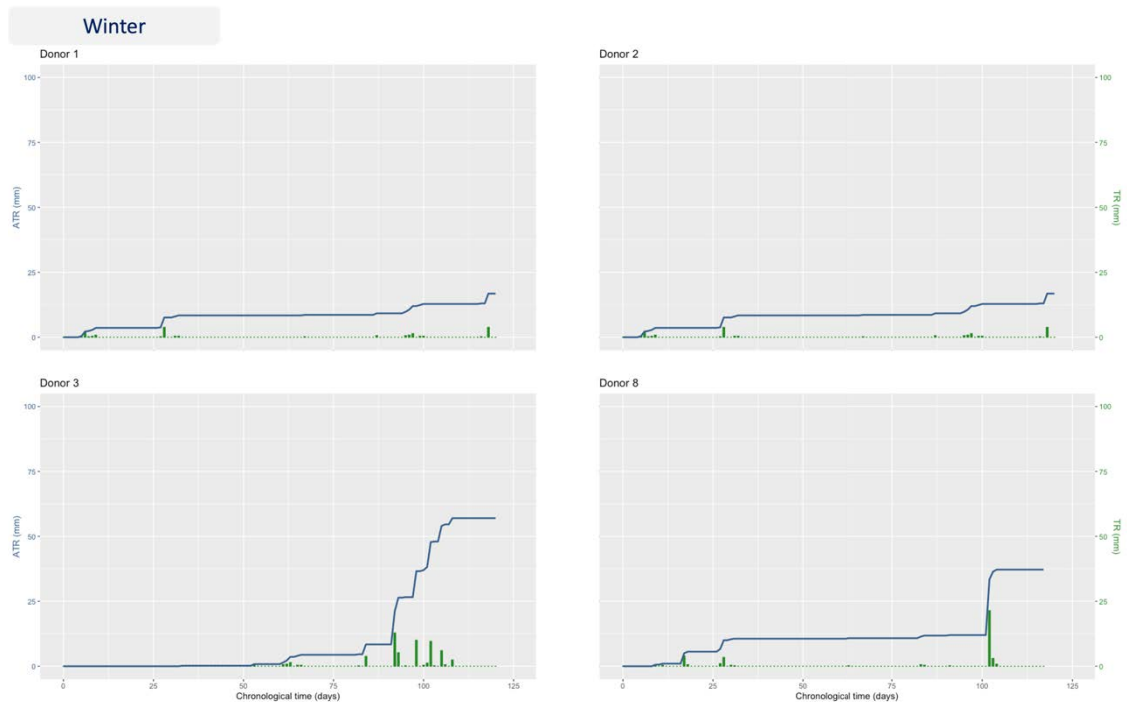


Figure 3-6 Accumulated total rainfall (ATR) and daily total rainfall (TR) for placement periods of autumn donors. ATR is shown on the left y-axis in blue and TR is on the right y-axis in orange.

Winter Donors 1 and 2 were placed on the same date and sampled for the same time period. Both donors experienced a total of 16.8 mm of rain (Figure 3-7). Donor 3 was placed at a later date in the same winter as Donors 1 and 2 and experienced the greatest amount of rain out of the four winter donors, with a total of 57 mm. Donor 8 was placed in a successive winter season, and a total of 37.2 mm of rain was experienced throughout the trial period.



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Figure 3-7 Accumulated total rainfall (ATR) and daily total rainfall (TR) for placement periods of winter donors. ATR is shown on the left y-axis in blue and TR is on the right y-axis in orange.

The two spring donors were placed in the same season, 5 days apart. Both trials ran for a short period due to rapid tissue loss and subsequently only experienced a total of 3.4 mm of rain each (Figure 3-8).

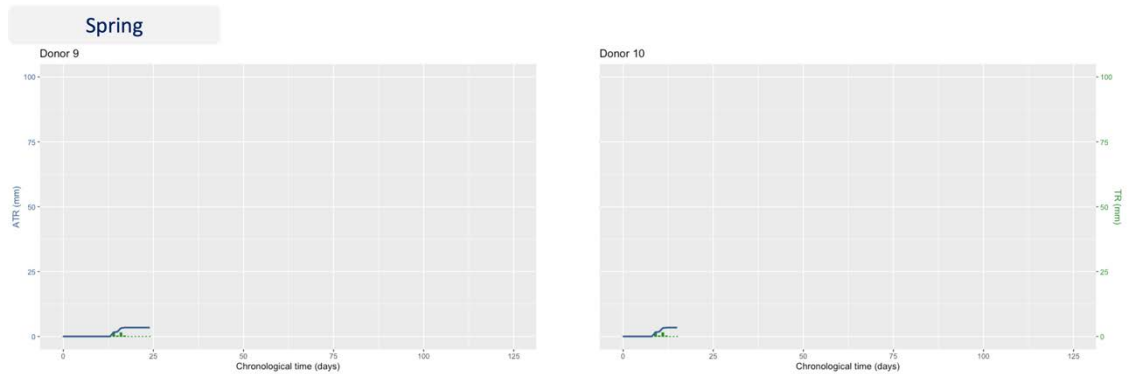


Figure 3-8 Accumulated total rainfall (ATR) and daily total rainfall (TR) for placement periods of spring donors. ATR is shown on the left y-axis in blue and TR is on the right y-axis in orange.

The two summer donors were placed approximately a month apart in the same summer season. Donor 4 experienced the greatest amount of rainfall of all donors, with a total of 84.8 mm, and in contrast Donor 5 experienced no rainfall (Figure 3-9).

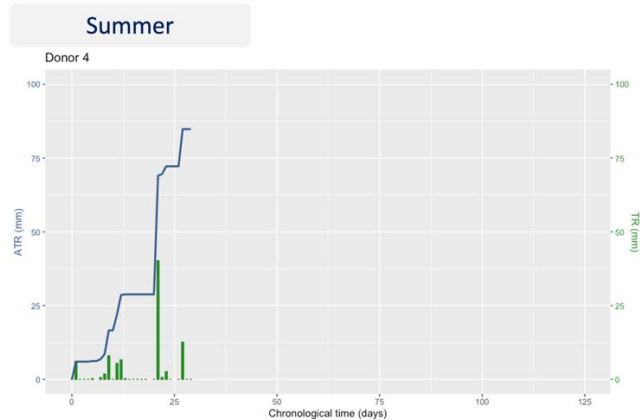


Figure 3-9 Accumulated total rainfall (ATR) and daily total rainfall (TR) for placement periods of summer donor 4. ATR is shown on the left y-axis in blue and TR is on the right y-axis in orange.

It should be noted that as no rainfall occurred during the placement period for summer Donor 5, there is no graph for rainfall included.

3.2.3 Relative humidity

Average daily relative humidity and accumulated relative humidity (ARH) were plotted for each donor. Table 3-1 shows a comparable maximum ARH for all autumn (Figure 3-10) and winter (Figure 3-11) placed donors, with the exception of Donor 11. A shorter

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trial period was experienced for Donor 11 and final ATR was comparable to other donors at the same time point.

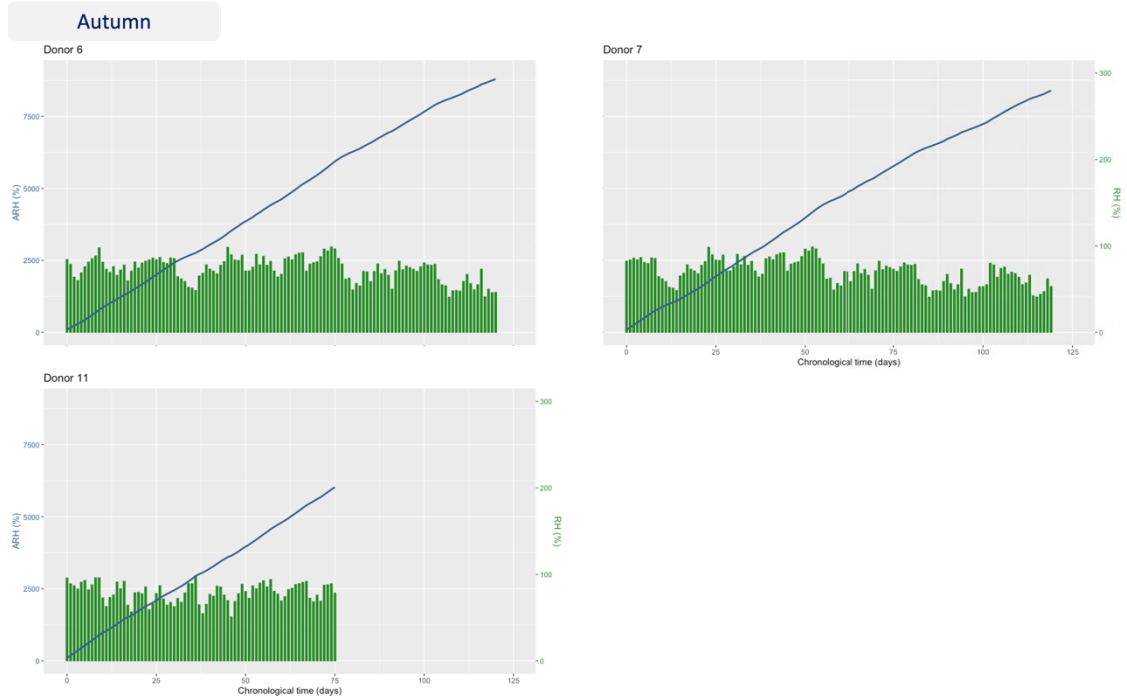


Figure 3-10 Accumulated relative humidity (ARH) and average daily humidity (RH) for placement periods of autumn donors. ARH is shown on the left y-axis in blue and RH is on the right y-axis in orange.

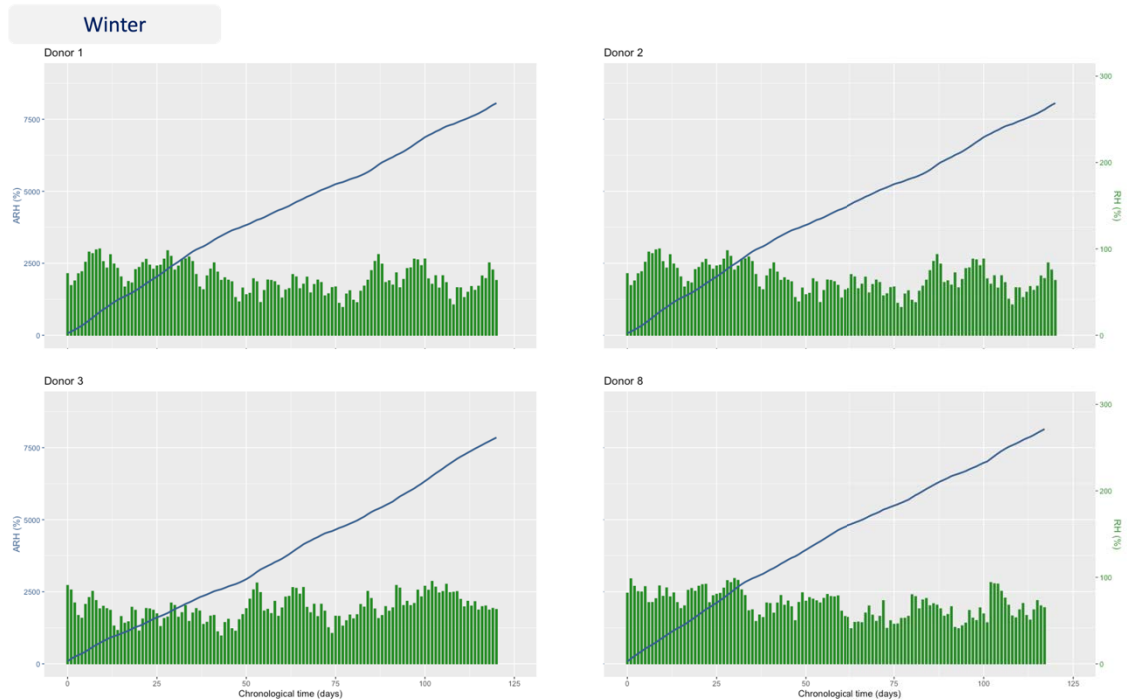


Figure 3-11 Accumulated relative humidity (ARH) and average daily humidity (RH) for placement periods of winter donors. ARH is shown on the left y-axis in blue and RH is on the right y-axis in orange.

Comparability can again be seen for the final ARH values for the spring (Figure 3-12) and summer (Figure 3-13) placed donors. An exception can be seen with Donor 4 due to a lack of data between day 0 and day 25 of placement. Issues with the HOBO® U30

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weather station led to a gap in data collection which was unable to be supplemented with data from the RAAF as relative humidity was not recorded.

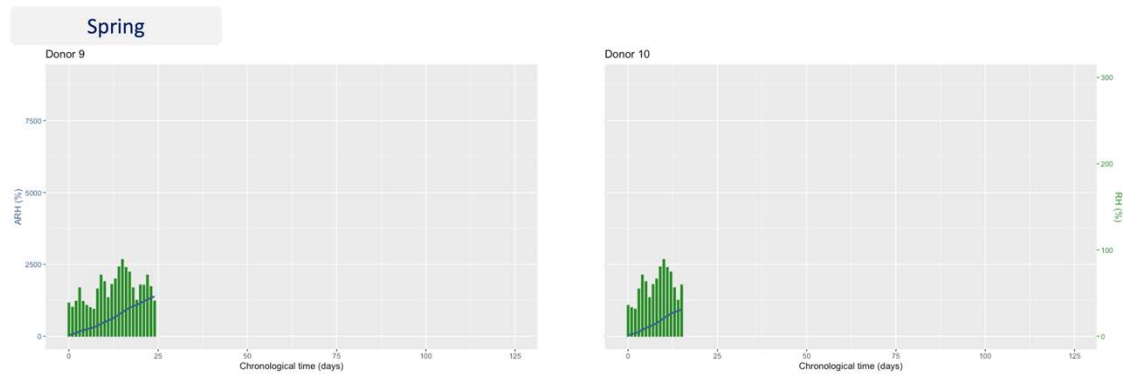


Figure 3-12 Accumulated relative humidity (ARH) and average daily humidity (RH) for placement periods of spring donors. ARH is shown on the left y-axis in blue and RH is on the right y-axis in orange.

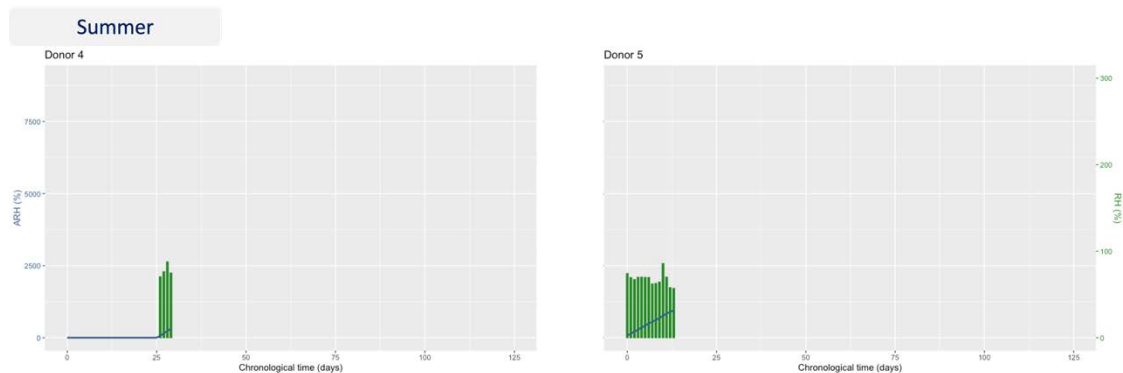


Figure 3-13 Accumulated relative humidity (ARH) and average daily humidity (RH) for placement periods of summer donors. ARH is shown on the left y-axis in blue and RH is on the right y-axis in orange.

The value for ARH was comparable across all seasons at the same time point, showing consistency in accumulation regardless of season.

3.2.4 Solar radiation

Daily solar radiation exposure and accumulated solar radiation (ASR) were plotted for each donor. The observed trends in daily solar radiation were directly comparable to those observed for average daily temperature. Some deviations in the comparison can be observed with Donor 7 (Figure 3-14), with greater values in the average daily solar radiation towards the end of the trial. It should be noted that this time period aligns with the “black summer” that was experienced in Australia, and the abnormal weather conditions that led to it. Greater daily SR has previously been associated with optimal fire season conditions [262]. The ASR in winter trials showed expected values with a steady increase in average daily solar radiation as the season progressed (Figure 3-15).

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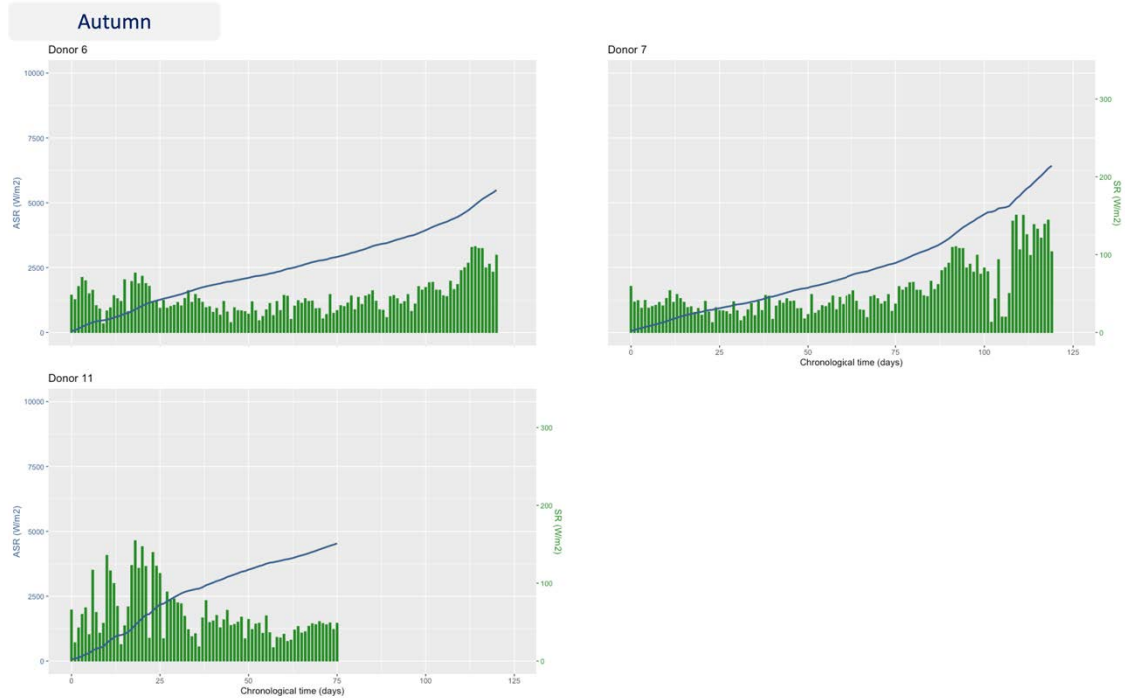


Figure 3-14 Accumulated solar radiation (ASR) and average daily solar radiation (SR) for placement periods of autumn donors. ASR is shown on the left y-axis in blue and SR is on the right y-axis in orange.

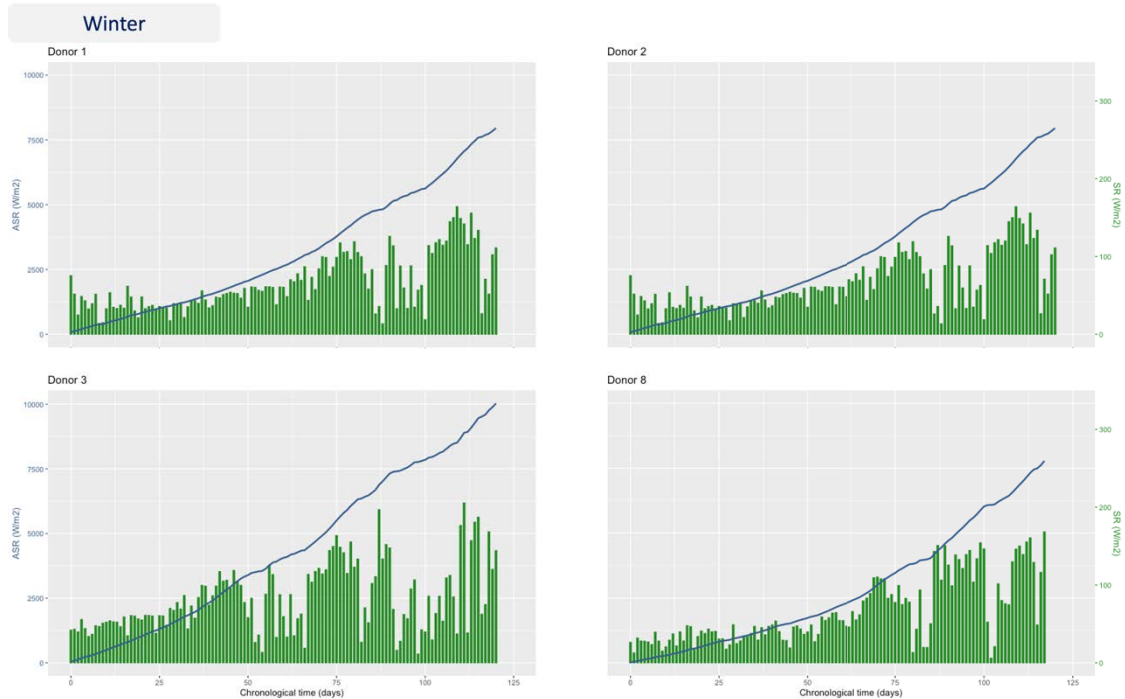


Figure 3-15 Accumulated solar radiation (ASR) and average daily solar radiation (SR) for placement periods of winter donors. ASR is shown on the left y-axis in blue and SR is on the right y-axis in orange.

Average daily solar radiation and ASR for spring and summer placed donors were comparable, however there was large variability in the observed average daily solar radiation values (Figure 3-16 and Figure 3-17). As noted previously, Donor 4 exhibits a lack of data between day 0 and day 25 of placement due to issues with the HOBO® U30 weather station.

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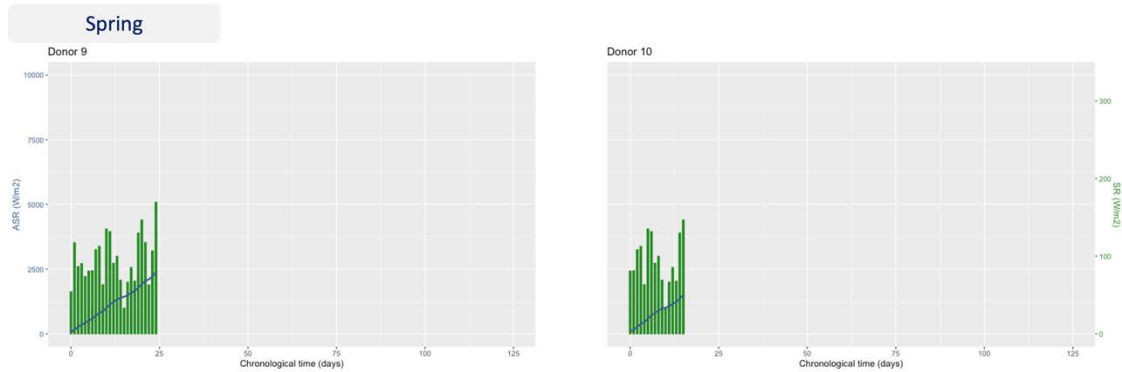


Figure 3-16 Accumulated solar radiation (ASR) and average daily solar radiation (SR) for placement periods of spring donors. ASR is shown on the left y-axis in blue and SR is on the right y-axis in orange.

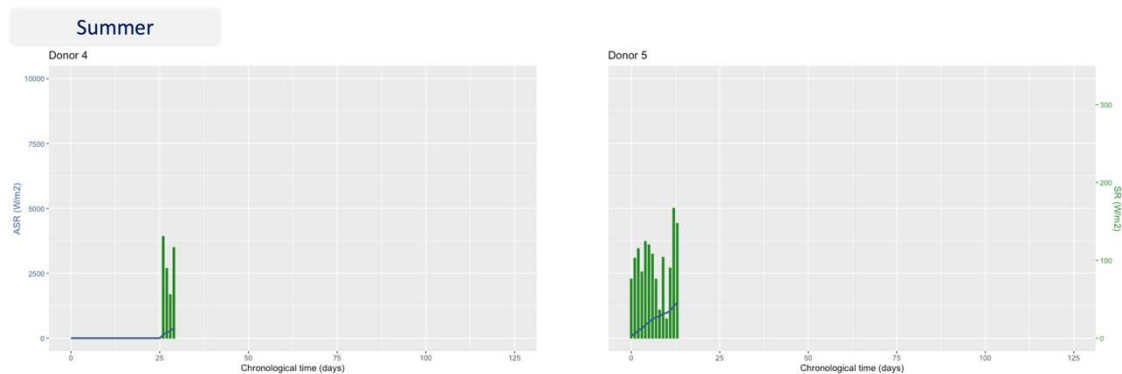


Figure 3-17 Accumulated solar radiation (ASR) and average daily solar radiation (SR) for placement periods of summer donors. ASR is shown on the left y-axis in blue and SR is on the right y-axis in orange.

3.3 Discussion

It is known that temperature is a predominant factor in the decomposition process, as has been demonstrated in a number of decomposition studies [9, 56, 65-67, 78, 94, 118, 239, 263]. Commonly, ADD is used as a means to account for the effect of thermal energy encountered by a body on the decomposition process. Previously this has been thought to allow for inter-seasonal comparison of decomposition, as temperature is one of the main discriminatory measures between seasons. From the data presented here, it is clear that whilst ADD goes some way to accounting for differences between seasons, Figure 3-5 demonstrates seasonal differences in ADD can still be observed. A previous study by Bates *et al.* [264] proposed a similar finding, where it took a greater amount of ADD for donors placed in autumn and winter to reach the same decomposition stages as bodies placed in spring and summer. This indicates that solely accounting for thermal energy, through ADD, does not allow for direct comparison of decomposition between seasons. Additionally, previous studies have grouped autumn/winter and spring/summer into cool and warm seasons respectively, due to observed similarities in the grouped seasons [264]. Whilst similarities in cool and warm seasons were also seen in this study, Figure 3-5 highlights that summer and winter define the extreme differences in the correlation between ADD and chronological time

and that spring and autumn (fall) seasons result in a gradient between these extremes. Grouping seasons into cool and warm seasons only may not explain all the variance observed. A potential explanation for this is the Kauffman effect (derived from the rate summation effect), where extreme temperatures lead to a deviation from the predicted relationship between a measured variable and the ADD [265]. In the context of this experiment, it could mean that at high temperatures an increase in rate of decomposition is seen, which does not align with the expected linear model of decomposition in relation to ADD. As such, inaccuracies could arise when using ADD as an explanatory variable in seasons where extreme temperatures are observed (notably in the Australian Summer).

Periods of rain were highly variable across all seasons in the present study, and no trend between seasons was observed. To date, no studies directly aimed at investigating the effect of rainfall on human decomposition have been published. This is likely due to the inability to create an experimental design based on an uncontrollable variable, and due to the effect of other influential factors (*e.g.*, temperature, humidity etc.) still not being adequately understood. Studies by Archer *et al.* [73] and Lennartz [266] have attempted to consider the effect of rainfall on decomposition through studies focussed on the quantifiable assessment of other variables, and both found large variation and no significant correlation. Rehydration of preserved tissues was suggested by Archer *et al.* [73] as a potential impact of rainfall on decomposition, however, rehydration was not observed in their study and specific conclusions could not be made. Consideration still needs to be taken with respect to the effect of rainfall on rates of decomposition, however the establishment of firm conclusions requires significantly more data.

Humidity has previously been suggested to closely follow temperature in terms of relative effect on decomposition [49, 266]. Many studies have cited the research by Vass [49] to justify the importance of humidity, however, Vass' study empirically derives the influence of humidity, and no clear quantitative data was stated to support this. Additionally, Lennartz [266] found no significant correlation between decomposition rate and humidity, and Maile *et al.* [80] found no relevant trends in measured humidity for decomposition assessment in an indoor setting. In the present study, average daily relative humidity was observed to be highly variable across all trials, and comparability across all seasons can be seen. This data suggests there is no need to account for humidity across seasons as there are no observable differences.

For this study, the differences observed in ASR between seasons is similar to those observed with ADD. This suggests that by accounting for temperature when assessing decomposition, the effect of solar radiation may also be accounted for. A 2016 study by Pyle concluded a similar correlation with ADD and solar radiation, through the impact on bone weathering in the decomposition process [267]. Further, Lennartz [266] also suggested this hypothesis as a possible explanation for the lack of significance for solar radiation within their decomposition study.

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3.4 Conclusions

This study has shown a clear relationship between seasons and temperature, relative humidity, and solar radiation. The similarity in trends with temperature and solar radiation suggests that the assessment of decomposition with consideration to ADD may also account for solar radiation. As relative humidity accumulates consistently across all seasons, the effect of this on decomposition would likely also be consistent, and therefore there is no need to account for it between seasons. Rainfall occurred unpredictably across all seasons. Without clear trends, it is difficult to determine the influence of rainfall on decomposition, though it should not be discounted.

Chapter 4: Visual assessment

4.1 Introduction

Visual assessment is currently one of the commonly used methods for the estimation of PMI. As such, visual assessment was carried out for all donors within this study, at each sampling time point, for comparison with the biomarker degradation methods being investigated. As visual assessment requires no specialised equipment and is non-destructive to the body, it remains a simple and efficient method for the assessment of decomposition. The total body score (TBS) system was also used in order to apply a quantitative value to the visual assessment for comparison to ADD for each donor.

4.2 Results

Differences in the progression of decomposition were observed between seasonal placements, most notably with the length of the trials. Autumn and winter trials were able to be sampled for the entirety of the defined sampling period (day 0 to day 120), with the exception of Donor 11. Spring and summer trials were significantly shorter, with the inability to obtain a soft tissue sample after 30 days for all donors. Interestingly, all donors progressed to a final state of mummification or preserved dermal layers, regardless of placement season or body mass (Figure 4-1). Images representing the fresh stage, >50% discolouration (evidence of putrefactive processes), the bloat stage, and advanced decomposition/preservation for each donor were compiled and grouped by season for comparison. Across all seasons, there was no clear visual trend for decomposition between donors of different body mass, age, or sex.

Chapter 4

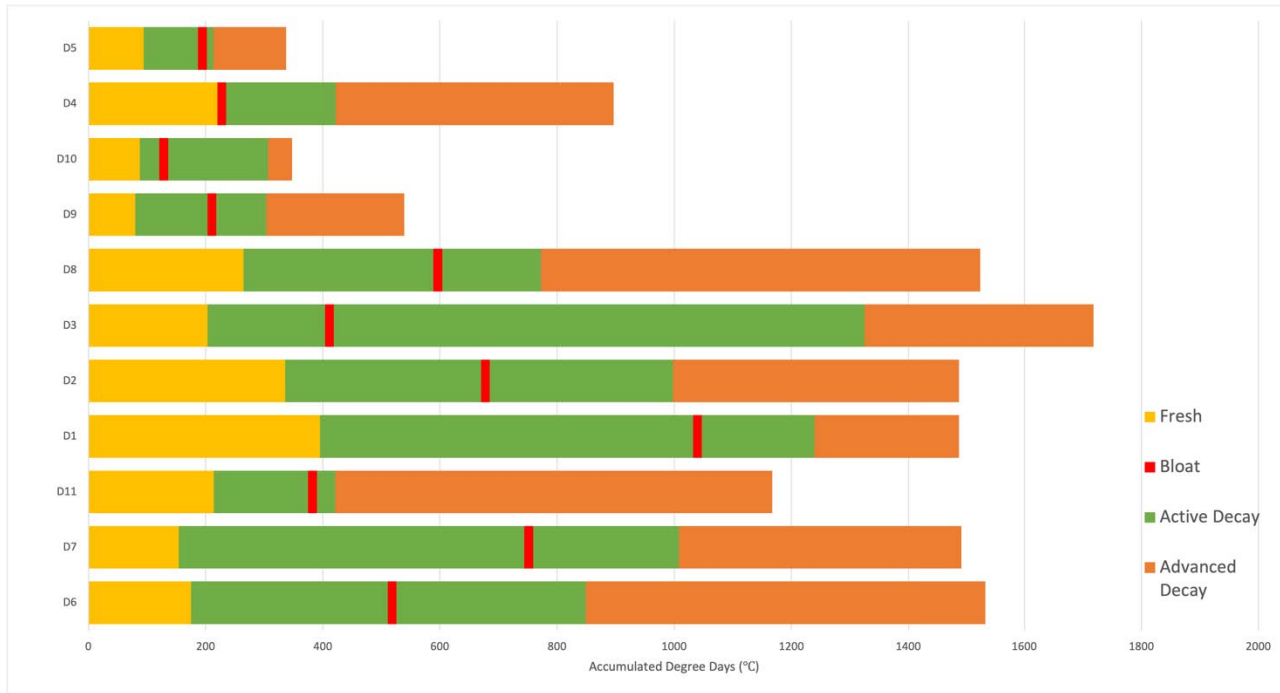


Figure 4-1 Observed decomposition stages for each Donor. The onset of bloat is shown in red.

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4.2.1 Autumn donors

Patches of desiccated skin appeared for all autumn donors within the first week of placement, however, the number of days it took for each donor to show signs of putrefaction (skin discolouration/marbling) was highly variable (Figure 4-2). Additionally, the bloat stage was not distinct for these donors, regardless of their body mass, age or sex. It should be noted that Donor 7 had a stoma in their lower left abdominal region which may have affected bloat, due to the inability for gasses to build up. Donor 6 had an approximately 15 cm long resection of skin from the entire circumference of the lower left leg. Following this, decomposition for the distal lower limbs progressed quickly. Interestingly, this did not appear to affect the visual decomposition progression of the proximal lower limbs where sampling occurred. Upon cessation of sampling, all donors had a significant amount of preserved skin with no areas of skeletonisation, and entomological activity was markedly decreased. No soft tissue sample could be retrieved using a biopsy needle from Donor 11 at sampling day 75, whereas Donors 6 and 7 could be sampled until day 120.

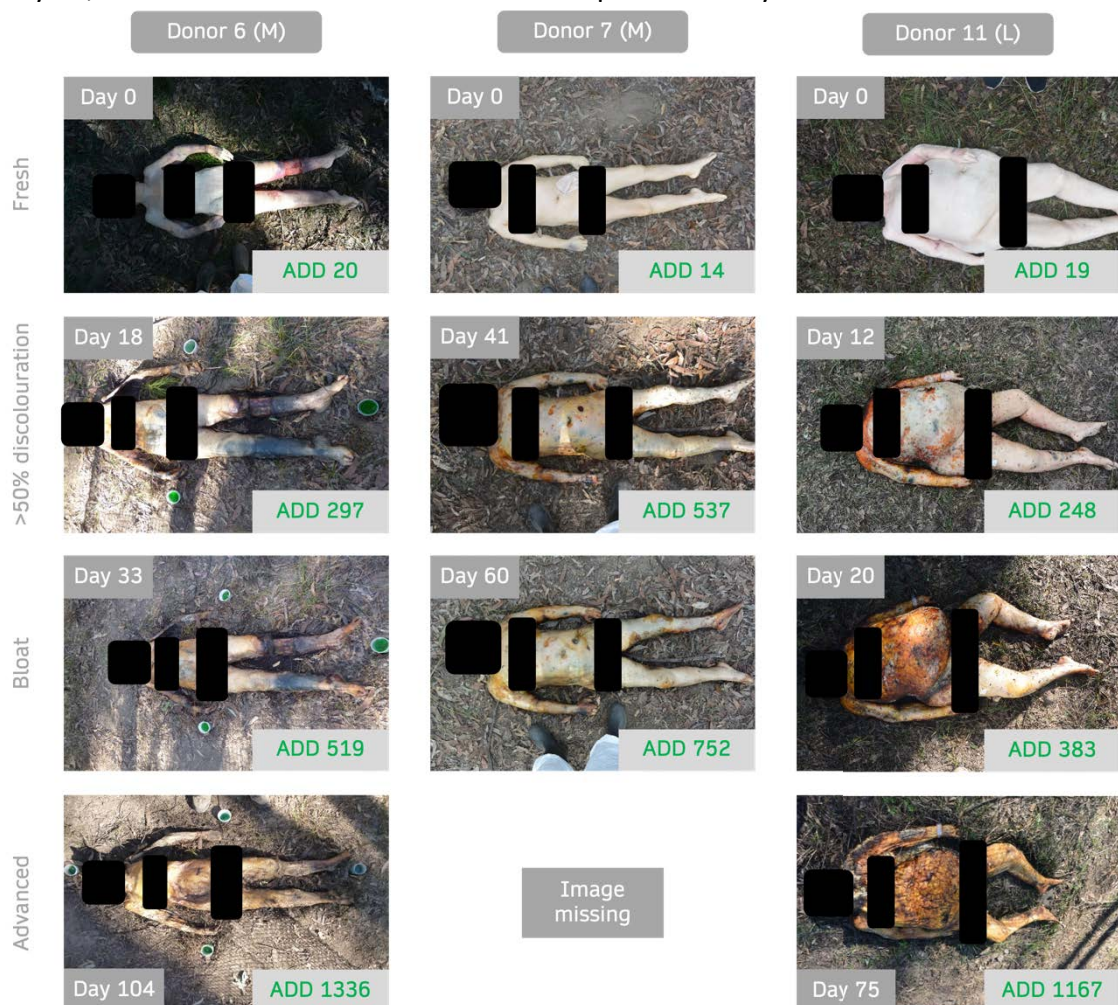


Figure 4-2 Decomposition progression for donors placed in autumn. Body mass classification is shown in brackets: S = small, M = medium, L = large. Day since placement is shown in white, and ADD is shown in green.

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4.2.2 Winter donors

For winter donors, patches of desiccated skin appeared within the first week, and signs of putrefaction were observed between days 30-41 for all donors (Figure 4-3). Donors 1, 2, and 3 each showed a distinct bloat stage, and the date observed varied greatly between donors. Donor 8 did not exhibit a clear bloat stage before progressing into active decay. Similar to autumn donors, upon cessation of sampling all donors showed preservation of the skin, and entomological activity was markedly decreased. It was possible to retrieve a soft tissue sample from all donors up to day 120. Donor 8 was periodically raised from the surface using a wire platform placed beneath the donor for data collection for a separate study. This was deemed to not significantly interfere with the present study.



Figure 4-3 Decomposition progression for donors placed in autumn winter. Body mass classification is shown in brackets: S = small, M = medium, L = large. Day since placement is shown in white, and ADD is shown in green.

4.2.3 Spring donors

Patches of desiccated skin appeared within a day of placement, and signs of putrefaction were observed within the first week for both spring donors (Figure 4-4). Both donors showed a distinct bloat stage, which was observed on day 9 for Donor 9 and day 5 for Donor 10. Upon cessation of sampling, both donors showed preservation of the skin, with Donor 10 having partial skeletonisation of the hands and lower limbs.

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It was not possible to retrieve a soft tissue sample past day 24 for Donor 9 and day 15 for Donor 10.

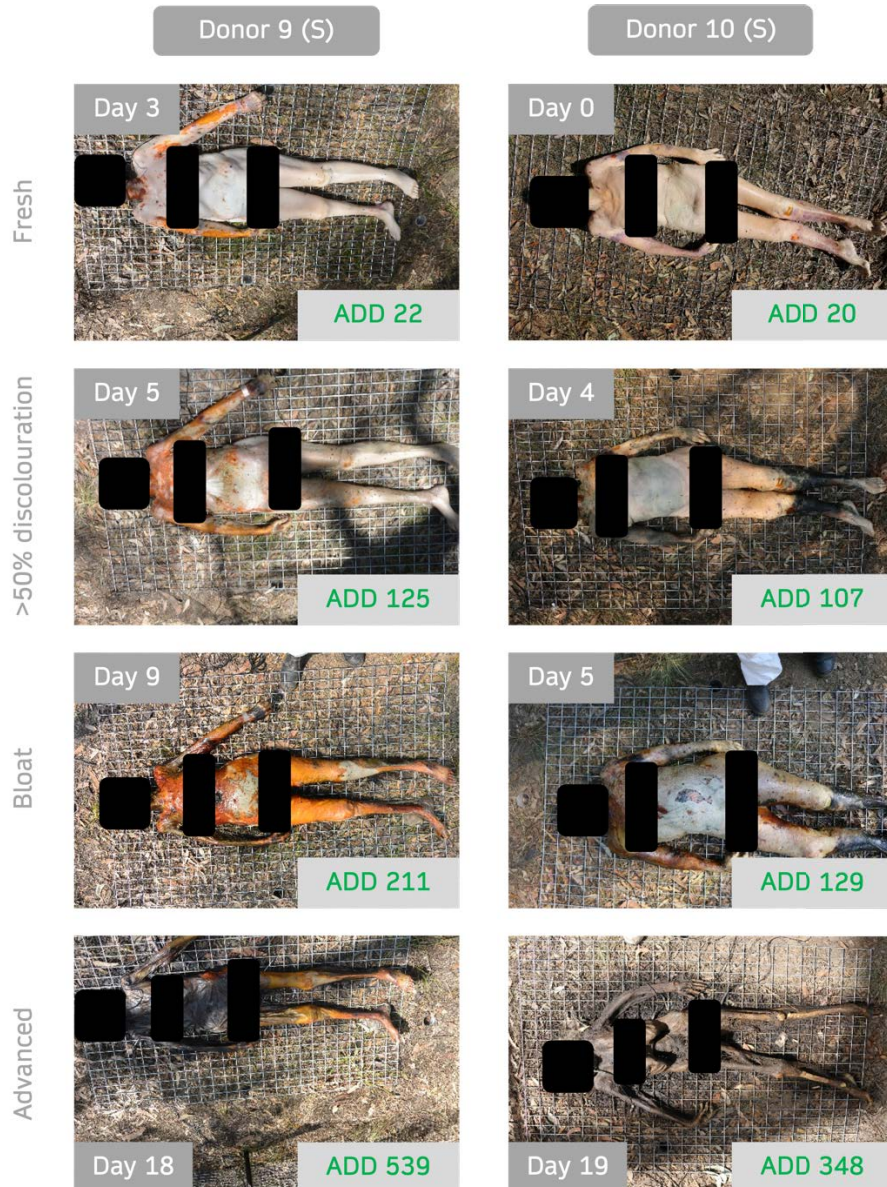


Figure 4-4 Decomposition progression for donors placed in spring. Body mass classification is shown in brackets: S = small, M = medium, L = large. Day since placement is shown in white, and ADD is shown in green.

4.2.4 Summer donors

Signs of putrefaction were observed within the first week for both summer donors, and in contrast to all other donors, the skin did not show early desiccation (Figure 4-5). As seen with the spring donors, both donors showed a distinct bloat stage, observed on day 7 for both donors. Upon cessation of sampling, both donors showed preservation of the skin, and Donor 4 showed no signs of skeletonisation. Donor 5 showed signs of skeletonisation in the lower abdominal region, with sections of the skin layer having broken down. It was not possible to retrieve a soft tissue sample past day 29 for donor 4 and day 13 for Donor 5.

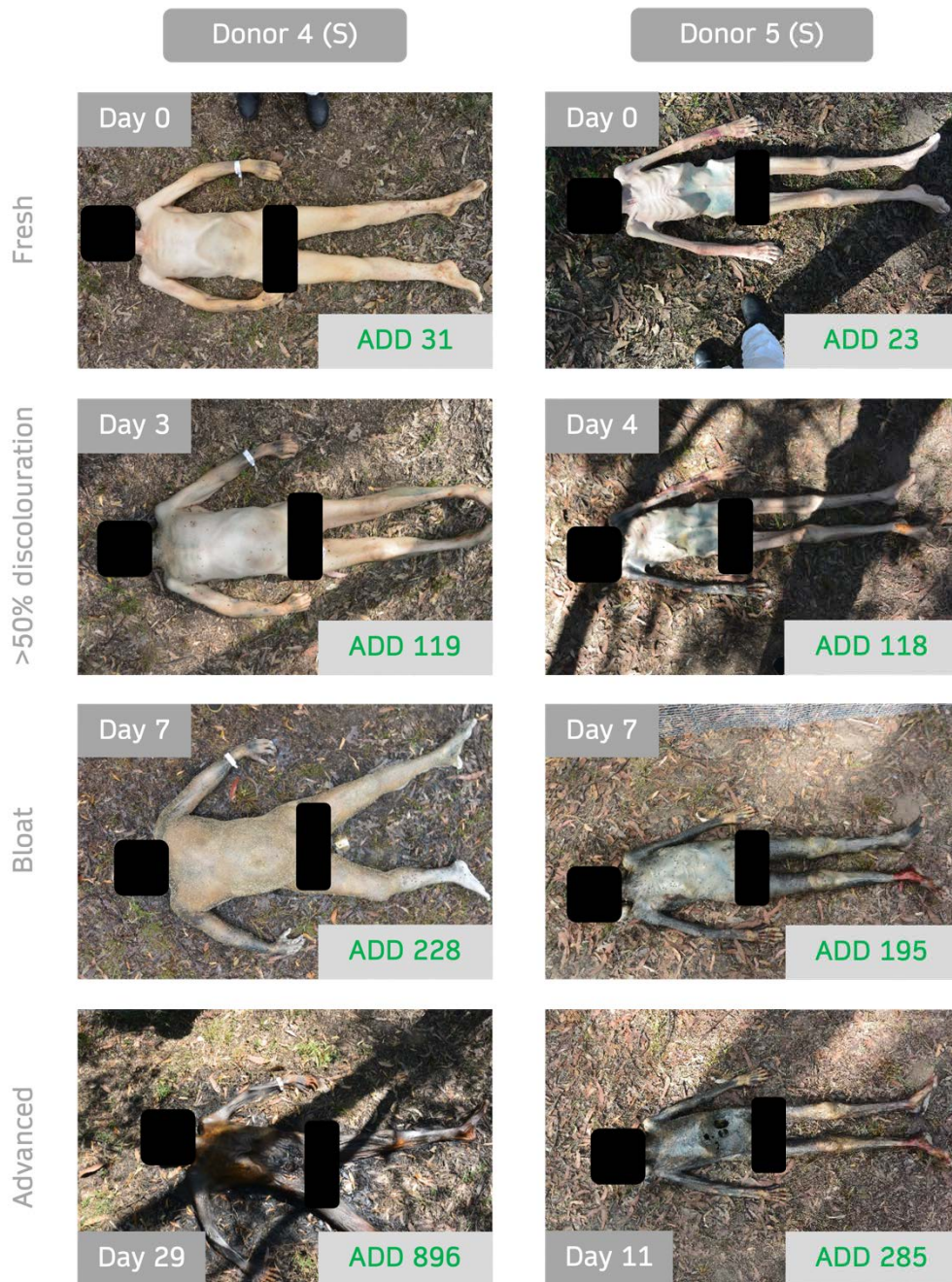


Figure 4-5 Decomposition progression for donors placed in summer. Body mass classification is shown in brackets: S = small, M = medium, L = large. Day since placement is shown in white, and ADD is shown in green.

4.2.5 Differential decomposition

All donors presented with differential decomposition throughout the sampling period. All donors showed signs of the active decay stage around the face and neck region prior to the rest of the body entering active decay (Figure 4-6). Subsequent to this, the limbs (both upper and lower) were the next to exhibit signs of active decay, followed by the torso region. Lateral differences could be observed within a single TBS region for some donors, as shown by Donor 5 and Donor 6 in Figure 4-6 where differences can be seen between the decomposition in the left and right upper limbs. Additionally, differential

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decomposition within a single TBS region was regularly observed for the distal and proximal regions of the upper and lower limbs, as seen in Donors 3, 6, and 10 in Figure 4-6.

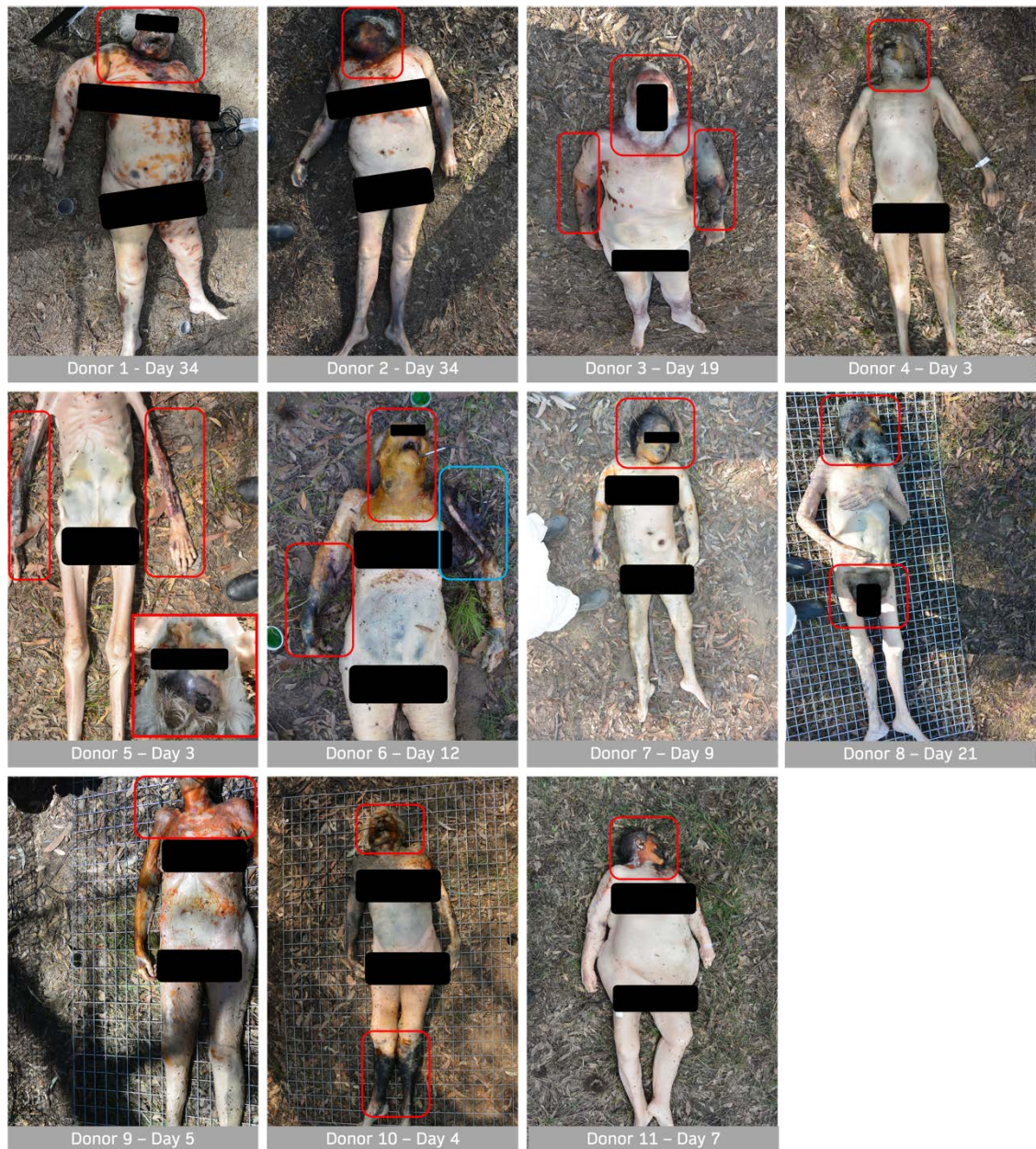


Figure 4-6 Example images for differential decomposition observed in all donors. Regions considered to be in active decay are shown in red. Regions considered advanced decay are in blue.

4.2.6 Total body score (TBS) system

In order to provide a quantitative comparison, total body scoring was also completed to provide a more structured method for visual assessment. Figure 4-7 shows the TBS at each sample time point for all donors. A trend in the progression of TBS can be seen between seasonal placements, with winter donors progressing slower followed by

autumn donors, and then spring and summer donors. There was no clear separation in the progression of spring and summer donors.

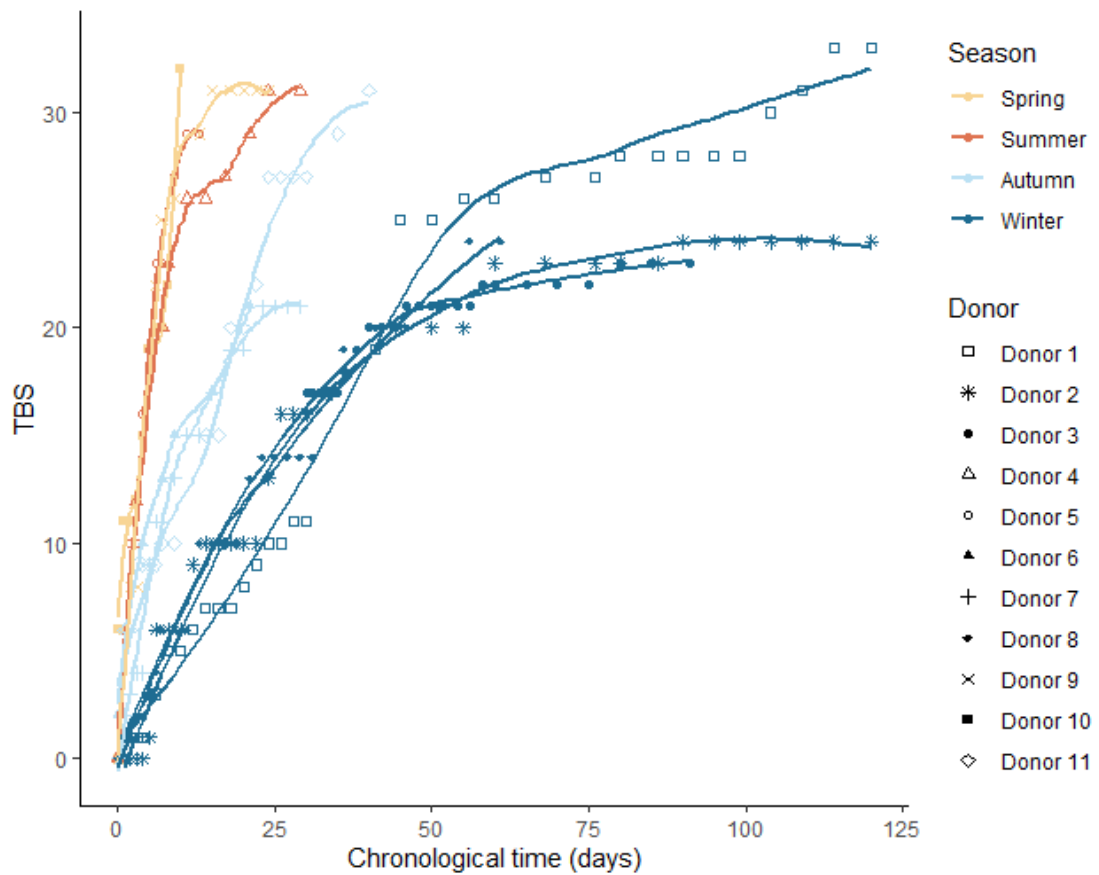


Figure 4-7 Total body score (TBS) for each donor over time (days). Colours denote season of placement and shape denotes donor. LOESS smoothing was used to produce a trendline for each donor.

TBS was also plotted against ADD in order to allow for better seasonal comparison by accounting for temperature difference over time (Figure 4-8). A similar trend could be observed for the progression of TBS across the different seasonal placements, with a slight convergence of the data. Similar trends could be observed for each donor when plotting TBS against ASR and ARH. Plotting against ATR did not provide any consistent trends in decomposition compared to periods of rainfall (APPENDIX C:).

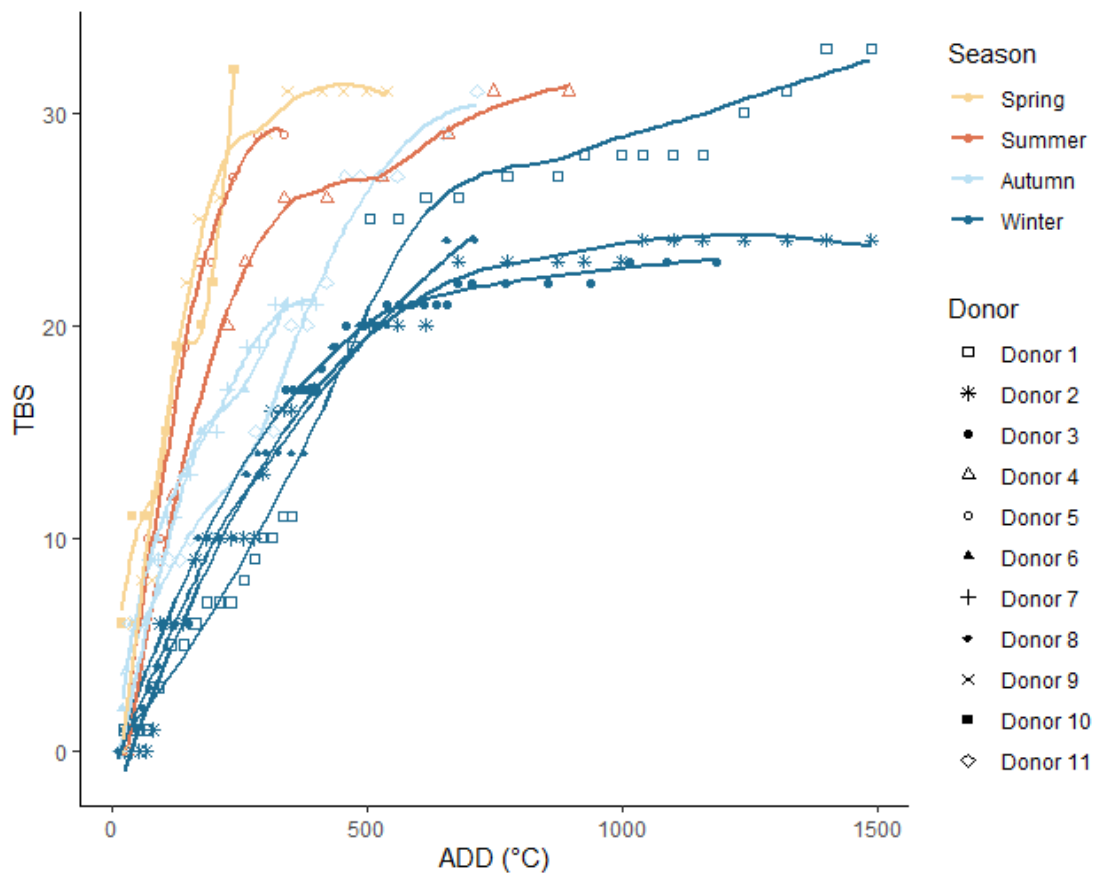


Figure 4-8 Total body score (TBS) for each donor over time (ADD). Colours denote season of placement and shape denotes donor. LOESS smoothing was used to produce a trendline for each donor.

Finally, the TBS data was considered with regard to the body mass of each donor (Figure 4-9). Donors with a greater body mass showed a slower rate in increase for TBS than both medium and slim donors. Slim donors showed the fastest rate in increase for TBS, with the exception of Donor 8. As Donor 8 was also placed in winter, this indicates seasonal placement had a greater effect than donor size when assessing TBS.

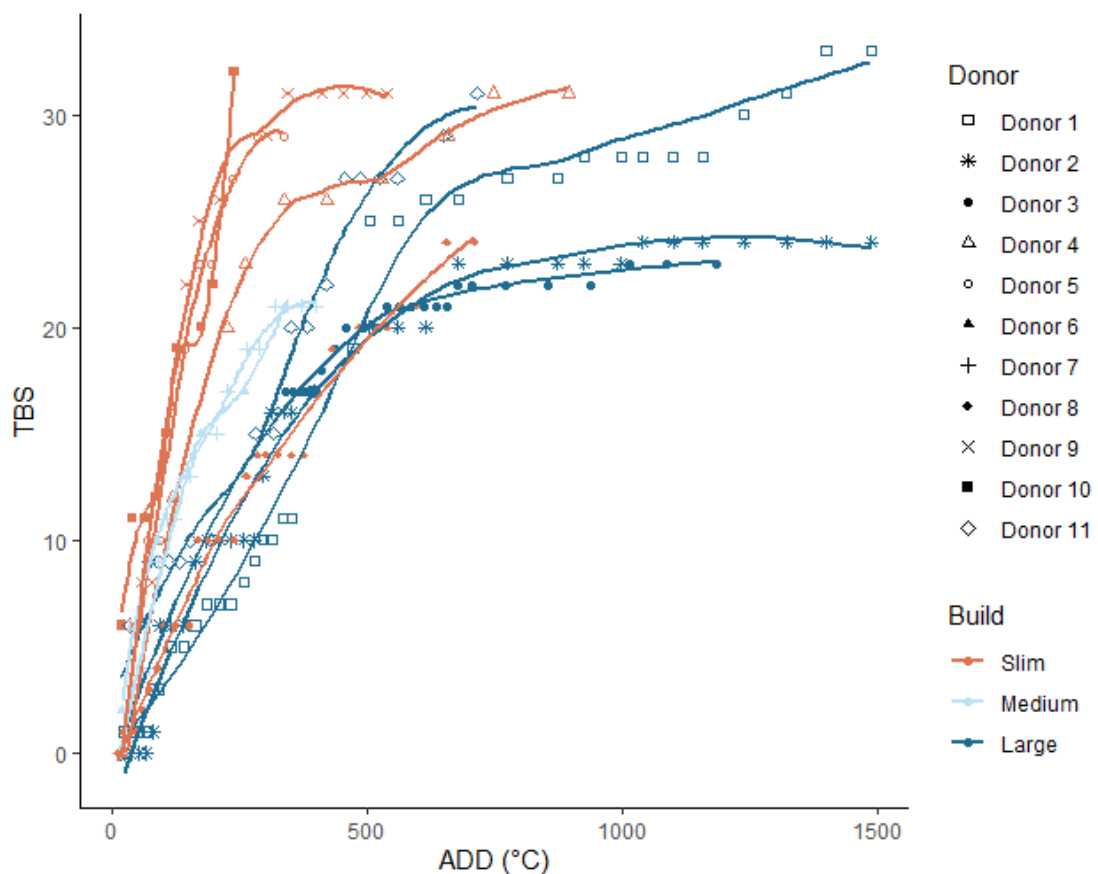


Figure 4-9 Total body score (TBS) for each donor over time in accumulated degree days (ADD). Colours denote build and shape denotes donor. Loess smoothing was used to create a trendline for each donor.

4.3 Discussion

Visual assessment of the donors in this study showed a difference in progression between the warmer and cooler seasons, with respect to both time and observed decomposition stage characteristics. Donors placed in spring and summer progressed to preserved remains and an inability to collect a soft tissue sample within a month of placement. Contrastingly, winter and autumn donors were able to be sampled up to the end of the experimental period (120 days). Similar observations were made in a study by Knobel *et al.* [7], with donors placed in summer decomposing faster than those placed in winter at the AFTER field site. A parallel between studies was also seen with respect to the occurrence of bloat for each donor. In this study, donors placed in warmer seasons developed noticeable bloat within the first two weeks of placement. Donors placed in cooler seasons varied greatly in the time it took for bloat to occur, and for some donors defined bloat was visually difficult to determine due to the subtlety of the abdominal distension. The study by Knobel *et al.* [7] made comparable observations, with bloat for summer donors occurring within a week, and bloat for winter donors only being observed in a single donor. For all donors where bloat was clearly visible, the onset occurred either in conjunction with or after signs of active

decay. No donors exhibited a clear transition between the initial three defined decomposition stages (fresh to bloat to active decay). The inability to observe characteristics of the traditionally defined decomposition stages [109], highlights the unreliability of using visual assessment as an accurate form of PMI estimation. Additionally, the occurrence of differential decomposition complicates the classification of distinct stages for the whole cadaver, as separate body regions may exhibit different decomposition stages at a point in time.

It has been well documented that the head and neck region will progress through the decomposition stages faster than other regions of the body due to arthropod colonisation and relative lack of soft tissue [44-46]. This was observed for all donors in this study, regardless of seasonal placement and intrinsic factors. Further, active decomposition was seen for all donors either prior to, or in conjunction with, the bloat stage. This observation calls into question the ability to clearly define chronological stages of decomposition in this environment, rather than looking at the characteristics more holistically. Differential decomposition has been commented on previously, most notably by Megyesi *et al.* [46] who developed the TBS method to combat issues with visual assessment. Whilst the TBS method allows for application of different stages to different regions of the body, it does not account for when a region shows simultaneous characteristics of different decomposition stages. The occurrence of this was also commented on by Megyesi *et al.* [46] and Suckling *et al.* [61], which further suggests that decomposition cannot be defined so discretely into chronological stages, or that bloat should be thought of as a characteristic exclusively within the active decay stage. A similarly confounding characteristic that has been previously described is putrefactive rigor. This occurs when lifting and extension of the limbs occurs, due to the build-up of putrefactive gasses accumulating in the bloat stage. Confusion can arise between the observation of this characteristic with presence of true *rigor mortis*, and subsequently lead to the incorrect assessment of the fresh vs. bloat stages of decomposition.

The TBS system has regularly been used as the simplest and most efficient method for visual PMI estimation, however, it requires a degree of specialised knowledge and experience in order to make accurate assessments of human remains from the observed characteristics. All donors in this study showed an initial increase in TBS followed by a plateau. For donors placed in cooler seasons, the plateau occurred at lower TBS values than those placed in warmer seasons, suggesting that bodies placed in cooler seasons decompose slower than those in warm seasons. The plateau at lower TBS scores may also correlate with a decrease in both microbial and entomological proliferation, as colder temperatures inhibit both microbial replication and the succession of entomological activity [268, 269]. Additionally, as cooler ambient temperatures increase the rate of algor mortis, this may also impede the initial exponential proliferation of decomposition related bacteria. The data presented here also shows that the variation in observed TBS at different ADD, would not allow for an

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accurate determination of PMI for the donors in this study, without further factoring of seasonal placement and body mass. Similar results with regard to the inaccurate determination of PMI from TBS in both surface and burial trials have been reported in studies by Dautartas *et al.* [270], Suckling *et al.* [61], Knobel *et al.* [7], and Ferreira and Cunha [4].

Mummification or preservation of the skin was the final stage observed in all donors with a single exception (*i.e.*, donor 10), and patches of desiccation appeared in the early stages of active decay for all donors. Donor 10 was the only donor to show signs of skeletonisation, however preserved skin still covered >75% of their body. This differs to results observed in research conducted at a human taphonomic facility in central Texas [61], where full skeletonisation was observed between 12 and 94 days post-mortem for all donors. Suckling *et al.* [14] studied a total of 10 donors, though did not record season of placement or body mass for each donor. Therefore, a direct comparison of factors between their study and this study is not possible. Another study by Dautartas *et al.* [270], observed mummification of the skin slowed the rate of decomposition for human donors. It is not clear if the donors used in this study progressed to the skeletonisation stage. Mummification of the skin layers occurs in the later stages of human decomposition [46, 109]. The preservation of tissues leads to the inhibition of microbial and entomological scavenging activity, slowing down the decomposition process [6]. In the Australian environment, this effect appears greater, as progression to full skeletonisation occurs at significantly later PMIs.

The method for sampling using a core biopsy needle was optimised to better prevent the chance of bacterial infiltration to the sampling site and subsequent artificial acceleration of decomposition. Visual comparison of the sampling sites for each method indicated no clear visual acceleration of decomposition. Comparison of the TBS scores for donors sampled using a single sample site showed no clear deviation from the degradation pattern of donors sampled using multiple sample sites.

As indicated in Chapter 3, rainfall was highly variable in each season and no clear relationship between season and rainfall could be observed. Following this, it is likely that the net effect rainfall is having on decomposition is uniform across the seasons and would not be explanatory for the variation in degradation seen between seasons. This is contrasting to what has been previously reported, as both rainfall and humidity have been noted to have an impact on decomposition rates, however experimental support for this appears to be lacking [5]. Supported by observations of 20+ years of research at the University of Tennessee's Anthropology Research Facility, Vass [49] proposed a formula for the calculation of PMI that included humidity as a major influencing factor. Subsequent studies have referenced Vass' study to support the inclusion of humidity measurements for calculating PMI [77, 271]. Further, a study in 2004 proposed that rainfall was likely to increase the rate of decomposition [272], but acknowledged a lack of statistically significant data. It was suggested that rainfall would

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allow for the rehydration of tissue and subsequent recolonisation of entomological species, however this was not observed in our study. Additional research, particularly in other geographical climates, is needed to confirm the influence of humidity and rainfall on decomposition.

4.4 Conclusions

The visual assessment of decomposition for donors in this study showed donors placed in warmer seasons progressed through decomposition faster than donors placed in cooler seasons. This is comparable to what has been seen in previous human taphonomic studies. Differential decomposition is a standard occurrence across all taphonomic studies, including the present study, making classification into the traditional stages of decomposition difficult. Whilst TBS goes some way to account for this, issues still arise with regions of the body showing characteristics of multiple stages at the same time. In this study, lateral asymmetry and differential decomposition within a single TBS region was observed. Bloat was not observed as a defined stage for any donor, instead co-occurring or occurring after signs of active decay. As a result of this, it is suggested that bloat be considered a characteristic within the stage of active decay and not a stand-alone stage in chronological decomposition. Mummification has been seen in many human taphonomy studies, however progression to skeletonisation occurs at a slower rate, or has been entirely unobserved, in the Australian environment.

Chapter 5: Degradation of nuclear DNA

5.1 Introduction

The subjectivity of qualitative methods has led to inconsistency in PMI interval estimations between studies and in different environments, giving rise to the need for more reliable methods [7, 112]. With the advance of analytical techniques, methods looking at biomolecules (*e.g.*, DNA, RNA, proteins etc.) have been explored in an attempt to improve on existing methods [82, 126, 127]. At present, there has been no assessment of the use of DNA as a biomarker for accurately determining PMI in a temperate Australian environment. In this study, degradation of nuclear DNA (nDNA) was monitored in whole human cadavers placed at the Australian Facility for Taphonomic Experimental Research (AFTER). The calculated degradation Index (DI) was then compared to a range of measured influencing factors in order to assess their impact on the rate of decomposition. This study will contribute to the establishment of a reliable database of DNA-based decomposition data to support the development of a more accurate PMI estimation method for forensic casework in Australia.

5.2 Assessment of nDNA degradation

All quantification data and subsequent degradation index values are provided in APPENDIX E:. Some degradation index values could not be determined due to insufficient quantity of one or both targets for some samples, notably those obtained toward the end of a donors sampling period, where tissue samples were difficult to obtain due to the level of decomposition. Additionally, some instances of a DI value greater than 1 were observed, this is likely due to the small uncertainty in quantification of the long and short amplification targets, alongside experimental variation in amplification efficiencies. According to the user guide for Quantifiler® Trio DNA Quantification Kit [273], it is possible that the degradation index can be greater than one for intact DNA

5.2.1 nDNA LOESS plots

A LOESS regression model was applied to plots of nDNA DI versus time using the ggplot2 package in R with standard error (SE).

Figure 5-1 shows nDNA DI LOESS regression plots for donors placed in autumn. An initial linear decline is seen for each donor, before a plateau as the DI value trends

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towards 0. An outlier can be seen for Donor 7 at day 36. The quantities of both the long and short amplicon targets were near 0 ng/ μ L in this region. At these low levels, the relative uncertainty in the concentration value is high, leading to higher variance in DI.

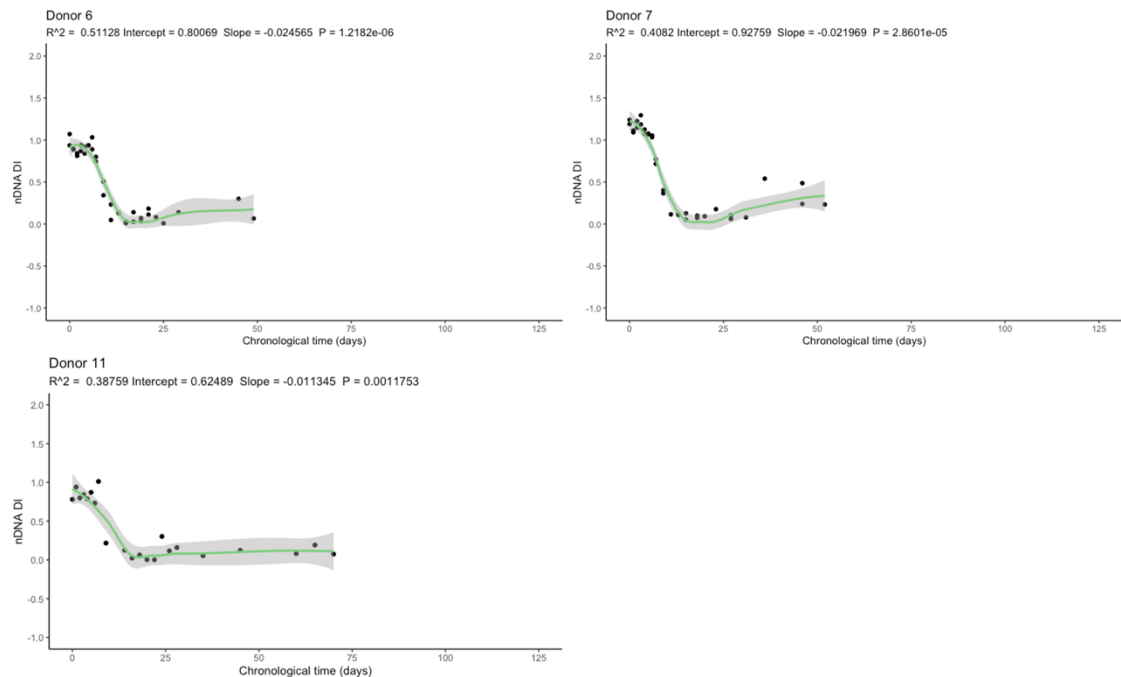


Figure 5-1 LOESS regression plots of nDNA DI as a function of chronological time (days) for autumn placed donors. Standard error is shown in grey.

Figure 5-2 shows LOESS regression plots for donors placed in winter. Donors 2 and 8 showed a similar trend to that seen with autumn placed donors, with an initial linear decline followed by a plateau as the DI value trends towards 0. Donor 1 showed a linear decline with no plateau. Donor 3 showed more variable DI values, as indicated by the SE, however a decline in DI over time can still be observed. Two outliers can be seen for Donor 8 (~ day 40), with a DI of approximately 1. The outlier at sample day 41 can be explained by long and short amplicons having concentrations near 0 ng/ μ L. The outlier at Day 36 is harder to explain with both the long and short amplicon targets having concentrations near 25 ng/ μ L.

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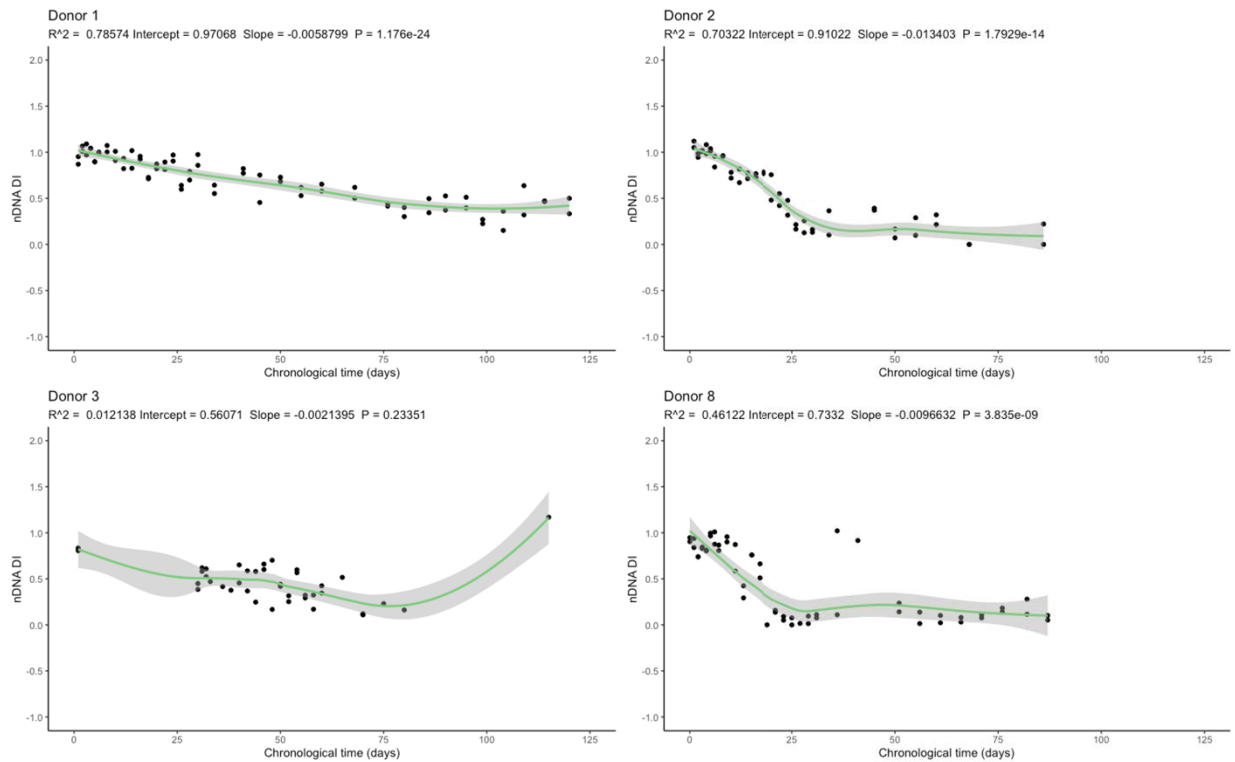


Figure 5-2 LOESS regression plots of nDNA DI as a function of chronological time (days) for winter placed donors. Standard error is shown in grey.

Donors placed in spring provided fewer samples due to the shorter period in which a sample was obtainable. Donor 9 was able to be sampled up to day 16 of placement and Donor 10 was able to be sampled up to day 12 of placement. In addition to the faster decomposition of soft tissue for these donors, site access was limited by the 2019/2020 Australian bushfires, reducing the number of collected samples. Due to the number of DI data points for both Donor 9 and Donor 10, LOESS regression was not applied and no trends can be observed (APPENDIX F:).

Similar to donors placed in spring, donors placed in summer also provided fewer samples due to the shorter period in which a sample was obtainable. Donor 4 was able to be sampled up to day 10 of placement and Donor 5 was able to be sampled up to day 13 of placement. Site access was also limited by the 2019/2020 Australian bushfires for these donors, reducing the number of obtained samples. Figure 5-3 shows LOESS regression plots for the samples obtained from summer placed donors. Both donors indicated a linear decline in DI with respect to time. No plateau in DI was observed for summer placed donors.

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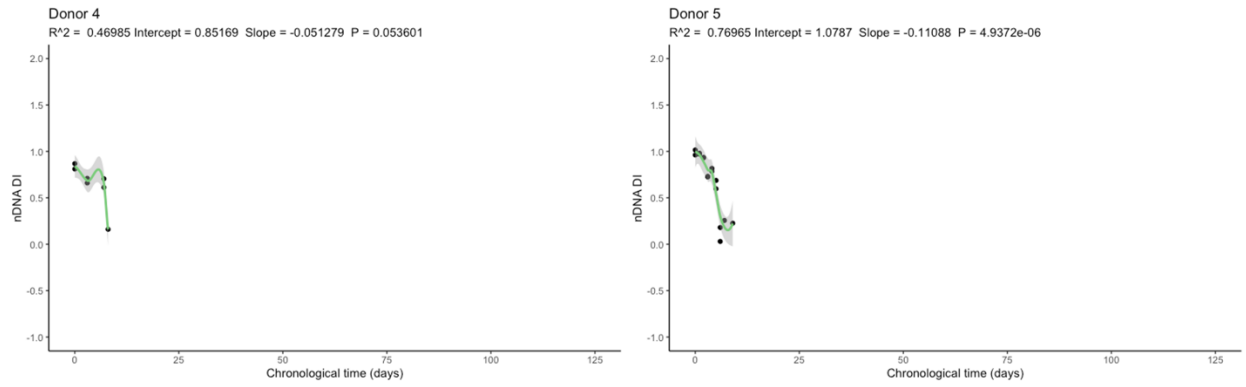


Figure 5-3 LOESS regression plots of nDNA DI as a function of chronological time (days) for summer placed donors. Standard error is shown in grey.

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5.2.2 nDNA linear regression plots

The data were truncated before the plateau in order to focus on the linear range to allow for correlation with time. Linear regression models were subsequently applied using the ggplot2 package in R with SE. Summary statistics were determined and R-squared value, intercept, slope, and coefficient p-value is shown for each plot.

Figure 5-4 shows linear regression plots for donors placed in autumn. An R-squared value greater than 0.8 was observed for Donors 6, 7, and 11. All donors returned a coefficient p-value less than 0.05, indicating a significant relationship between nDNA DI and time for autumn placed donors.

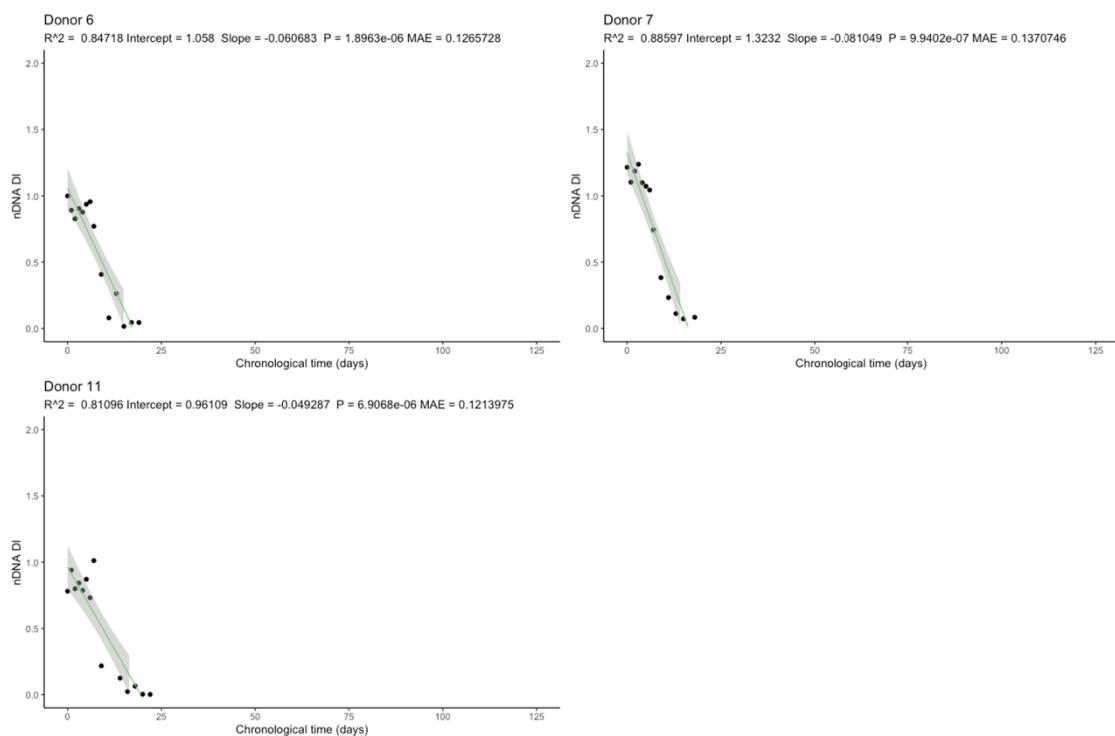


Figure 5-4 Linear regression plots of nDNA DI as a function of chronological time (days) for autumn placed donors. Standard error is shown in grey.

Figure 5-5 shows linear regression plots for donors placed in autumn. An R-squared value greater than 0.7 was observed for Donors 1 and 2, and an R-squared value of 0.80 was observed for Donor 8. Donor 3 returned an R-squared value of 0.47, again highlighting the variability in DI results for this donor. Similar to the autumn donors, a coefficient p-value less than 0.05 was seen for all winter donors, indicating a significant relationship between nDNA DI.

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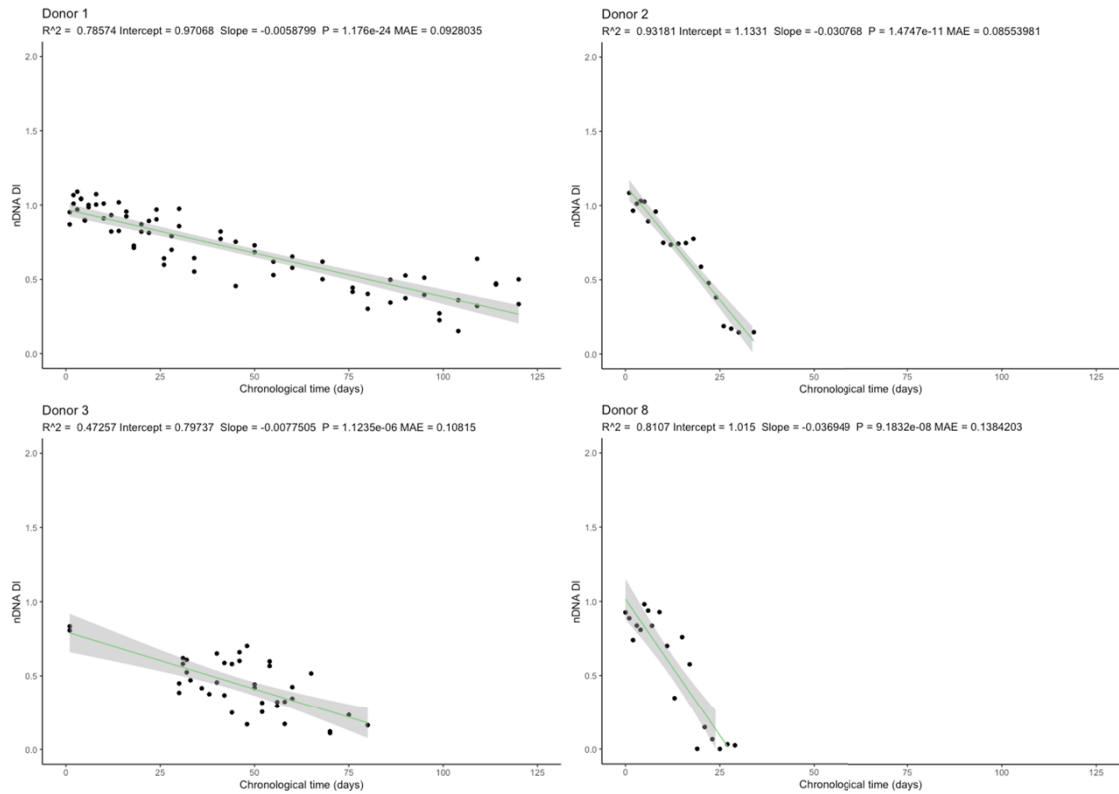


Figure 5-5 Linear regression plots of nDNA DI as a function of chronological time (days) for winter placed donors. Standard error is shown in grey.

Linear regression plots for spring placed donors are shown in Figure 5-6. R-squared values less than 0.5 were observed for both spring placed donors. A coefficient p-value greater than 0.05 was also seen for both donors, indicating no significant relationship between nDNA DI. The slope for both spring donors was positive, contrasting what would be expected, however, consideration should be taken to the limited number of data points.

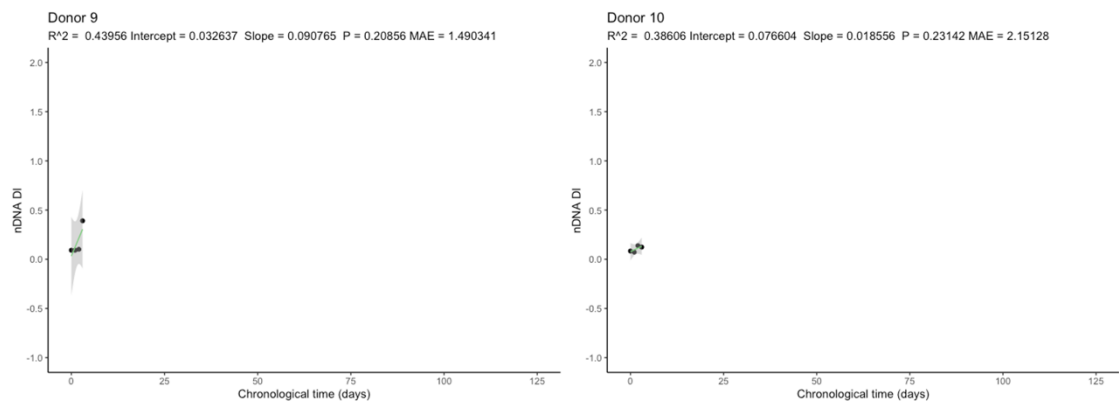


Figure 5-6 Linear regression plots of nDNA DI as a function of chronological time (days) for spring placed donors. Standard error is shown in grey.

Linear regression plots for summer placed donors are shown in Figure 5-7. An R-squared value greater than 0.7 was observed for Donor 5, and an R-squared value less than 0.5 was observed for Donor 4. The coefficient p-value for Donor 5 was less than

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0.05, indicating a significant relationship between nDNA DI over time. For Donor 4, the coefficient p-value was greater than 0.05, indicating no significant relationship between nDNA DI over time. Again, it should be taken into consideration that Donor 4 had a low number of data points.

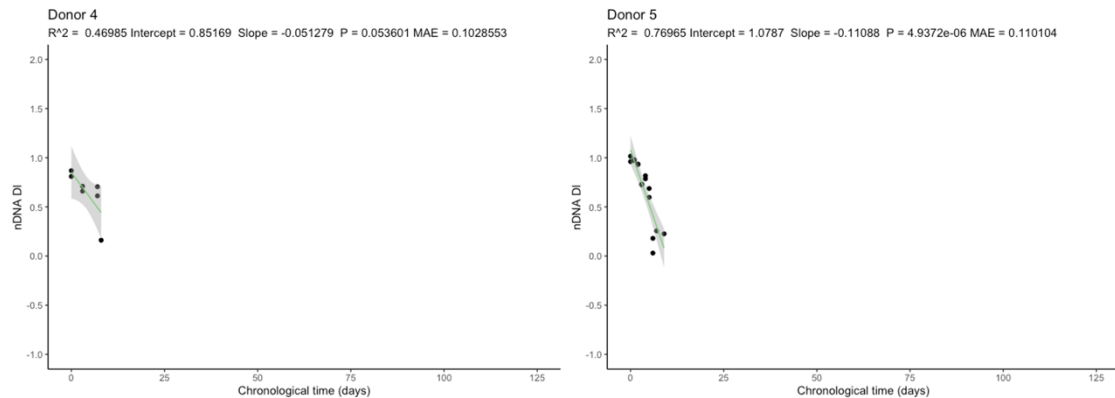


Figure 5-7 Linear regression plots of nDNA DI as a function of chronological time (days) for summer placed donors. Standard error is shown in grey.

5.2.3 nDNA comparison of influencing factors

Linear regression plots for each donor were compiled for the comparison of measured influencing factors.

Figure 5-8 shows linear regression for each donor over time (days). A reduced rate of DI decline was observed for winter placed donors, and an increase in rate was observed as seasons progressed from cooler to warmer (*i.e.*, Winter, Autumn, Summer, Spring), with the exception of Spring donors. Spring placed donors produced minimal DI data points and produced positive slopes. A trend can be seen between donors placed in each of the four meteorological seasons when plotted against time in days, with the slope decreasing as the seasons increase in average temperature (*i.e.*, winter < Autumn < summer). Following this it should be noted that the two spring donors produced positive slope values, however both donors had a limited number of data points and therefore are likely unreliable.

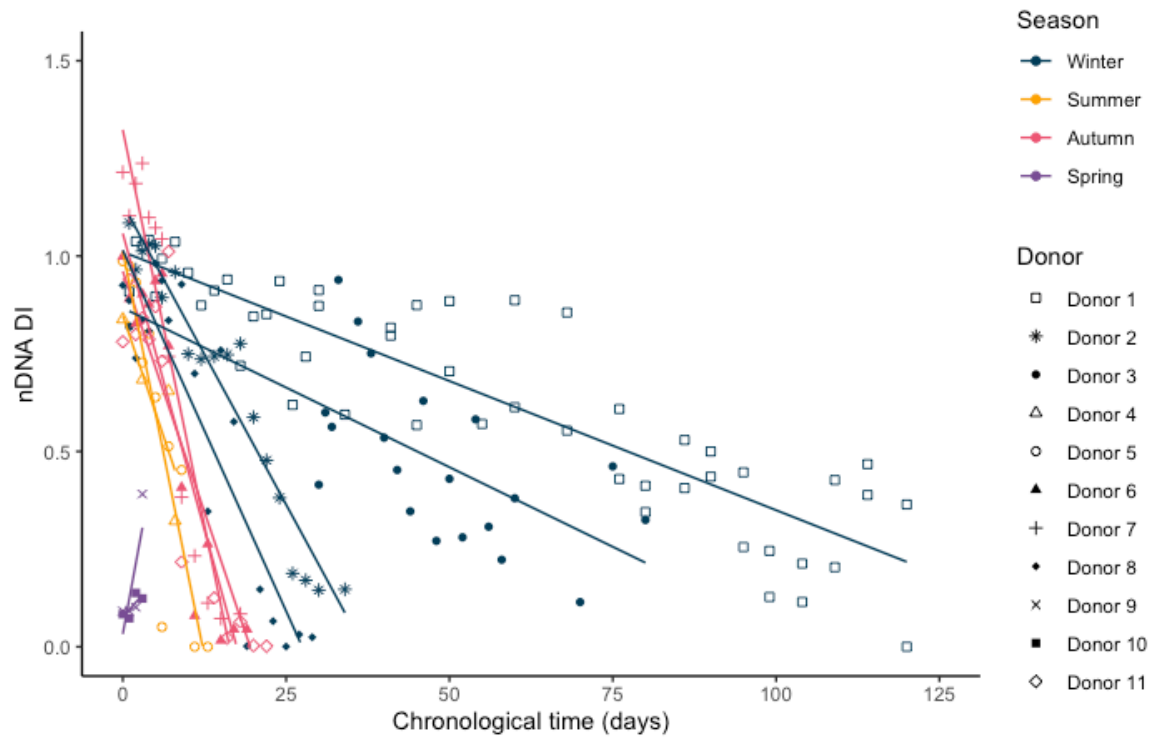


Figure 5-8 Linear regression plots of the nDNA DI against time in days. Line colour represents the placement season. Red arrow is included as a visual representation of the variance in degradation rate.

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5.2.3.1 Effect of humidity

Linear regression plots for nDNA DI over time measured by accumulated relative humidity (ARH) were compared for each donor (Figure 5-9). A similar variance in rate of degradation between each donor can be seen with respect to nDNA DI vs time in days (further explored in 5.2.4).. Clear separation can be seen between donors placed in each of the four meteorological seasons when plotted against time in ARH.

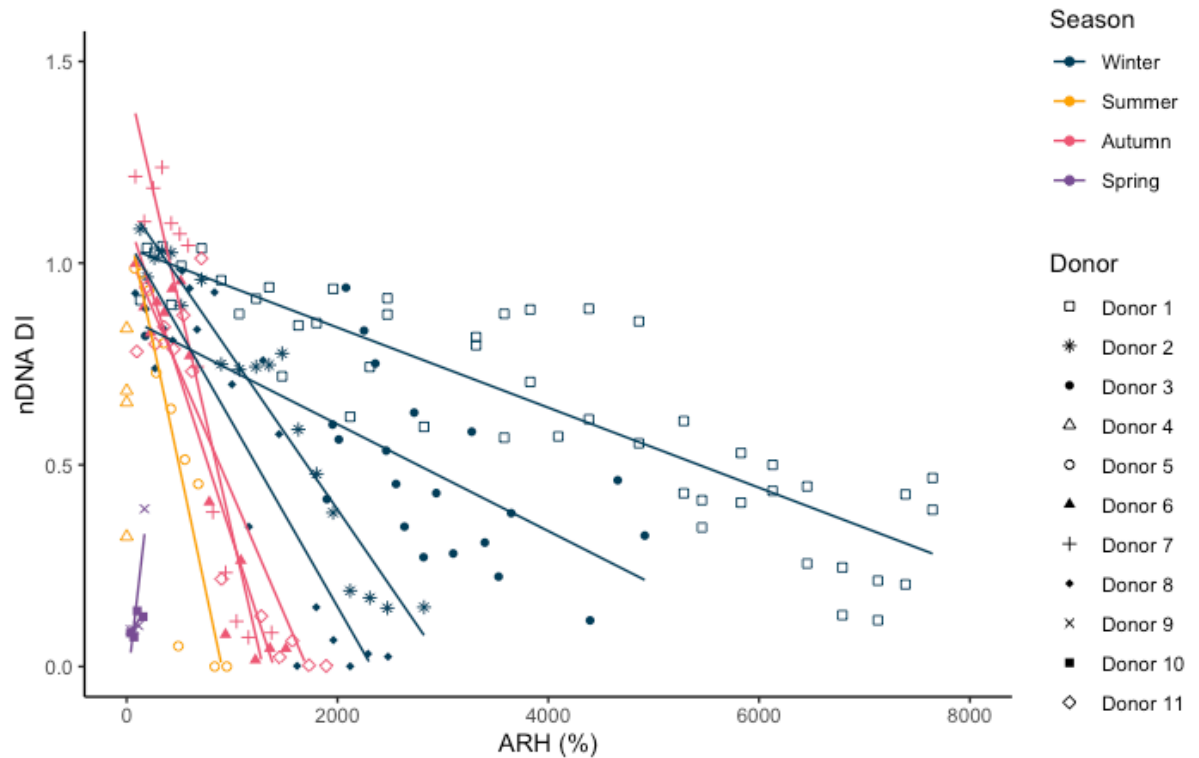


Figure 5-9 Linear regression plots of the nDNA DI against time in accumulated relative humidity (ARH). Line colour represents the placement season. Red arrow is included as a visual representation of the variance in degradation rate.

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5.2.3.2 Effect of solar radiation

Linear regression plots for nDNA DI over time measured by accumulated solar radiation (ASR) were compared for each donor (Figure 5-10). The use of ASR as a function of time shows a convergence of the trendlines for each donor, in comparison to plots against time in days and ARH (further explored in 5.2.4). ASR data for Donor 4 were missing due to a technical outage with the HOBO® U30 weather station.

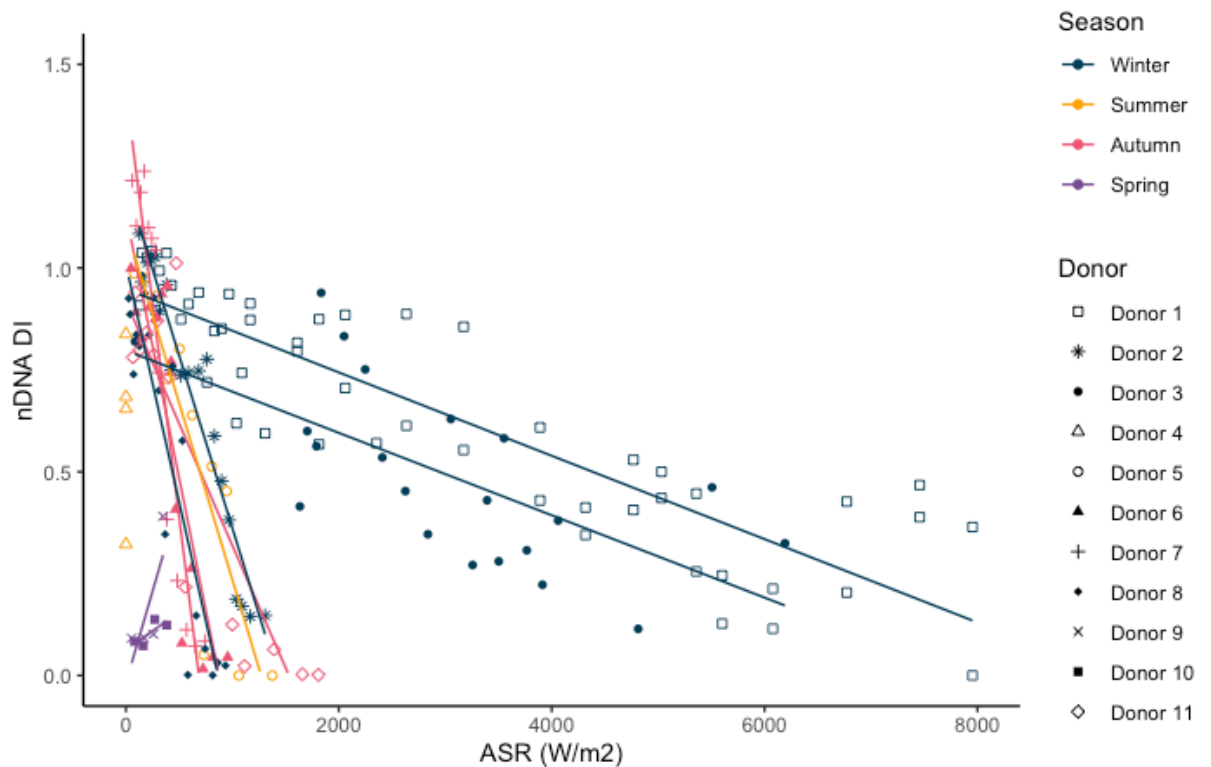


Figure 5-10 Linear regression plots of the nDNA DI against time in accumulated solar radiation (ASR). Line colour represents the placement season. Red arrow is included as a visual representation of the variance in degradation rate.

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5.2.3.3 Effect of temperature

Figure 5-11 shows linear regression for each donor over time as measured by accumulated degree days (ADD). Similar to what was observed when plotting against ASR, plotting against ADD shows a convergence of the observed degradation slopes for each donor (further explored in 5.2.4). Some separation in rates of degradation can still be observed with respect to the spring placed donors.

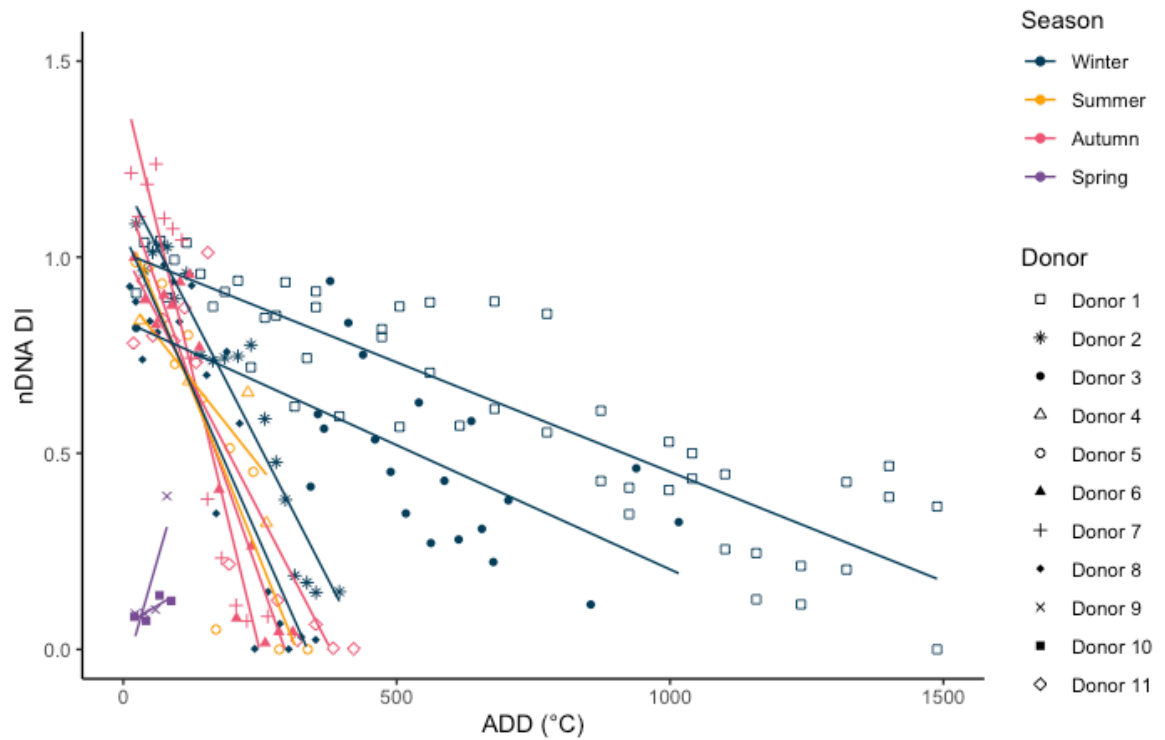


Figure 5-11 Linear regression plots of the nDNA DI against time in accumulated degree days (ADD). Line colour represents the placement season. Red arrow is included as a visual representation of the variance in degradation rate.

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5.2.3.4 Effect of body mass

Figure 5-12 shows linear regression for each donor over time as measured by accumulated degree days (ADD), and body mass of the donors is indicated by colour. A trend can be observed with respect to nDNA DI degradation rate of different body masses within their respective placement season. Larger BM donors show a reduced rate in nDNA DI degradation when compared to medium and slim donors.

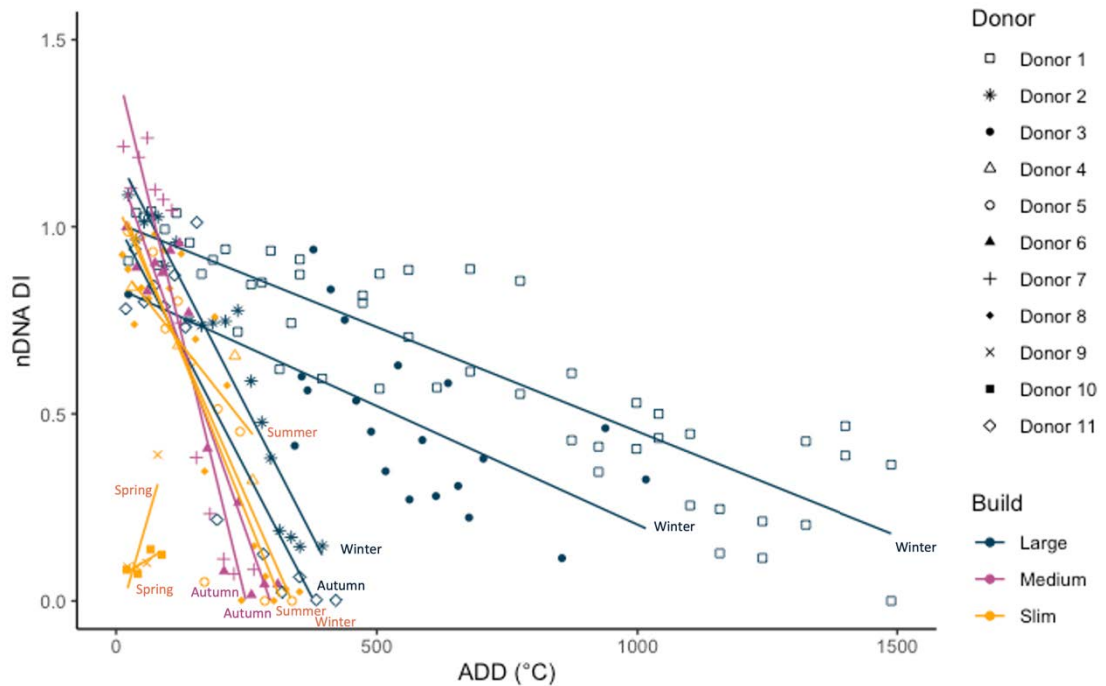


Figure 5-12 Linear regression plots of the nDNA DI against time in accumulated degree days (ADD). Line colour represents build and trendlines are labelled with placement season.

5.2.4 Assessment of the effect of influencing variables

A comparison of Figure 5-9 to Figure 5-12 was conducted through the assessment of the range in x-intercepts (ADD when nDNA DI = 0) for the produced linear regression trendlines for each donor (Figure 5-13). The smallest variance in intercepts can be observed when plotting nDNA DI against ASR, followed by ADD. Larger variances in the intercepts can be observed for the plots of nDNA DI against ARH, ATR, and Days. It should also be noted that the plots for ASR and ARH were missing data due to a technical outage with the HOBO® U30 weather station.

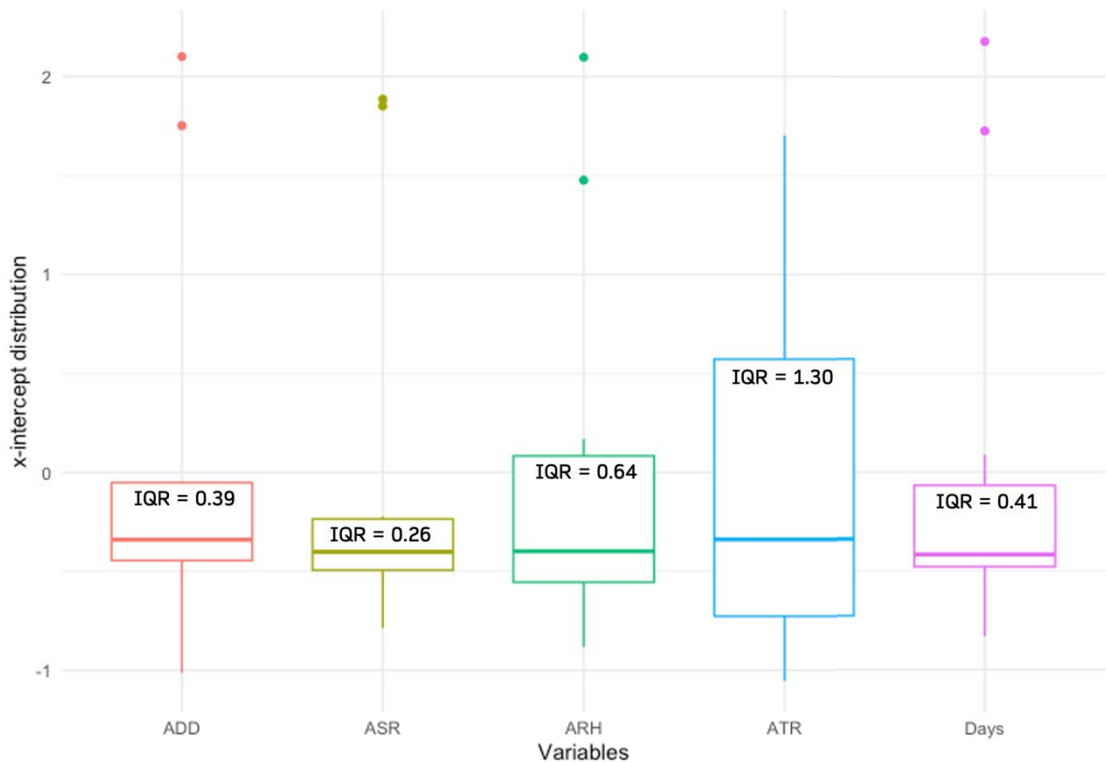


Figure 5-13 Boxplot of the distribution of x-intercepts when nDNA DI is plotted against each assessed variable (ADD, ASR, ARH, ATR, and Days). The Inter quartile range is shown for each variable.

From Figure 5-13, it can be determined that with the present dataset plotting nDNA DI against ADD is the best explanatory variable for the observed variance between donors, as it gives the smallest range of x-intercepts. Whilst it is possible that ASR may improve upon this, as the data for ASR was not complete this could not be concluded.

Table 5-1 shows the summary statistics for the linear regression model of nDNA DI against ADD. Testing of this linear regression model determines if ADD has a statistically significant effect on nDNA DI. For all but three donors (Donors 4, 9, and 10), the model is an improvement on if ADD were not included as an explanatory factor as shown by a p-value of <0.05 . As Donors 4, 9, and 10 had the smallest number of data points, it is possible that the non-significance in these models is due to the small dataset, and could potentially be improved upon with a larger and more robust sample population.

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Table 5-1 Summary statistics for a simple linear regression model of nDNA DI ~ ADD. p-values > 0.001 are shown in red, p-values < 0.01 are shown in orange.

| Donor | Regression coefficient | Std. Error | Pr(> t) |
|----------|------------------------|------------|-------------|
| Donor 1 | -5.14E-04 | 4.05E-05 | 3.08E-14 |
| Donor 2 | -0.00271 | 0.000193 | 8.78E-11 |
| Donor 3 | -0.0006337 | 0.0001717 | 0.00155 |
| Donor 4 | -0.0017617 | 0.0007539 | 0.1445 |
| Donor 5 | -0.0034489 | 0.0005703 | 1.91E-04 |
| Donor 6 | -0.0039624 | 0.0004386 | 1.06E-06 |
| Donor 7 | -0.005757 | 0.000557 | 0.000000531 |
| Donor 8 | -0.0031582 | 0.0003652 | 0.000000124 |
| Donor 9 | 0.004815 | 0.002452 | 0.189 |
| Donor 10 | 0.0008381 | 0.0004657 | 0.214 |
| Donor 11 | -0.0026781 | 0.0003518 | 6.23E-06 |

5.2.4.1 Multiple linear regression model

The multiple linear regression assessment of nDNA DI vs ADD + ARH + ASR + ATR gave an adjusted r-squared value greater than 0.8 for six of the 11 donors. Adjusted R-squared values are commonly used in multiple linear regression to assess goodness of fit, as the number of predictors within a model are taken into consideration which in turn provides a more accurate measure of the fit. An ANOVA comparison of the multiple linear regression model compared with the simple linear regression model of nDNA DI vs ADD gave significant p-values for four of the 11 donors (Table 5-2). This indicated that for these donors, the multiple linear regression model was an improved model compared to the simple linear regression model (with ADD). It should also be noted that these donors were all placed in Autumn or Winter, meaning they had a larger number of valid data points to form the regression models. An ANOVA comparison could not be performed for Donors 4, 9, and 10 due to insufficient data points.

Table 5-2 Comparison of adjusted R-squared values and ANOVA p-values for the multiple regression model (nDNA DI ~ ADD+ARH+ASR+ATR) and the simple linear regression model (nDNA DI ~ ADD). p-values > 0.001 are shown in red, p-values > 0.01 are shown in orange, p-values > 0.05 are shown in yellow.

| Donor | Statistic | Multiple regression model | Simple linear regression model with ADD | ANOVA Pr(>F) |
|----------|----------------|---------------------------|---|--------------|
| Donor 1 | Adjusted r^2 | 0.864 | 0.8246 | |
| | p | 1.08E-12 | 3.08E-14 | 0.02165 |
| Donor 2 | Adjusted r^2 | 0.9586 | 0.916 | |
| | p | 1.94E-09 | 8.78E-11 | 0.008906 |
| Donor 3 | Adjusted r^2 | 0.4091 | 0.3869 | |
| | p | 0.02071 | 0.001552 | 0.3598 |
| Donor 4 | Adjusted r^2 | NA | 0.5978 | |
| | p | NA | 0.1445 | NaN |
| Donor 5 | Adjusted r^2 | 0.8095 | 0.7805 | |
| | p | 0.005465 | 0.0001912 | 0.3176 |
| Donor 6 | Adjusted r^2 | 0.9544 | 0.8612 | |
| | p | 5.40E-06 | 1.06E-06 | 0.009459 |
| Donor 7 | Adjusted r^2 | 0.9347 | 0.8982 | |
| | p | 1.73E-05 | 5.31E-07 | 0.09188 |
| Donor 8 | Adjusted r^2 | 0.7853 | 0.8039 | |
| | p | 7.15E-05 | 1.24E-07 | 0.6494 |
| Donor 9 | Adjusted r^2 | NA | 0.4878 | |
| | p | NA | 0.1885 | NaN |
| Donor 10 | Adjusted r^2 | NA | 0.4273 | |
| | p | NA | 0.2137 | NaN |
| Donor 11 | Adjusted r^2 | 0.9049 | 0.8141 | |
| | p | 9.83E-05 | 6.23E-06 | 0.04913 |

5.3 Discussion

Previous research investigating DNA as a biomarker for PMI estimation has been conducted through a number of qualitative and quantitative methods [82, 126, 160, 274-276]. Recent advances in DNA quantitation, as outlined in chapter 1, have facilitated the use of DNA as a biomarker for PMI estimation. This study sought to quantitatively investigate the relationship between the degradation of nDNA and PMI, using qPCR, in an Australian environment. Comparison to previous taphonomic studies is difficult due to regional and experimental differences and subsequent inability to

discern which variable is driving the differences observed. This study additionally sought to determine the influence of specific intrinsic and extrinsic factors (ARH, ASR, BM, and rainfall) on the rate of nDNA degradation. There are many intrinsic and extrinsic variables identified to potentially affect decomposition. It was not feasible to measure all of these, especially the intrinsic factors, many of which were not known a priori. In some cases, this was due to the limited records available through the body donation program alongside the large variability across the donors (i.e. medical history, medications, cause of death). Identifying trends or relevant impacts in these cases was not possible with the limited data set. This investigation was limited to the mostly extrinsic variables known to have an effect on PMI estimation.

LOESS regression plots were created for the DI values for each donor and plotted against time, to visualise any relationships occurring. Following this, a trend in linear decline before a plateau was observed for 5 of the 11 donors. Instances where a decline was not observed (as with Donors 9 and 10 in **Error! Reference source not found.**) were likely due to the limited number of available data points. For four donors (Donor 1, Donor 3, Donor 4 and Donor 5), no plateau was observed. For Donors 4 and 5 (Figure 5-3), this is likely due to the rate in which decomposition occurred as these donors were placed in summer and decomposition occurred very rapidly. Conversely, Donor 1 and Donor 3 were placed in winter and also exhibited no plateau because decomposition was slow. It is possible that with extended sampling days a plateau would have been observed for these donors. The calculated MAE values indicated that the difference between the observed and predicted values of nDNA DI was between 0.1 - 0.2 for most donors, suggesting that the linear regression models are a good predictor. The MAE values for Donor 9 and 10 were higher, however, as these donors had a small number of data points.

The increase in standard error as decomposition progresses, particularly where DI is observed to plateau, indicates an increase in error for mean approximation, and subsequent unreliability of the model past this point. Upon reaching the plateau, the DI for some donors becomes variable as the nDNA quantification becomes more unreliable due to low starting template (quantification results for the small and large autosomal targets has been included in APPENDIX E:). Individual linear regression plots of nDNA DI vs time for each donor showed a decrease in DI with time for autumn, winter and summer placed donors. Spring placed donors displayed an increase in DI, however, the sample size for these donors was small.

It is probable that the rate of degradation occurring during the spring and summer seasons is greatly increased (in line with visual observations: TBS), however from the present data set it is not possible to definitively draw this conclusion. To address this concern, it would be beneficial to implement more sampling points in the initial placement period to obtain a more granular view of the degradation and observe if similar trends are observed between donors placed in spring/summer vs donors placed

in autumn/winter, over a more condensed time period. While this approach may reveal degradation of DNA, its practical application as a postmortem interval (PMI) method may be limited to short-term PMI periods.

Comparison of the DNA degradation for donors sampled using the optimised sampling method employing wound glue (3, 4, 5, 6, 8, 9, 10, 11) with donors sampled from a single site (1, 2, 7) showed no clear differences. However, it is possible that the sample set in this study is not large enough to clearly identify differences. Studies comparing sampling methods, and looking at both degradation and bacterial colonisation would aid in generating a better understanding of the impact sampling has on longitudinal taphonomy studies.

A comparison plot of all donors showed a difference in degradation rates between different seasonal placements, with cooler seasons (autumn and winter) having a slower rate in degradation when compared to warmer seasons (spring and summer) (Figure 5-8). This indicates that seasonal variation should be viewed as continuous rather than as discrete classes, and that there is a variable directly related to season that is influencing the rate of degradation being seen. This study shows that although it is possible to conflate seasons for the assessment of nDNA DI and classify donors according to whether they are placed in “warm” or “cool” periods, as has been done previously [39, 277, 278], seasonal variation is actually continuous, meaning changes observed in environmental conditions occur gradually and consistently throughout different seasons. This further supports the conclusions made in chapter 3, that conflation of seasons may lead to masking of informative trends. As such, the environmental conditions for donors placed at the start or end of a given season may not reflect conditions in the “overall” season attributed to the decomposition, making it hard to categorise donor placement and generalise observed trends in degradation. Therefore, it may be more informative in future studies to denote in which of the one or more meteorological seasons (summer, autumn, winter, spring) decomposition occurred for better discrimination, but this has not been a standard practice in taphonomic studies.

Variables that change relative to season are extrinsic and predominantly weather related. As such relative humidity, solar radiation, rainfall, and temperature were all investigated for their effect on the observed degradation. When plotting against an accumulated measure as a function of time (*e.g.*, ARH, ASR, ADD etc.), comparisons can be made between samples exposed to the same accumulated amount of that variable (*e.g.*, comparing an ADD of 300 across samples). This type of comparison allows for the removal of the identified variable from the interpretation of any observed differences in degradation. By factoring out the variable that is having an influence on the rate of degradation, it would be expected that the rate of degradation for each donor would become more similar.

Individual comparison of the rates of degradation as a function of cumulative humidity (ARH) to days indicated no clear impact of ARH on degradation. Additionally, rainfall was found to have no clear impact on degradation as no trends could be determined in plots of nDNA DI against ATR. Factoring of ADD and ASR showed similar results, where a convergence of the slopes for the decrease in DI was observed. Whilst this occurred to a greater extent when factoring ASR, the data set was incomplete due to issues with instrumentation. As both ASR and ADD are reliant on sun exposure, a relationship between these two variables is expected, and following this it is possible that ADD may serve as a proxy for ASR, as they both increase with chronological time and are not independent of each other.

The effect of solar radiation on decomposition has not been previously investigated. A study by Campobasso *et al.* focussed on factors affecting entomologic colonisation, and comment was given to the protection provided from solar radiation in burial situations or from clothing, however the subsequent effect of this on decomposition is not clear [39]. Additionally it has been suggested that desiccation of the skin is observed in arid climates with high solar radiation, however this has not been experimentally investigated [94]. Contrastingly, the effect of temperature has been widely investigated, and ADD has become a common measure against which to assess decomposition [46, 62, 243]. A study by Megyesi *et al.* found that the use of ADD accounted for over 80% of the observed variation in decomposition, suggesting the large role that temperature has on decomposition rates. As temperature is a predominant factor influencing decomposition, it follows that seasonal trends would be observed with bodies decomposing at different rates at different times of the year. Throughout this study it was observed that although ADD was shown to increase at a faster rate during summer decompositions, nDNA of donors placed in spring showed even greater rates of degradation than in summer, however it should be noted that the data for spring donors was limited. This observation is possibly due to the limited number DI values produced for spring donors. The results shown here indicate that the use of nDNA DI is a good predictor for the ADD experienced by a surface placed body, up to approximately 500 ADD. The convergence of slopes for the rate of nDNA degradation for seven of the 11 donors gives rise to the possibility for a single regression formula for calculating PMI using nDNA DI at time of recovery coupled with the ADD experienced in the environment of placement, however in order to produce this formula a larger sample population would be required. Donors 1, 3, 9 and 10 were exceptions to the observed convergence. As previously identified, donors 9 and 10 provided a small data set, leading to potential inaccuracies of the resultant regression models. In contrast Donors 1 and 3 provided adequate data sets, however, were also outliers to the observed convergence seen when plotting against ADD. Investigation into alternate explanatory variables shows these donors were both classified as "Large" and placed in Winter. It is possible that these factors, understood to independently

slow decomposition, when combined allow for a greater delay in the progression of decomposition.

A multiple linear regression model incorporating nDNA DI vs ADD + ARH + ASR + ATR gave an r^2 value of >0.8 for 6 of the 11 donors and gave an improved R-squared value for 7 of the 11 donors when compared to a simple linear regression of nDNA DI against ADD. The improved R-squared value was determined to be significant for Donors 1, 2, 6, and 11, indicating that the multiple linear regression model is an improved model compared to simple linear regression for nDNA DI vs ADD. For Donors 4, 9, and 10 a comparison of the multiple linear regression model and the simple linear regression model could not be made due to insufficient data. This result supports the hypothesis that rainfall, humidity, and solar radiation all effect DNA degradation and that accounting for them may produce a more reliable and robust model for the estimation of PMI. In addition to this, further research should be conducted into other potential influencing factors (*i.e.*, medical history, medications etc.), however a robust dataset is needed to assess the effect of these factors.

The influence of microbial growth, (both internally and externally to the body), on the rate of degradation remains an area requiring further investigation. In this study an attempt was made to mitigate the potential impact of microbial growth during the sampling procedure by creating a new puncture site for each collected sample, and subsequently sealing this with a cyanoacrylate “wound” glue. It is important to note, however, that this sampling method was not applied uniformly across all donors, as outlined in the Materials and Methods (section 2.4). This discrepancy in the sampling strategy may contribute to some of the observed variations in decomposition for Donors 1, 2, and 7, despite their shared seasonality and other factors. However, when comparing to DI values obtained from donors placed in the same season or of similar body mass there appears to be no major differences. Whilst the true effect is not known as microbial testing was not conducted as a part of this study, it is likely the puncture sealing method reduced microbial ingress over repeated sampling from the same puncture site, however this should be explored further in future studies.

The impact of BM on decomposition has been investigated in multiple studies, using both human cadavers and pig analogues, and as yet no general consensus has been reached [47]. It was found that the decomposition of larger BM donors progresses at a slower rate than for smaller BM donors. Many studies support these results, in that the rate of decomposition for smaller BM donors is faster than larger BM donors, hypothesising that this is due to the increased time required to decompose a greater biomass [39, 47, 85, 87, 88]. One study that did not was by Roberts *et al.* [85] conducted with three female and nine male human donors ranging between 73-159 kg, placed unclothed in a supine position on the surface. In contrast to our results, this study found no significant correlations between BM and decomposition. It should be noted

that the donors in this study were grouped into spring/summer (warm) and autumn/winter (cool) placements, and only the donors decomposing in cool seasons were assessed for the relationship between BM and decomposition. Because donors placed in cool seasons will decompose at a reduced rate, it is possible that this has biased the interpretation of the influence of body mass. Whilst Roberts' study is seemingly comparable to the present study in terms of design, nine of the 12 donors included were of a mass greater than 100 kg, skewing the population towards what would be considered "large" donors within our study. Additionally, the study was reliant on purely visual assessment of the decomposition process and was therefore largely subjective in nature. It may also be possible that the visual rate of decomposition is not comparable to decomposition as measured by nDNA DI. Further research comparing visual estimation and quantitative measures, including the degradation of DNA, would help to establish clear relationships.

nDNA is routinely analysed in forensic cases, making it a favourable biomarker for PMI estimation. The efficacy of nDNA as a PMI estimation biomarker has not been widely studied. It has been shown in this study that nDNA may initially degrade linearly with ADD. This offers potential for the creation of a PMI estimation formula for use in casework situations for shorter PMIs. Whilst the method is promising, the nature of the analysis of nDNA DI means it is possible that differential amplification of the small and large autosomal targets may occur at high DNA inputs, dependent on their respective amplification efficiencies. The large input amounts in these samples may lead to amplification inhibition, which in turn could result in a misrepresentative DI value, and is something that needs to be considered and assessed if the method is to be routinely implemented in the future. In this study, only 6 of 437 total samples yielded a nDNA concentration value higher than the 200 ng/uL upper limit of the recommended range [247]. These higher DNA inputs would only be expected at very low PMIs when DI is expected to be equal to one. However, most variability in DNA concentration occurred at longer PMIs, and lower DNA concentrations, likely to be a result of greater degradation of DNA.

A single mathematical model for the estimation of PMI has long been sought. Vass *et al.* [49] proposed two formulae, for surface and burial decomposition respectively, which incorporated temperature, moisture, and the partial pressure of oxygen, however this has been tested and found not to be reliable in geographic climates other than where the initial studies were performed [5, 80]. The relative influence of both intrinsic and extrinsic variables may differ depending on the geographic location or local environment. Once fully understood, there remains a possibility for a single algorithm for predicting PMI, which applies specific weightings to variables based on the particular environment. However, for this to occur there needs to be an extensive foundational knowledge for all influencing factors and how their effect varies in different environments, and it is possible that unifying the understanding may require the use of machine learning algorithms. The benefit of a unified algorithm and the legal

requirements for implementation within a court (i.e. for admissibility of expert evidence/expert witness testimony), must be balanced against the time and resources required to develop it. Alternatively, an algorithm only applicable to combinations of specific variables (*e.g.*, a large BM in cool months) would require individual prediction models. The linear regression model in this study could be applied in a similar way to those proposed by Fitzgerald and Oxenham [279] or Marhoff *et al.* [243], where a predictive algorithm is derived using the absolute error in conjunction with the resultant linear regression equation, however a more robust data set is required. Focussing on understanding how these factors are involved at a more complex and nuanced level may prove to be more efficient and cost-effective in producing an applicable PMI estimation method.

From our study, we can determine that in a temperate Australian environment, ADD is currently the best explanatory factor for nDNA degradation, followed by BM. Further research to develop robust environmental datasets, and refinement of the impacts of these variables and others is still needed to derive a universal formula for PMI. Studies conducted in a similar manner, and in a similar environment, could be added to the current dataset to strengthen interpretations.

5.3.1 Limitations and future research

Large sample populations are difficult to obtain in taphonomic studies [9, 85, 125]. Whilst ours had a greater number of donors than most, there were still a limited number of replicates with the same BM, season of decomposition, age, and sex. It would be advantageous to increase the available dataset by encompassing a broader representation of the general population (*e.g.*, range of body masses, ages, sexes, and causes of death). All donors in this study were > 60 years of age. The nature of body donation programs and limited availability of donors is always going to present a limitation for human taphonomic studies [87]. Additionally, the interruption in sampling experienced due to the Australian bushfire season led to a lack of data for Donors 9 and 10. It is possible that clearer trends may have been observed with the provision of more samples. The sampling method was optimised to ensure the ability to take ongoing samples, and prevent bacterial ingress to the sampling site. Whilst assessment of the resultant degradation index data showed no clear impact on the rate of degradation, it is possible that this added extra variability between these donors. Increasing the current sample population through future studies at AFTER will allow for refinement of the trends observed in this study, and potentially determine the influence of other variables like humidity, rainfall and BM. Additionally, studying trends observed in the degradation of other quantifiable biomarkers (*e.g.*, mtDNA, proteins, the microbiome, metabolites – both naturally and medically derived), would provide another means for garnering information to use in combination with nDNA to produce a model for estimation of PMI.

The quest for a universal PMI estimation algorithm may be limited by the fact that BM is shown here to have a major influence on DNA degradation and decomposition. Unlike weather data, BM and other potentially influential intrinsic factors not identified in this study (*e.g.*, medications, wounds, cause of death), are not likely to be known to the forensic investigator dealing with severely decomposed remains *post facto*, although BM may be able to be estimated. Despite these limitations, the use of human cadavers for this type of research is still valuable [87, 280]. This study provides a representation of what may be encountered in a forensic case context and allows for direct downstream application which would not be possible using pig analogues.

5.4 Conclusions

The results of this study reinforce the understanding that temperature significantly affects the decomposition of human remains as measured by the DI of nDNA. In addition to temperature, BM is also impacting the rate of observed degradation. As a result, ADD can be used to standardise, and account for, the amount of heat energy to which a decomposing body is exposed. Larger BM donors can be expected to decompose at a slower rate than smaller BM donors. Cumulative rainfall, humidity and solar radiation provided little more information than ADD but a multiple linear regression model that accounted for all of these provided better correlation than a simple linear regression model accounting for only ADD. Ultimately this study has provided more knowledge on the decomposition process with a view to establishing a reliable database of DNA-based decomposition data. Conducting similar trials with more cadavers in comparable Australian environments will help to confirm the observed trends and allow for a baseline to compare against alternate environments. This further research will aid in establishing a more accurate PMI estimation method for the Australian environment.

Chapter 6: Degradation of mitochondrial DNA

6.1 Introduction

Previous research into biomarkers for the assessment of PMI have predominantly looked at RNA, DNA, and proteins [82, 126-128]. Recent studies have shown the utility of mitochondrial DNA (mtDNA) for aiding the identification of compromised and skeletonised remains [198, 200]. The high copy number and resilience of mtDNA may make this biomarker a better candidate for PMI estimation over a longer period of time [143]. The quantity of mtDNA in each sample was assessed here, through singleplex amplification of three mtDNA target regions. These data were used to produce a degradation index in the same manner as for the nDNA DI, to allow for direct comparison.

6.2 Assessment of mtDNA degradation

6.2.1 mtDNA LOESS plots

LOESS plots were created for mtDNA DI against chronological time in days, using the `ggplot2` package in R with standard error (SE).

Figure 6-1 shows the mtDNA DI LOESS regression plots for donors decomposing in autumn. The SE indicates a large variability in the DI values for Donors 6 and 11. Donor 7 showed less variability, however, all DI values were low (i.e. closer to 0).

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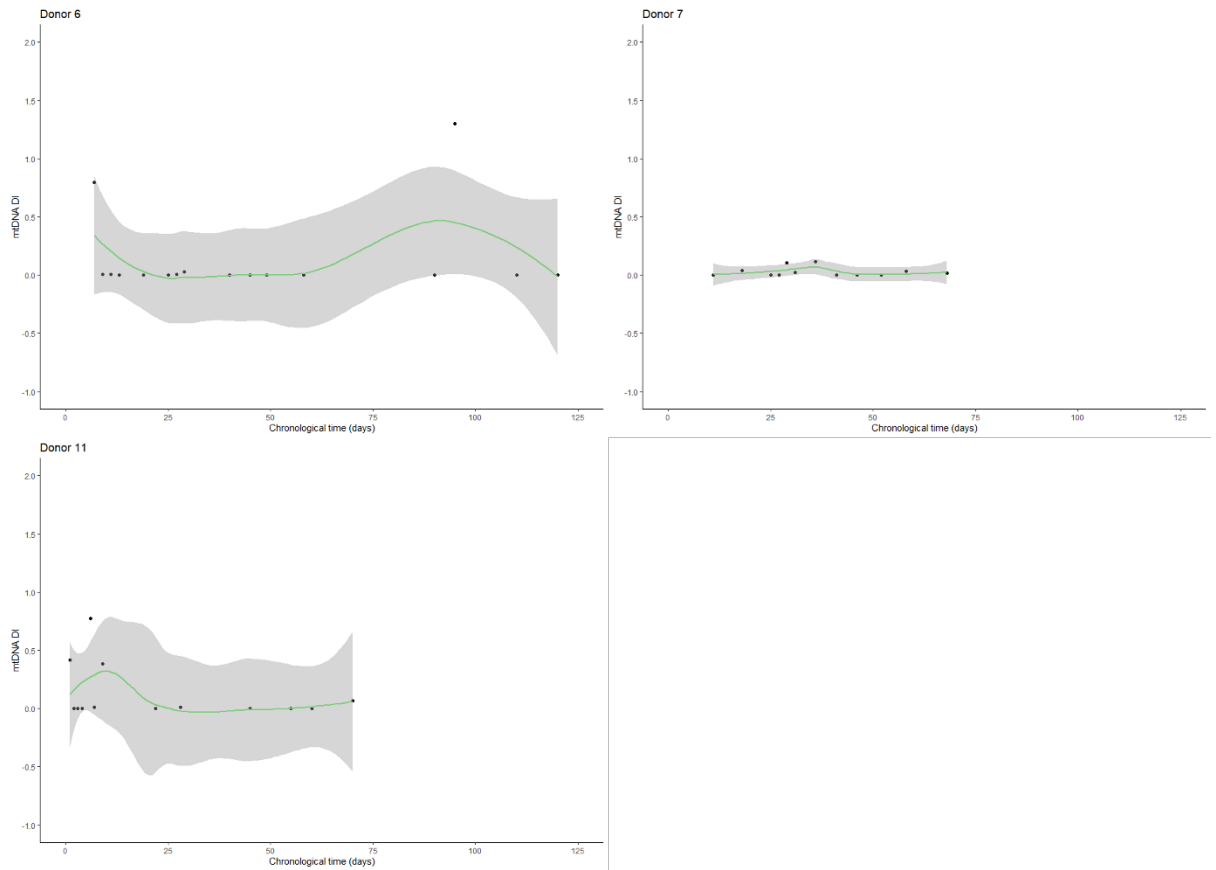


Figure 6-1 LOESS regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in autumn. Standard error (SE) is shown in grey

Figure 6-2 shows the mtDNA DI LOESS regression plots for donors decomposing in winter. Similar to Donors 6 and 7, the SE for Donors 1, 3, and 8 indicates a large variability in the DI values obtained. Donor 2 showed less variability.

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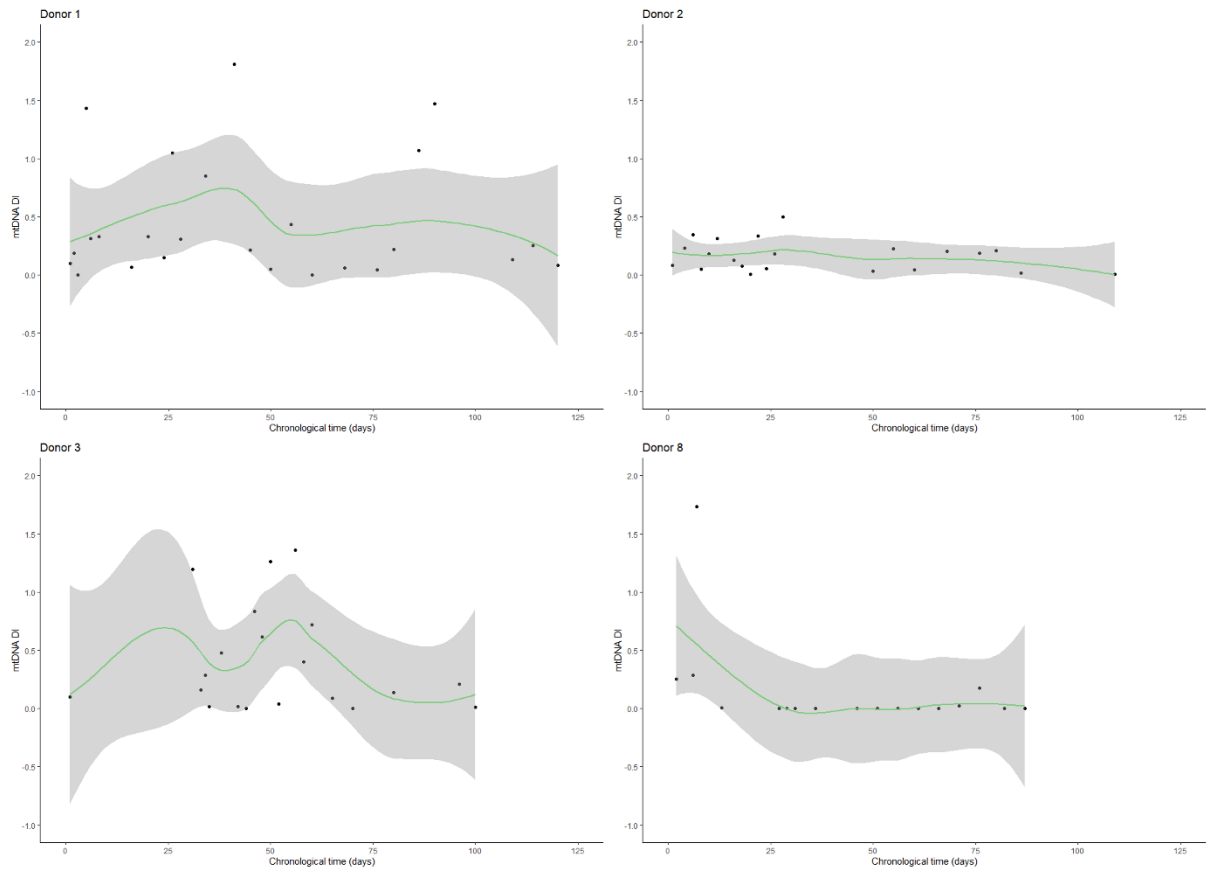


Figure 6-2 LOESS regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in winter. SE is shown in grey.

Figure 6-3 shows the mtDNA DI LOESS regression plots for Donor 9, decomposing in spring. Samples from Donor 10 did not result in any DI values, due to either a lack of detectable mtDNA or a non-computable DI ratio (where the denominator was null). Fewer samples were able to be collected from these donors due to the short sampling timeline. Additionally, site access was limited by the 2019/2020 Australian bushfires, reducing the number of collected samples.

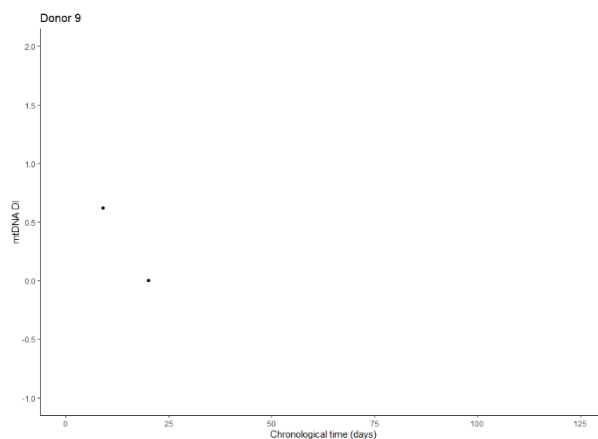


Figure 6-3 LOESS regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in spring. SE is not shown due to sample size

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Figure 6-4 shows the mtDNA DI LOESS regression plots for donors decomposing in summer. As with spring donors, fewer samples were able to be collected from these donors due to the short sampling timeline, alongside the limited site access due to the 2019/2020 Australian bushfires.

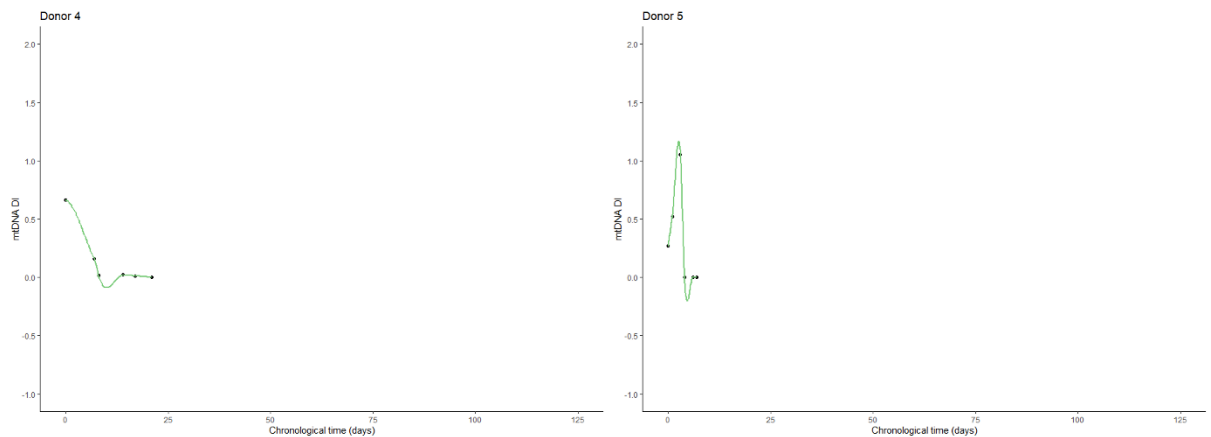


Figure 6-4 LOESS regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in summer. SE is not shown due to sample size.

6.2.2 mtDNA linear regression plots

Because the mechanism of mtDNA degradation is not markedly different to that for nDNA, a linear decay in DI with time might be expected for mtDNA, as was observed for nDNA. This was not universally the case, however. The variation observed in DI over time indicated no clear trends. A linear regression model was applied, for comparison with the linear trends observed for nDNA DI, using the ggplot2 package in R with SE. Summary statistics were determined, and R-squared value, intercept, slope, and coefficient p-value is shown for each plot.

Figure 6-5 shows linear regression plots for donors decomposing in autumn. All R-squared values were less than 0.5, and all returned a coefficient p-value greater than 0.05, indicating no significant relationship between mtDNA DI and time for these donors.

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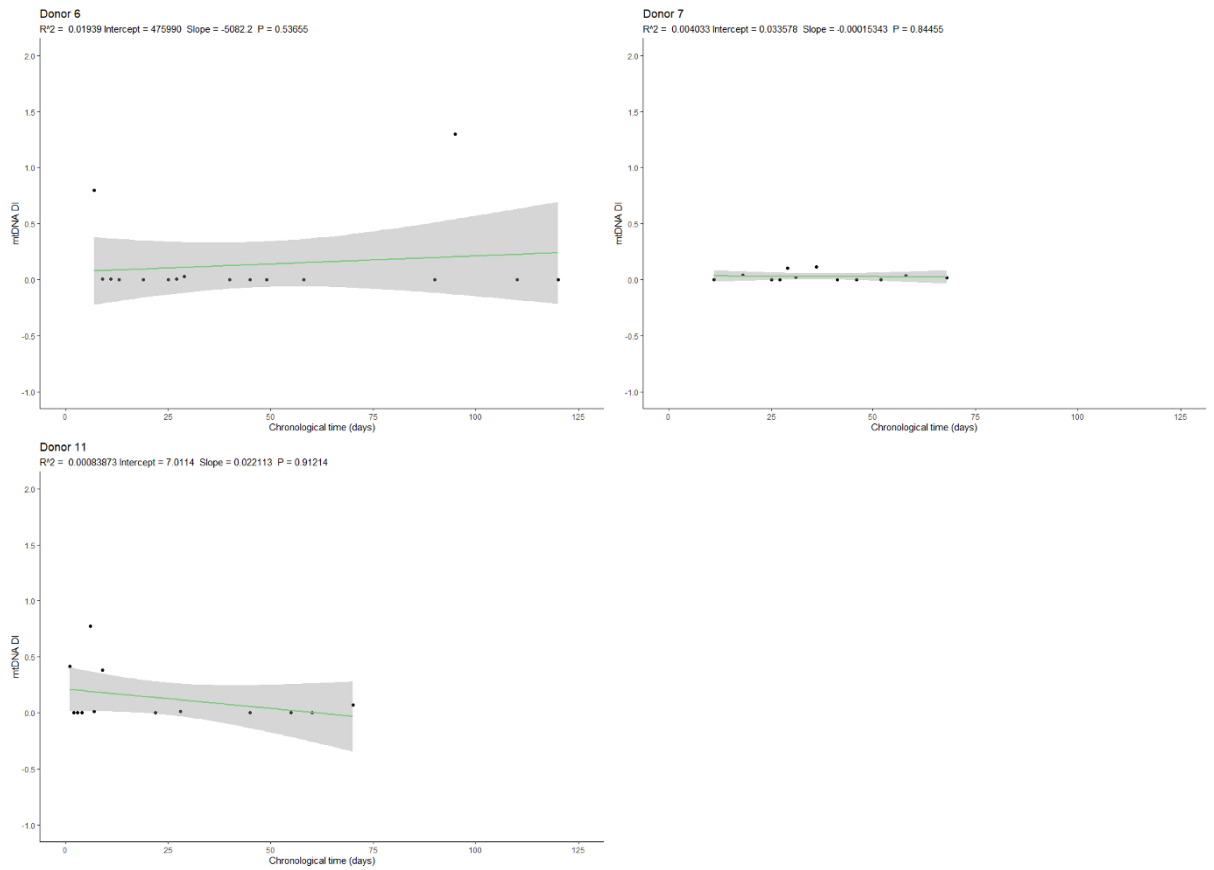


Figure 6-5 Linear regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in autumn. SE is shown in grey.

Figure 6-6 shows linear regression plots for donors decomposing in winter. As for autumn donors, all R-squared values were less than 0.5, and all returned a coefficient p-value greater than 0.05.

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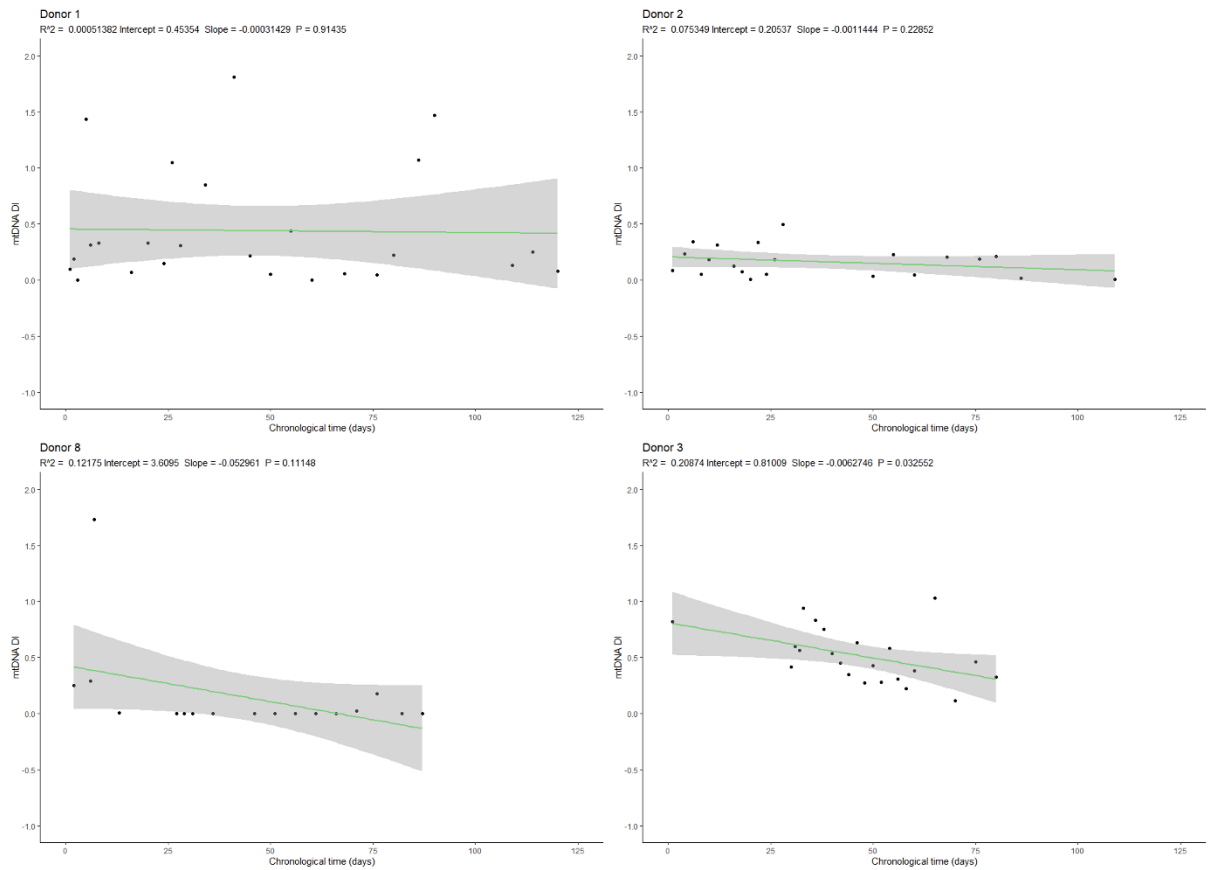


Figure 6-6 Linear regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in winter placed donors. SE is shown in grey.

Figure 6-7 shows the linear regression plot for Donor 9, decomposing in spring. Again, Donor 10 did not provide any results and could not be plotted. Only two data points were obtainable for Donor 9, which limits any meaningful interpretation. Donors 9 and 10 decomposed very quickly, according to visual assessments, with soft tissue samples unable to be obtained after 24 and 15 days, respectively (Section 4.2.3).

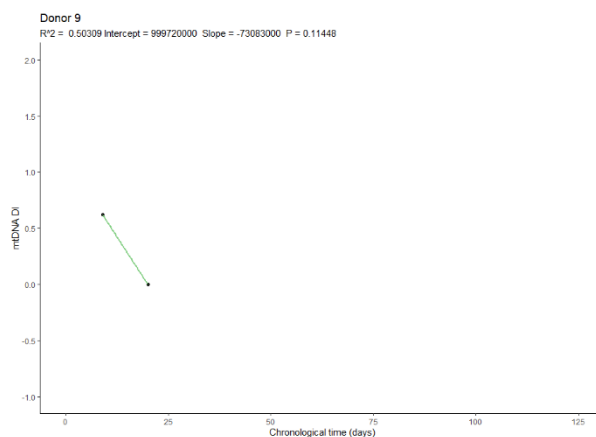


Figure 6-7 Linear regression plot of mtDNA DI as a function of chronological time (days) for donor 9 decomposing in Spring. SE is not shown due to sample size.

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Figure 6-8 shows the linear regression plot for donors decomposing in summer. The R-squared values for Donors 4 and 5 were 0.65 and 0.2, respectively. The coefficient p-values for both donors were greater than 0.05. Similar to spring donors, Donors 4 and 5 decomposed quickly, with soft tissue samples unable to be obtained after 29 and 13 days, respectively (Section 4.2.4).

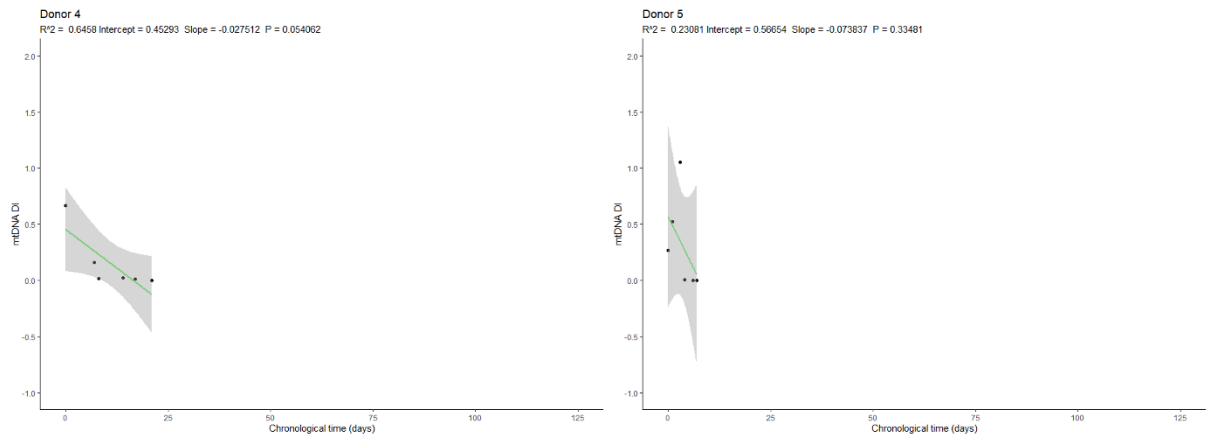


Figure 6-8 Linear regression plots of mtDNA DI as a function of chronological time (days) for donors decomposing in summer. SE is shown in grey.

6.2.3 Comparison of influencing factors

As was done for nDNA DI, linear regression plots for each donor were compiled for comparison of measured influencing factors.

Figure 6-9 shows linear regression for each donor over time in days. Comparison between donors placed in each of the four meteorological seasons suggests a different rate of degradation for mtDNA, where the mtDNA for donors placed in winter appears more stable. Donors placed in autumn, spring and summer, show a rapid rate in decline of mtDNA DI. Whilst the winter donors had mtDNA detectable for a longer duration, the variability in DI between samples was large.

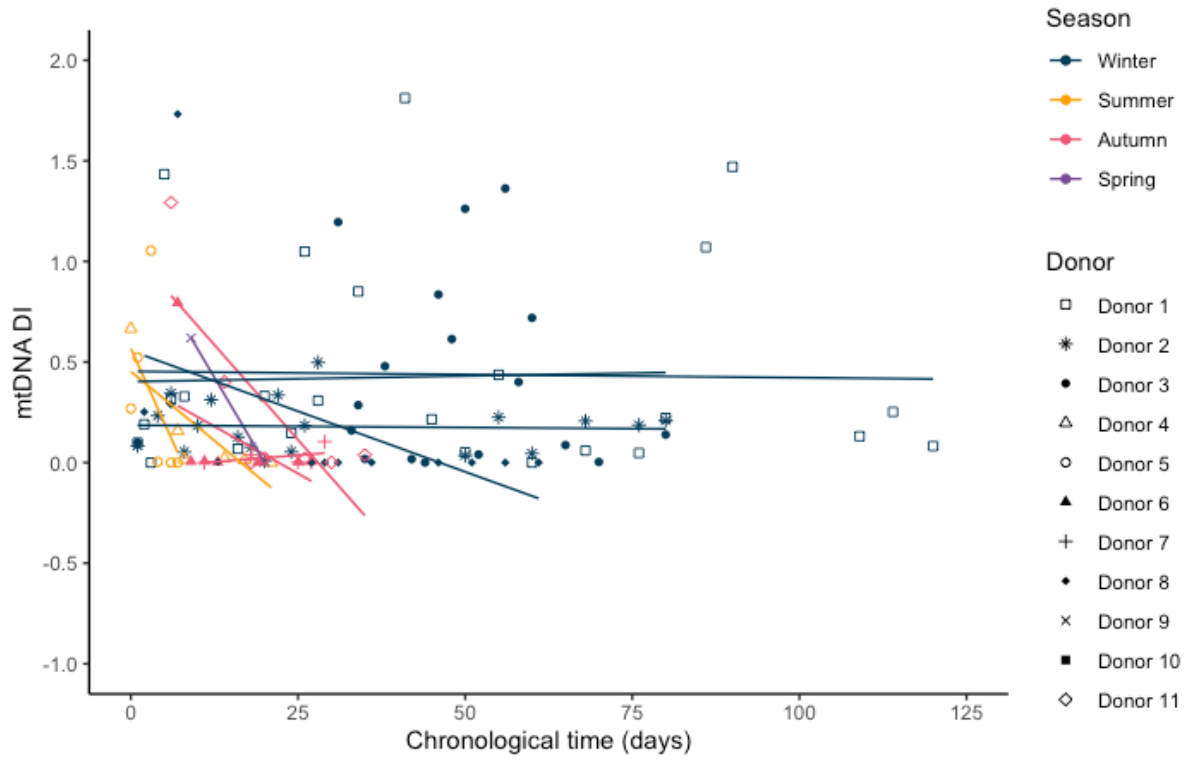


Figure 6-9 Linear regression plots of the mtDNA DI against time in days. Line colour represents the placement season.

6.2.3.1 Effect of humidity

Figure 6-10 shows linear regression for each donor over accumulated relative humidity (ARH). Comparison with mtDNA DI plotted against days indicated no clear difference, indicating a minimal effect.

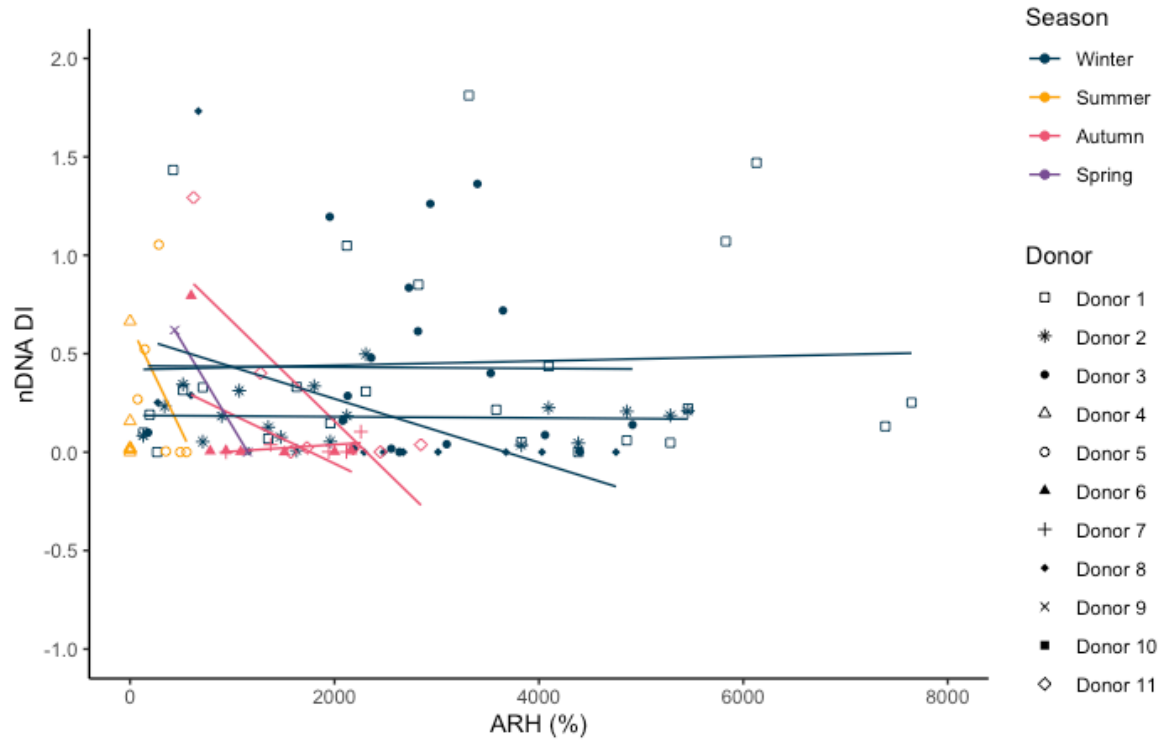


Figure 6-10 Linear regression plots of the mtDNA DI against time in accumulated relative humidity (ARH). Line colour represents the placement season.

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6.2.3.2 Effect of solar radiation

Figure 6-11 shows linear regression for each donor over accumulated solar radiation (ASR). Comparison with mtDNA DI plotted against days demonstrated similar trends, where mtDNA was detectable in donors decomposing in winter for longer periods than those decomposing in other seasons for ASR.

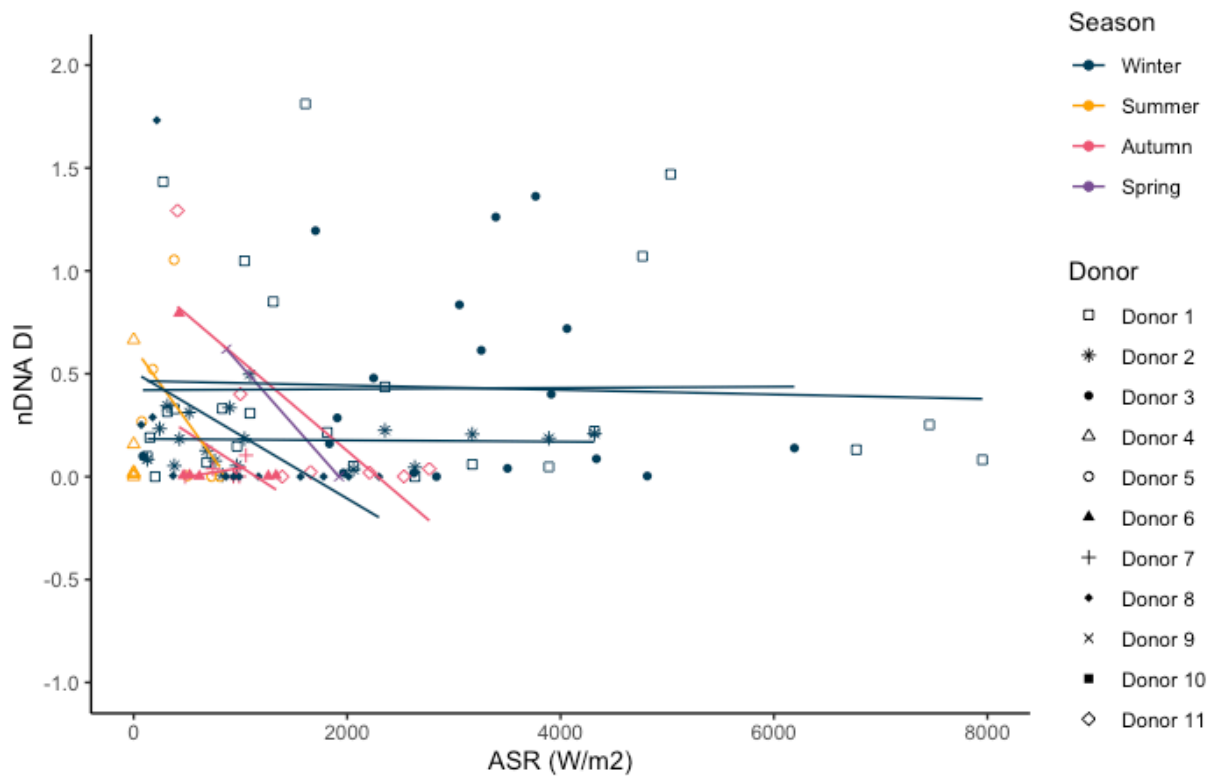


Figure 6-11 Linear regression plots of the mtDNA DI against time in accumulated solar radiation (ASR). Line colour represents the placement season.

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6.2.3.3 Effect of temperature

Figure 6-12 shows linear regression for each donor over accumulated degree days (ADD). Comparison with mtDNA DI plotted against chronological time (days) suggests that accounting for thermal energy (as ADD) results in some convergence of the slopes for each donor.

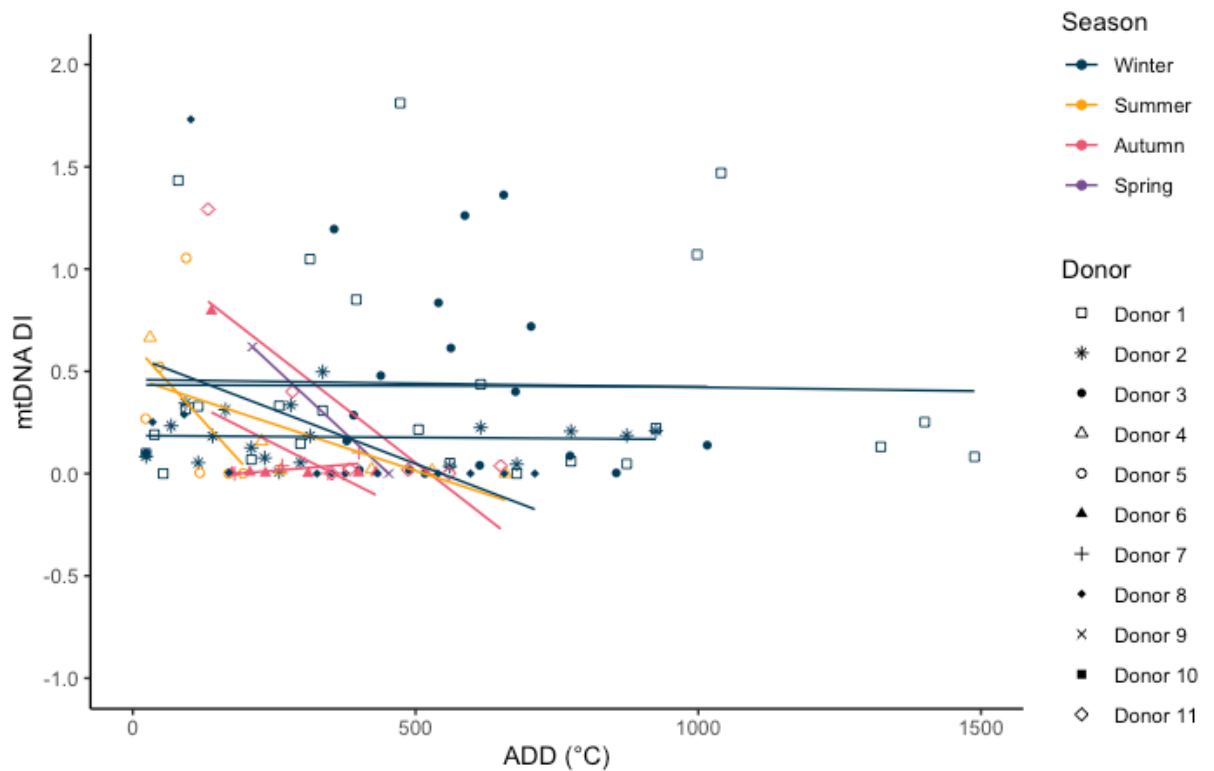


Figure 6-12 Linear regression plots of the nDNA DI against time in accumulated degree days (ADD). Line colour represents the placement season.

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6.2.3.4 Effect of body mass

A similar trend was observed in regard to BM as was observed for nDNA, where the mtDNA DI for higher BM across all seasons reduced more slowly than the mtDNA DI for smaller donors. For the large donors placed in winter, apparent stability of mtDNA DI was observed, however, again there was great variability in the DI values obtained.

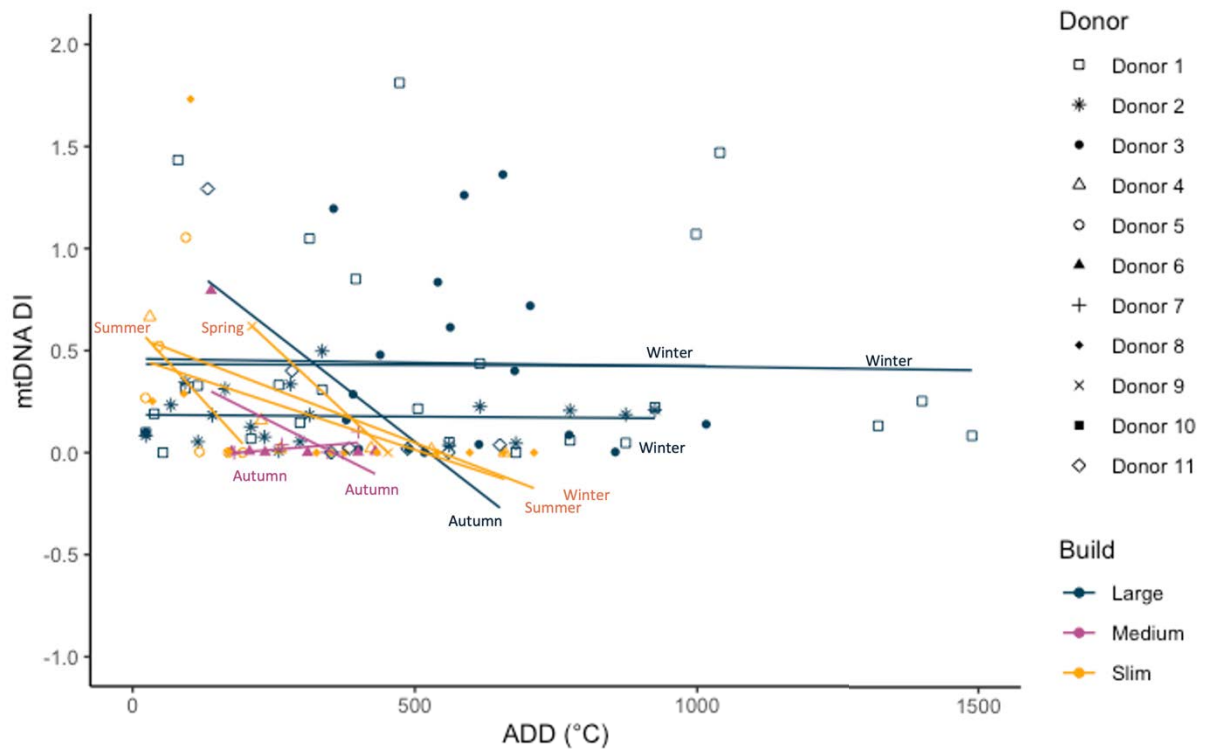


Figure 6-13 Linear regression plots of the mtDNA DI against time in accumulated degree days (ADD). Line colour represents body build and trendlines are labelled with placement season.

6.3 Discussion

Mitochondrial DNA typing is regularly employed for the identification of unknown skeletal remains in cases of degraded DNA [198, 200, 201]. This application suggests the potential for use of mtDNA for PMI estimation, as detection of mtDNA for long periods post-mortem is possible due to the increased copy number per cell compared to nDNA [143]. Additionally, the high availability of mitochondria within skeletal muscle tissue provides a good opportunity to produce a reliable quantitative biomarker [194, 195], and at present no previous studies looking at mtDNA in muscle tissues for PMI estimation could be identified. Predominantly, the analysis of mtDNA is conducted using samples obtained from hard tissues (*e.g.*, bone and teeth) where the DNA can be preserved for centuries and, in some cases, millennia. Little research has been conducted into the persistence and degradation of mtDNA from soft tissues. One study by Rohland *et al.* [281] compared mtDNA results from different tissue types from museum hyena specimens (between 37 and 164 years old), with a single soft tissue sample. This resulted in the detection of a LMW target (either 214 bp or 252 bp) and no amplification of a HMW target (either 387 bp or 414 bp). It should be noted, the published article is unclear of which (of the two each) LMW and HMW targets were amplified for this sample. HMW amplification was possible for all investigated hard tissues. A study by Maciejewska *et al.* [282] investigated the degradation of mtDNA from various human tissues subjected to a range of high temperatures. This study found greater stability of mtDNA in soft tissues subjected to high temperatures when compared to hard tissues. The discordance in results and limited research into the stability of mtDNA in soft tissues makes comparison of the results of this study to previous literature difficult. The deficiency in investigations into the use of mtDNA for PMI estimation may be due to the lack of commercially available kits to quantifiably measure the mtDNA degradation. Two separate mtDNA quantification methods using qPCR, including three target regions of different bp length, were developed in 2018 [203] and 2019 [202]. The description of these methods and supply of primer sequences makes the assessment of mtDNA degradation in future taphonomic studies more achievable.

Assessment of the R-squared values for the mtDNA amplicon standard curves, showed lower values than expected for an acceptable standard curve (APPENDIX F: and APPENDIX H:). This suggests that the mtDNA qPCR assay may have been compromised, leading to inaccurate results. Lower R-squared values are produced through greater variability in the data points, which in this study may have been due to the use of an intercalating dye (SYBR Green) for the mtDNA qPCR assay in comparison to the hybridisation probes used for the nDNA amplification. As intercalating dyes are less specific and are susceptible to the detection of primer dimers, variation in fluorescence detection is possible. However, the standard curves did suggest some capacity to

differentiate between high and low mtDNA quantities, even if the exact values (and the resulting DI) may not be accurate. As such, the assay should still be able to detect mtDNA (when it is present) and reveal some gross trends. Another possible explanation for low concentrations of mtDNA could be related to the under-representation of mitochondrial proteins detected, as discussed in Chapter 7. LOESS regression models were applied to the mtDNA DI values obtained in this study to identify any trends in degradation over time. Where the results of the nDNA study found a linear decline in DI over time before a plateau, the mtDNA DI values obtained produced no clear trends with the DI values being highly variable. Subsequently, linear regression models were applied to the data for comparison to the nDNA DI results and assessment of influencing factors. The change in mtDNA DI with respect to ARH and ASR was no different to the change in mtDNA DI with respect to time. Linear regression models of mtDNA DI over ADD showed a slight convergence of slope for all donors, however this was not as marked as was seen with nDNA DI over ADD. Donors decomposing in winter retained mtDNA for longer than donors decomposing in other seasons. Additionally, donors of a larger body mass appeared to retain mtDNA DI for a longer time than donors of small or medium BM. The observed delay in degradation for larger BMs and donors placed in winter was comparable to what was seen with regard to the nDNA degradation. The identified overall trends with respect to season and BM are comparable to the trends observed with nDNA DI over time. mtDNA is widely extracted from bone samples due to its relative stability and abundance [184], however the stability of mtDNA in decomposing human muscle tissue has not been well reported. It was hypothesised that mtDNA would be a better candidate than nDNA as a PMI biomarker, as mtDNA is more abundant in skeletal muscle tissue [82]. However, the results indicate that the degradation of mtDNA is occurring rapidly within soft tissues, leading to low and unreliable detection of mtDNA. It has been shown that linearised or damaged mtDNA will degrade rapidly due to enzymatic activity in cells [283]. Further, as muscle tissues are rich in mitochondria, the production of free radicals as a result of oxidative stress may be leading to mtDNA damage [284]. The resulting enzymatic breakdown of damaged mtDNA, could lead to the inability to detect through the lack of intact primer binding sites for qPCR amplification.

6.3.1 Limitations and future research

mtDNA was not detectable in many samples. It is difficult to determine if this is comparable with previous results, as much of the research on mtDNA has been carried out on hard tissues. Shved *et al.* [285] were able to amplify mtDNA regions of up to 4000 bp length from muscle tissue samples after a PMI of one year. These samples, however, were treated with salt which is known to preserve DNA [286]. A 2016 study by Van den Berge *et al.* [82] found 100% of investigated mtDNA SNPs could be typed from 14 soft tissue samples taken from exhumed buried remains. Again, direct

comparison is not possible as the samples were taken from buried donors and decelerated decomposition would be expected [5, 39]. Whilst the referenced studies here are not entirely comparable, they do support the hypothesis that mtDNA is expected to be relatively stable and detection should be possible, however, the environments in these studies (burial/salt-preserved) may inhibit bacterial growth [287, 288]. It is possible that decomposition in surface environments, open to the natural proliferation of bacteria, enables microbial degradation of mtDNA. Future studies incorporating the collection and analysis of bacteria present during the decomposition process (both internal and external) will aid in understanding the effect bacteria may have on decomposition processes including mtDNA degradation.

Many DI values greater than 1 were obtained. As DI is a measure of the ratio between HMW and LMW amplicons, the highest obtainable value should theoretically be 1. Obtaining a value greater than one suggests inaccurate concentrations of either the small or large amplicons, or both. As the quantification of each target region was completed in singleplex on different 96 well plates, it is possible that differential amplification occurred, resulting in inconsistent amplification efficacies for the target regions. Whilst this should be taken into account through the production of standard curves, as the resultant standard curves gave poor r^2 values, this remains a possibility. This may have been due to a number of causes, including issues with; reagents, primer reconstitution, primer sequences, or instrumentation (inter-run variation). Determination of the specific issue and the circumstances allowing it to arise could be carried out through laboratory optimisation of the qPCR method. As the method used in this study is not commercially available, the chemistries and processes involved have not been widely validated. Additionally, the method required purification of a mtDNA standard for the formation of standard curve to assess quantity. The purity of this standard was assessed using a NanoDrop™ One Spectrophotometer with absorbance ratios at 260/280 nm and 260/230 nm. Both ratios were greater than expected for pure DNA, at 2.58 for A260/A280 and 3.68 for A260/A230, where normal values for each are 1.8 and 1.8-2.2 respectively. This can be evidence of possible RNA carry over, pH imbalance, or presence of inhibitors [203]. Presence of RNA, proteins, or extraction reagent carry-over would not negatively affect qPCR quantification [203]. The presence of other chemical inhibitors could affect quantification through qPCR. Assessment of possible PCR inhibition was examined through the Ct values obtained for the IPC (Appendix E). Variability was seen for the Ct value for the standard samples, suggesting possible amplification inhibition. Additionally, a greater Ct value mean was observed for samples in all but one IPC run, when compared to the standards, again suggesting possible inhibition in the samples [202]. The bespoke mtDNA qPCR assay used for quantitation of mtDNA in this study does not include the inhibitor-tolerant polymerases and buffers found in modern nDNA quantitation assays.

6.4 Conclusions

It was hypothesised that mtDNA would be a better candidate than nDNA as a PMI biomarker, as mtDNA is more abundant in skeletal muscle tissue [82]. However, the current results show that the degradation of nDNA provides for better application to PMI estimation. Additional research into the stability of mtDNA in muscle tissue will aid in determining its use for this purpose. Similar to nDNA, mtDNA appeared to degrade faster in donors placed in warm periods than donors placed in cool periods. mtDNA also appeared to degrade faster in slim and medium BM donors, compared to large BM donors. Whilst these results give a basis for the potential application of mtDNA for PMI estimation, experimental issues experienced in this study disallow the formation of reliable conclusions. Repeat mtDNA analysis of these samples, alongside further taphonomic experiments are required to give a complete and robust dataset.

Chapter 7: Proteomic analysis of skeletal muscle tissue in decomposing remains

7.1 Introduction

The analysis of proteins has been identified as an avenue of interest for the improvement of PMI estimation techniques [131]. It has been previously noted that the lack of reference data for the skeletal muscle proteome makes the identification of biomarkers for disease or other conditions difficult [235]. Investigation into the full taphonomic proteome of human skeletal muscle has yet to be conducted. In this study, a subset of taphonomic skeletal muscle samples were analysed by LC-MS/MS for proteomic characterisation and quantification (Table 2-8). This chapter provides a comprehensive overview of all proteins identified in this study and aims to create a reference for the identification of protein biomarkers for PMI estimation.

7.2 Full lysate proteomic data analysis

The raw LC-MS/MS data were analysed using MaxQuant to identify proteins and their label-free quantification (LFQ) values as outlined in Chapter 2.5, and LFQ-analyst was employed for preliminary data visualisation and filtering. Contaminant proteins, reverse sequences and proteins identified “only by site” were filtered out. Proteins only identified by a single peptide were also removed. The LFQ data was converted to \log_2 scale and samples were grouped by donor. A total of 1360 protein groups were identified across all samples from alignment of 17434 peptides, a list of these is provided in APPENDIX J:. The average number of proteins per sample was 474, with a minimum of 118 and a maximum of 995, additionally a kurtosis value of 1.19 and skewness of 0.5 indicates the number of proteins per sample is normally distributed as expected. The number of identified peptides per protein group ranged from 2 to 1880, and sequence coverage ranged from 0.7% to 100% (APPENDIX J:). These proteins were then analysed using STRING v11.5 to conduct functional enrichment analysis. The edges within a network are representative of known or predicted interactions between proteins.

STRING analysis of all identified proteins found 1332 nodes. A PPI enrichment p-value of $< 1.0e-16$ was found with 13,657 edges, indicating a significant level of protein-protein interactions. An average local clustering coefficient of 0.46 was found,

indicating an average local connectivity of the network. A total of 53 clusters were identified shown by the different coloured nodes. STRING analysis outputs can be interpreted as defined in Chapter 2.5. All identified proteins were searched using PANTHER to categorise molecular function, biological process, cellular component, protein class, and identified protein pathways.

7.2.1 Molecular function

A total of 1098 hits were associated with 12 molecular function categories (Figure 7-1). The majority of identified proteins were categorised as either binding (GO:0005488, p-value: 8.31E-01) (461), or catalytic activity (GO:0003824, p-value: 7.21E-01) (425). A large difference can be observed in the number of proteins classified into these categories compared to the remaining ten. A list of functionally enriched molecular functions can be seen in APPENDIX K. Notably, two of these classifications are related to muscle tissue function, structural constituent of muscle (GO:0008307, p-value: 1.95E-09) and actin binding (GO:0003779, p-value: 3.89E-05)

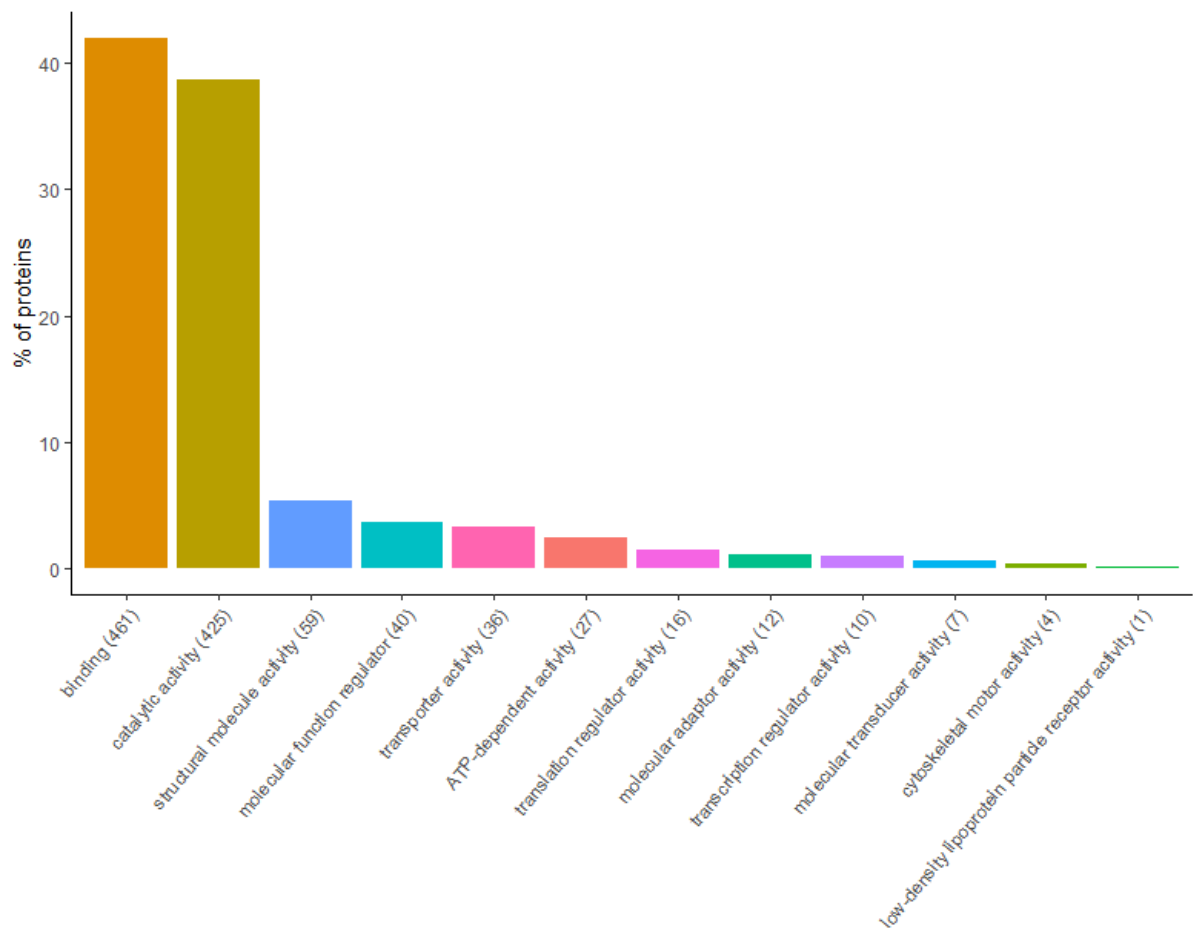


Figure 7-1 PANTHER classification of proteins by molecular function

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7.2.2 Biological processes

Identified proteins were assigned to 17 biological process categories, with most being classified into the cellular processes category (GO:0009987, p-value: 5.17E-01) (740) which includes proteins involved in muscle contraction (Figure 7-2). This was followed by metabolic processes (GO:0008152, p-value: 8.07E-01) (444) and biological regulation (GO:0065007, p-value: 8.85E-01) (238). A list of functionally enriched biological processes can be seen in APPENDIX K: A large number of the biological processes being functionally enriched in this dataset correspond to processes seen in muscle tissue.

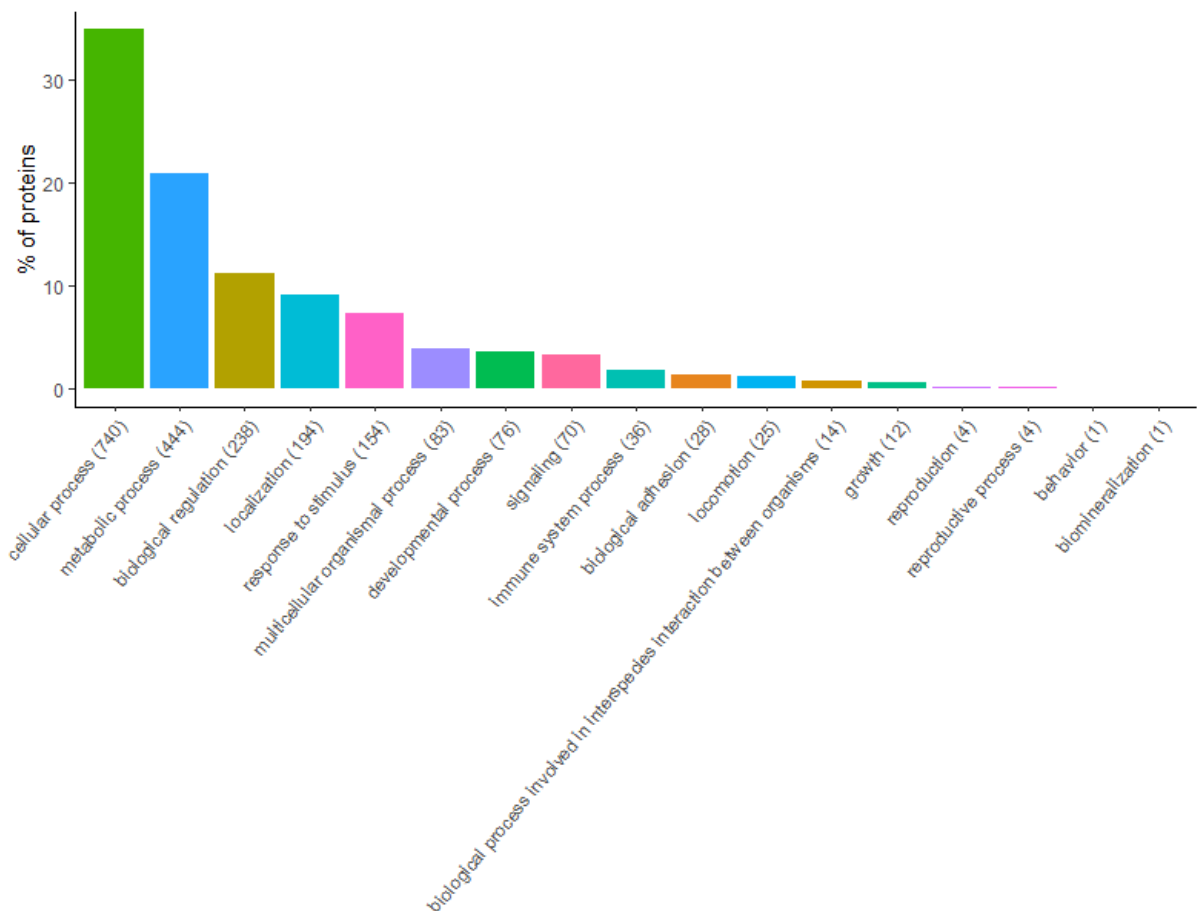


Figure 7-2 PANTHER classification of proteins by biological process

7.2.3 Cellular component

Of the identified proteins, 1211 were able to be classified as either belonging to a cellular anatomical entity category (GO:0110165, p-value: 8.89E-01) (930) or the protein containing complex category (GO:0032991, p-value: 2.28E-01) (281) (Figure 7-3). A protein complex consists of a stable assembly of a protein with at least one

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other macromolecule. A list of functionally enriched cellular components can be seen in APPENDIX K; the majority of which are again associated with muscle tissues.

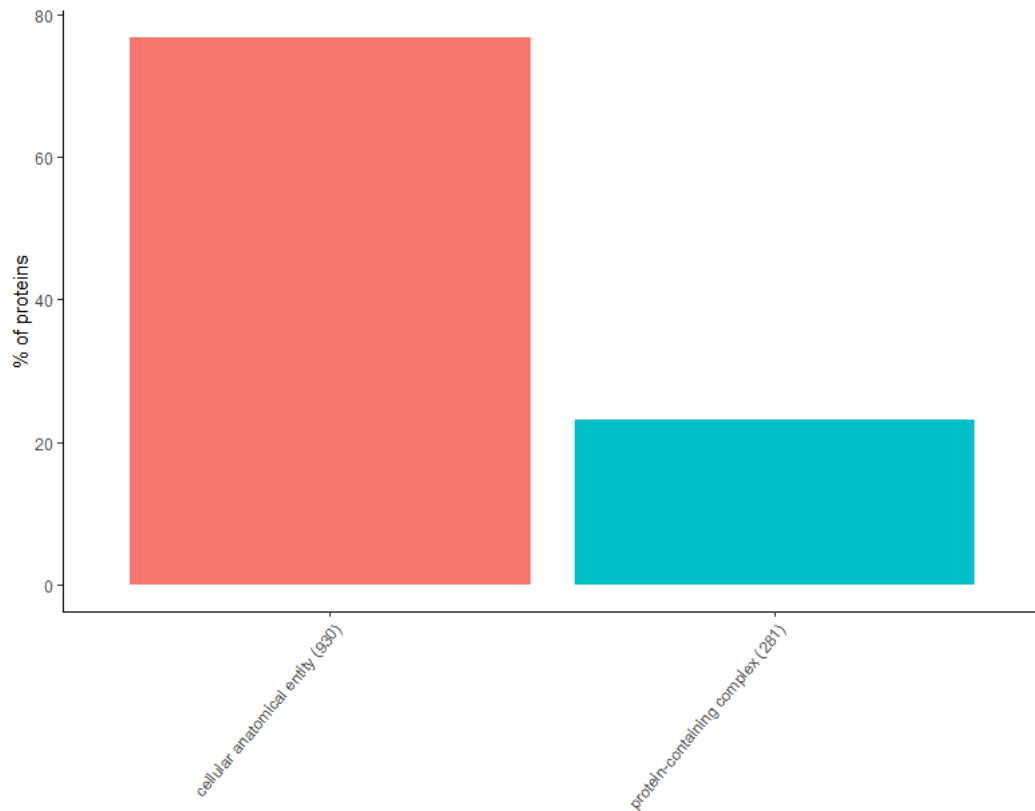


Figure 7-3 PANTHER classification of proteins by cellular compartment

Further classification of proteins into cellular compartment categories was conducted using STRING (Figure 7-4). The major categories as specified in previous literature were manually selected to look at the distribution of proteins within the cellular compartments [235].

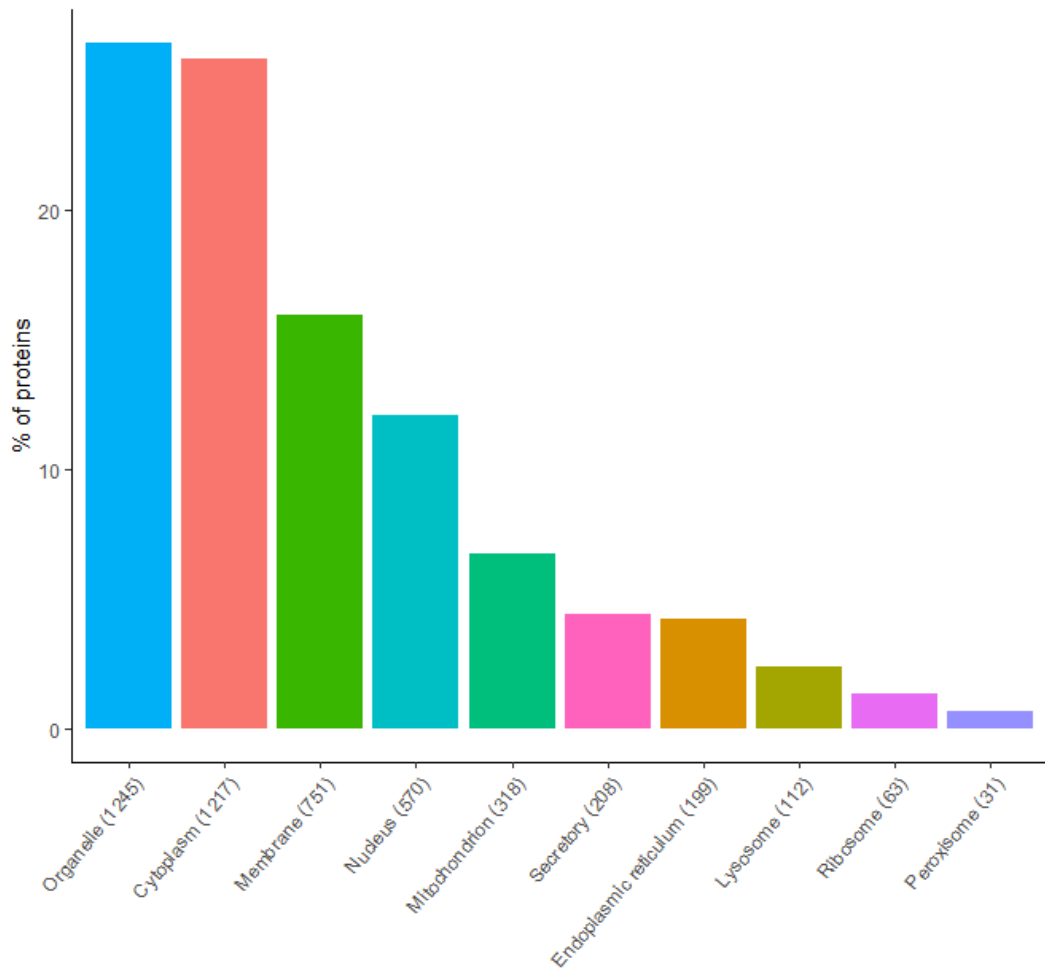


Figure 7-4 STRING classification of cellular anatomical entities

7.2.4 Protein class

For protein class, 1149 proteins were able to be classified into 22 categories (Figure 7-5). The majority were classified into the category of metabolite interconversion enzyme (PC00262) (324).

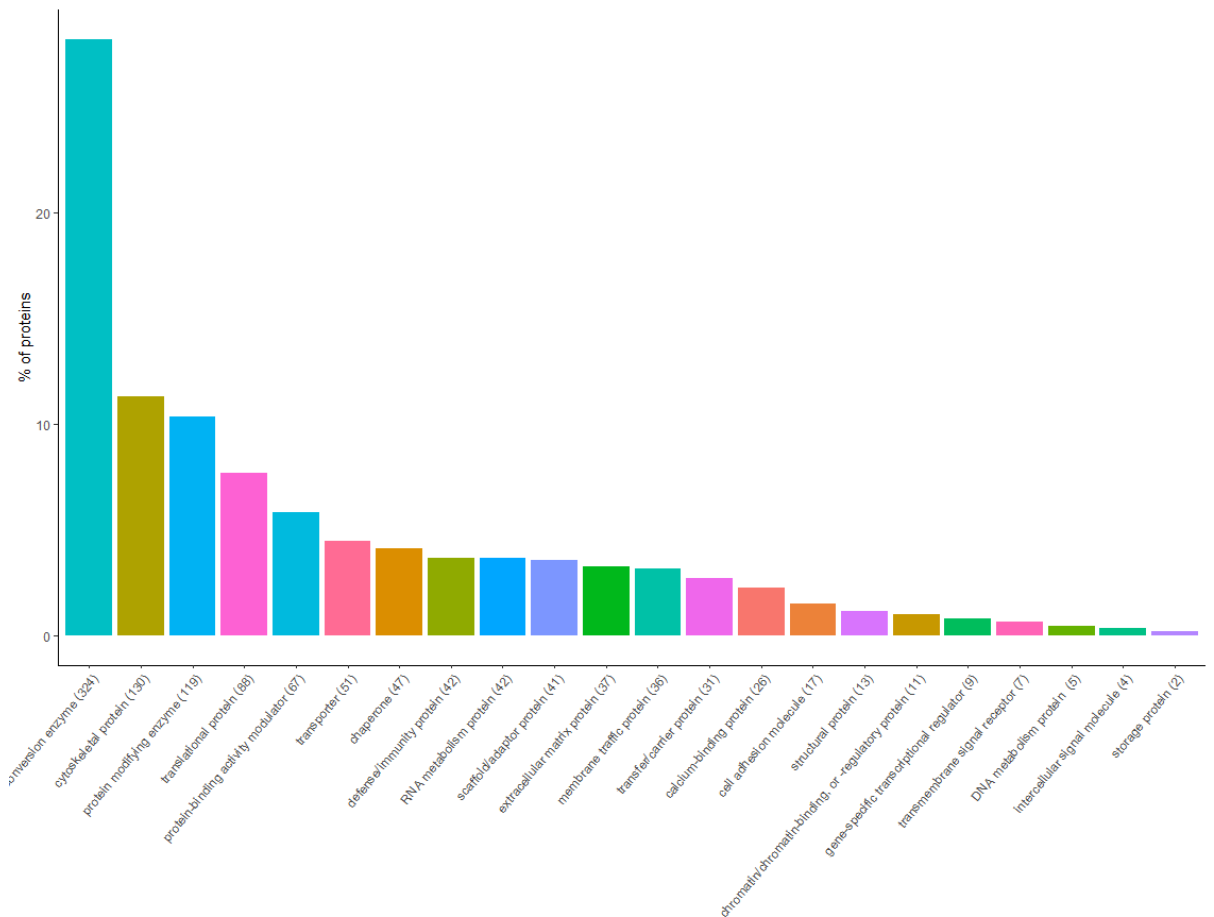


Figure 7-5 PANTHER classification of proteins by protein class

7.2.5 Pathway

A total of 759 proteins were classified into 118 protein pathway categories. The categories and their respective number of identified proteins is given in APPENDIX L. The two top categories with respect to identified proteins were integrin signaling pathway (P00034) (52) and inflammation mediated by chemokine and cytokine signaling pathway (P00031) (42).

7.3 Variability in protein identification between experimental conditions

The variability between donors and conditional groupings of sex, body mass, and seasonal placement, were assessed through the evaluation of presence and absence of proteins across each group.

7.3.1 Inter-donor proteome variability

Samples for each donor taken from day 0 - day 3 were compared for a baseline comparison between donors. This range was used as not all donors had samples

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representative of day 0 available for protein extraction. No significant difference was observed for the number of proteins in samples taken in the first 3 days of placement for each donor (Figure 7-6). However, Donor 9 and Donor 10 appeared to have an increased number of proteins in comparison to the other donors. Comparison of other intrinsic factors for these donors showed no clear trend as Donor 9 was a slim female placed in spring, and Donor 11 a large female placed in autumn.

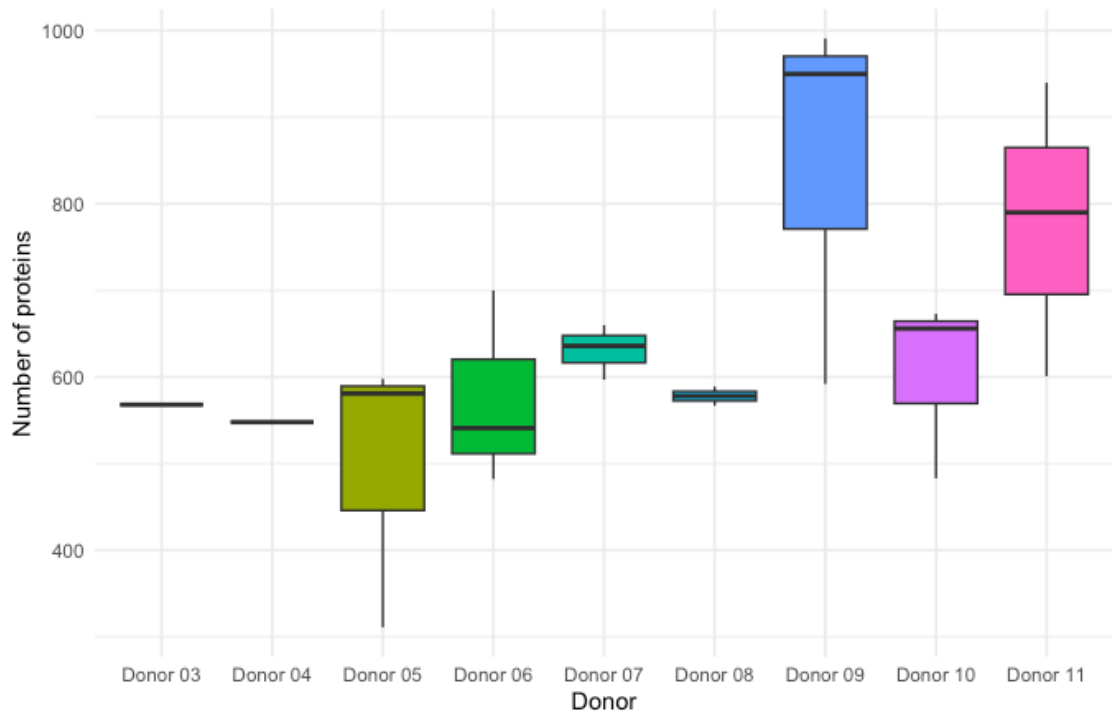


Figure 7-6 Number of identified proteins for samples taken day 0- day 3 for each donor. Outliers are shown as individual data points. Kruskal-Wallis p-value = 0.2639.

There was no significant difference in the total number of identified proteins for each donor (Figure 7-7). A greater variation in the number of identified proteins can be seen in the samples for Donors 4, 5 and 9, as represented by the inter quartile range. Donors 4, 5, and 9 were placed in warmer seasons and had a smaller total sample pool, reflected in the number of analysed samples.

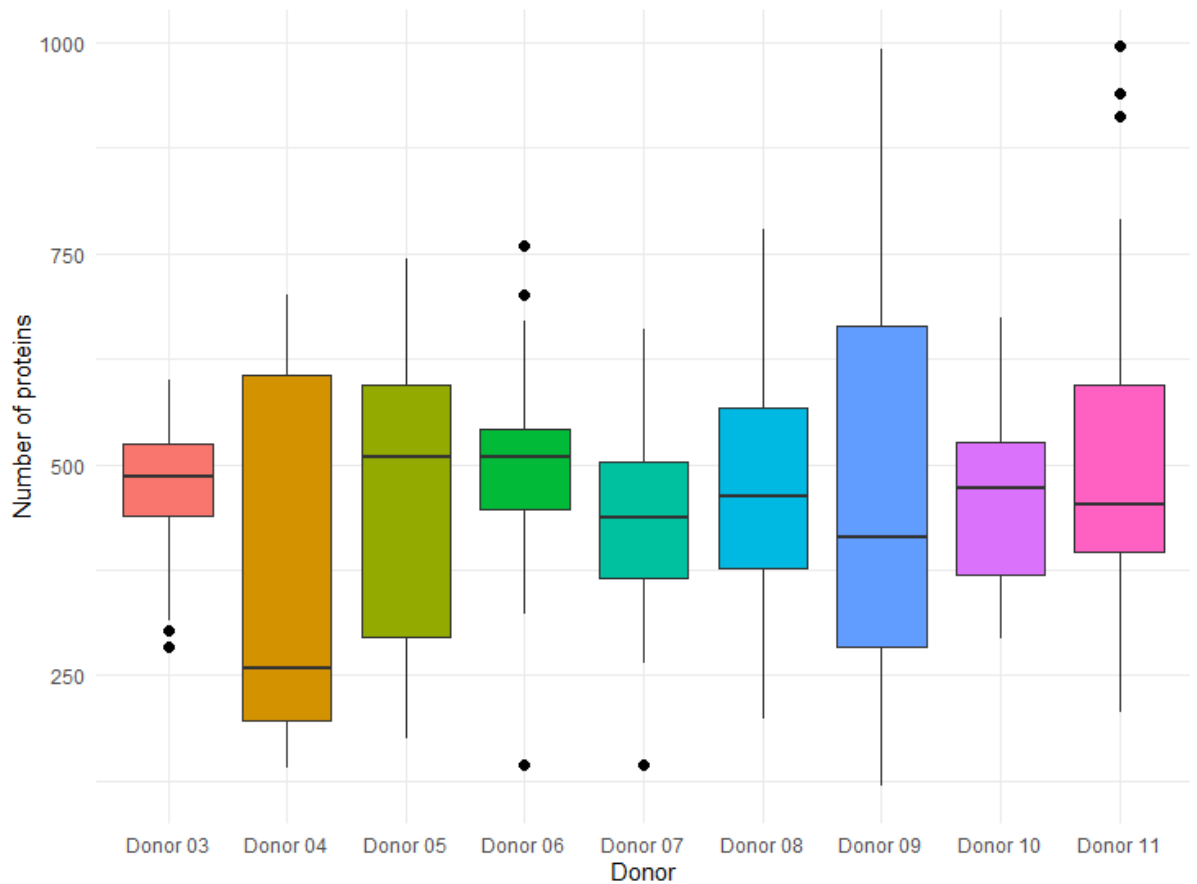


Figure 7-7 Total number of identified proteins for each donor. Outliers are shown as individual data points. Kruskal-Wallis p-value = 0.7332

Overall, 663 proteins were identified commonly across all donors (Figure 7-8), and a total of 180 proteins were identified to be present uniquely (*i.e.*, in one donor). The unique proteins for each donor were analysed using STRING, with a minimum interaction score of 0.700, to identify if there was a relationship with a specific pathway, process or disease. Groups of unique proteins for all donors, with the exception of Donor 5, returned PPI enrichment p-values of >0.05 , indicating no significant interactions between the proteins in each group, as expected. Donor 5 returned a PPI enrichment p-value of $4.16e-05$, indicating a greater number of interactions than expected for a group of random proteins of the same size. When analysed using PANTHER, the majority of these proteins were categorised into either cellular or metabolic biological processes.

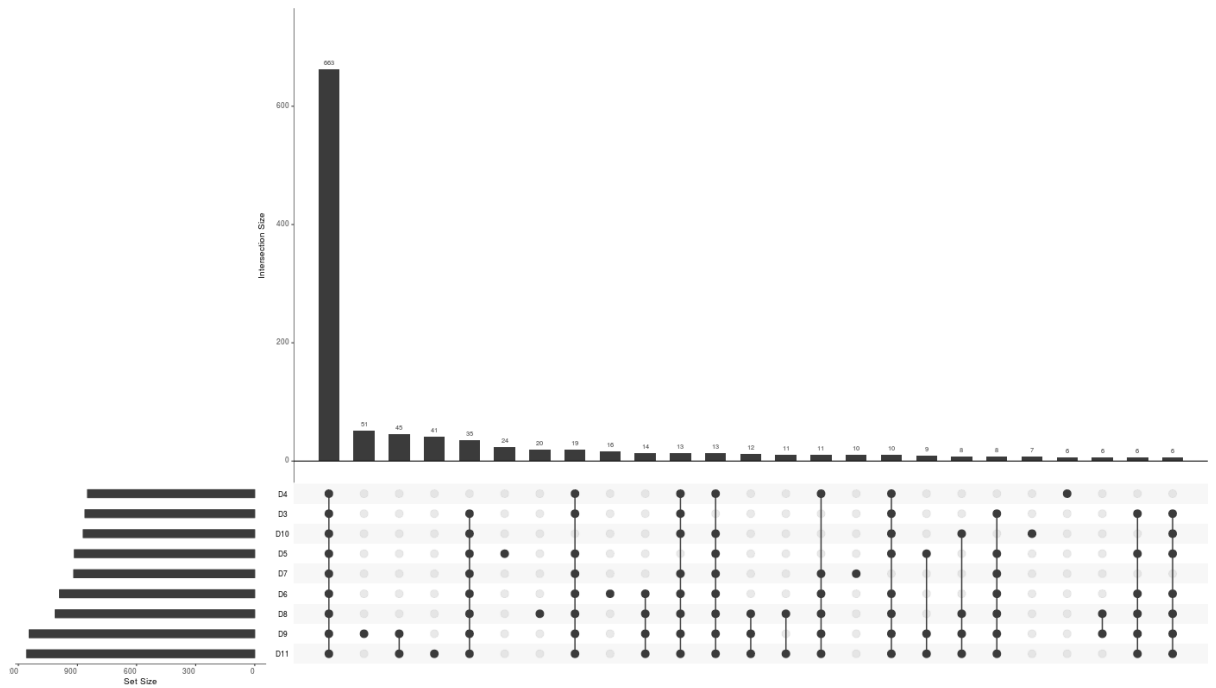


Figure 7-8 UpSet plot of the intersections in identified proteins between each donor. Plot has been limited to show only intersections with more than 5 common proteins. Rows are representative of donors, and columns are representative of the commonality between the donors as displayed by the black dots. Greyed out dots are donors that are not intersecting. The data is organised in descending order, with the intersection with the most proteins on the left. The number of proteins in each intersection is displayed on top of the bar graph.

7.3.2 Variation between sexes

Comparison of the number of identified proteins between samples obtained from female donors and male donors showed no significant difference (Figure 7-9).

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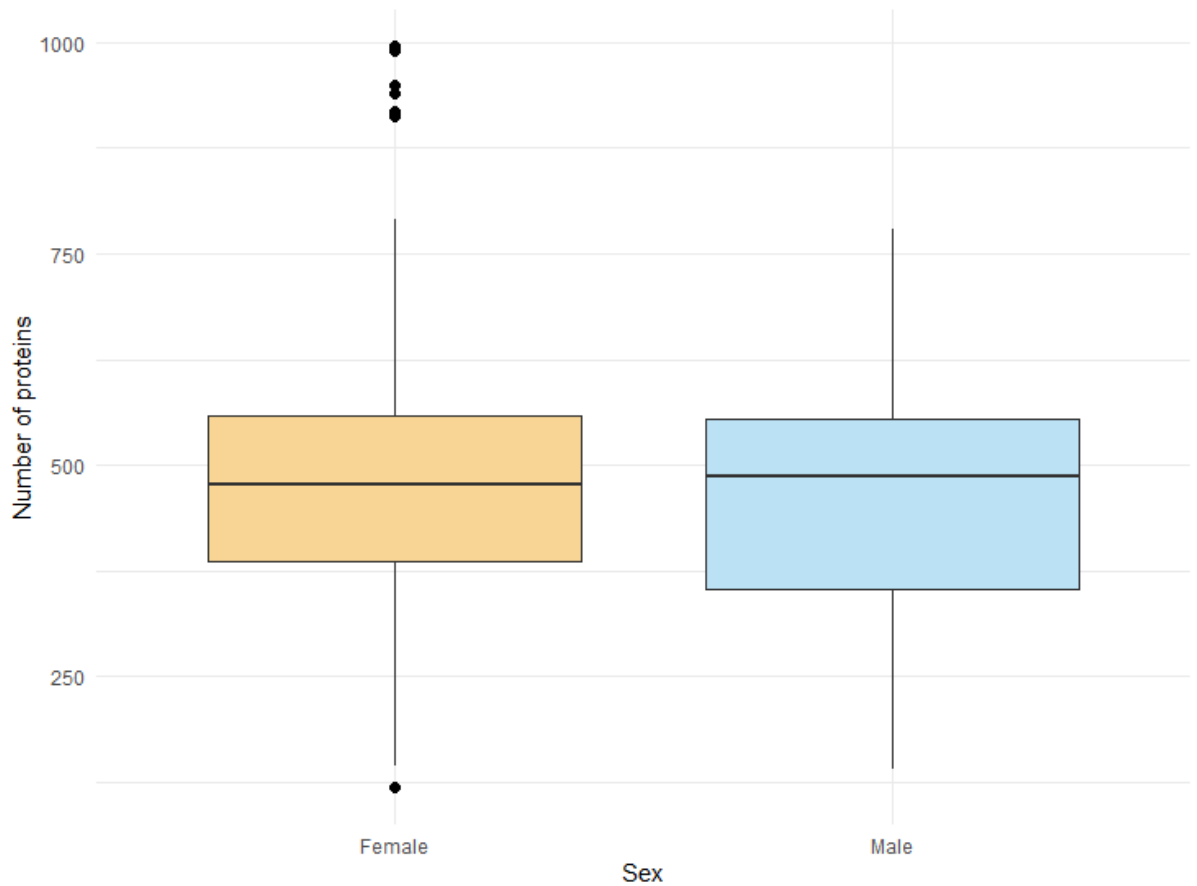


Figure 7-9 Number of identified proteins for each sex. Outliers are shown as individual data points. Kruskal-Wallis p-value = 0.8829

Figure 7-10 shows 1089 common proteins between male and female donors, with 214 unique proteins in female donors and 57 unique proteins in male donors.

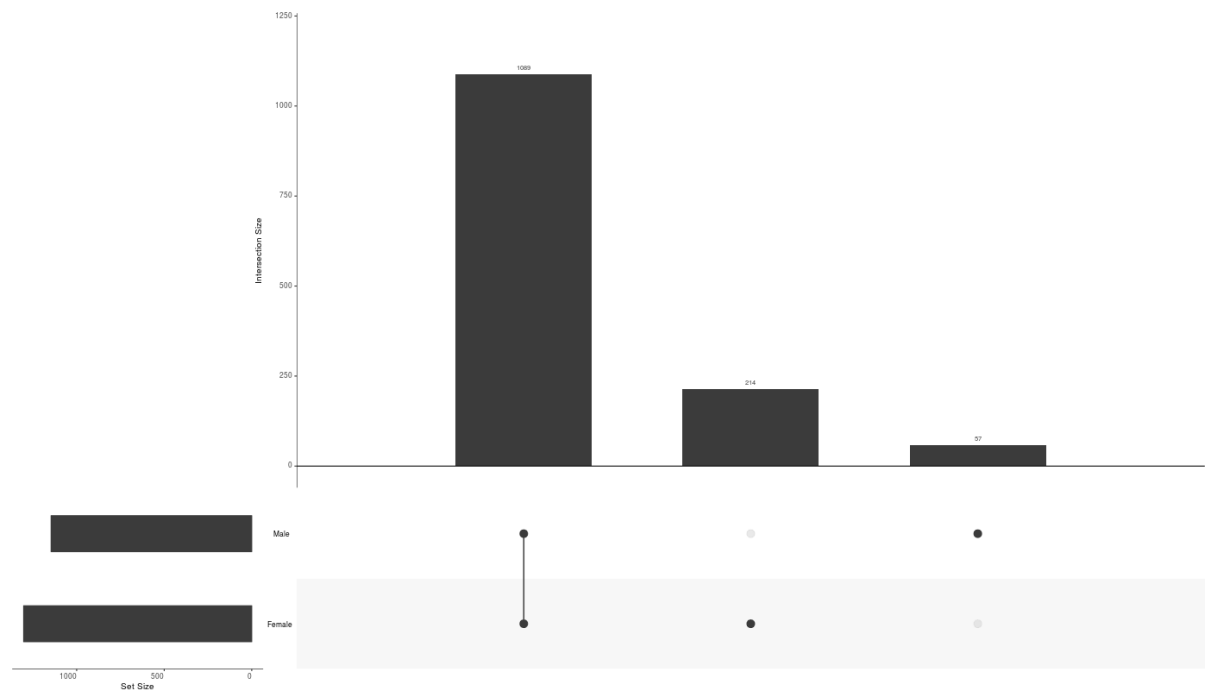


Figure 7-10 UpSet plot of the intersections in identified proteins between each sex. Rows are representative of sex, and columns are representative of the commonality between the sexes as displayed by the black dots. Greyed out dots are not intersecting. The data is organised in descending order, with the intersection with the most proteins on the left. The number of proteins in each intersection is displayed on top of the bar graph.

Proteins that were uniquely identified in female samples were analysed using STRING, producing a network with 207 nodes and 159 edges (Figure 7-11). A PPI enrichment p-value of $1.21e-11$ was returned indicating a significant number of interactions within the network. Additionally, the network had an average local clustering coefficient of 0.4, and 27 clusters were identified. Functional enrichments within the network were manually assessed for informative pathways or processes relevant to sex. Functional enrichment analysis classified proteins within the network into 55 categories for tissue expression, and tissues specific to sex were highlighted. Highlighted categories included: female reproductive system (BTO:0000083) with 124 observed genes and a False discovery rate (FDR) of $6.39e-17$, internal female genital organ (BTO:0003099) with 75 observed genes and a FDR of $1.57e-14$, female reproductive gland (BTO:0000254) with 47 observed genes and a FDR of 0.0259, uterus (BTO:0001424) with 33 observed genes and a FDR of $1.35e-06$, male reproductive system (BTO:0000082) with 49 observed genes and a FDR of 0.0031, internal male genital organ (BTO:0003096) with 39 observed genes and a FDR of 0.0394, male reproductive gland (BTO:0000080) with 48 observed genes and a FDR of 0.0013.

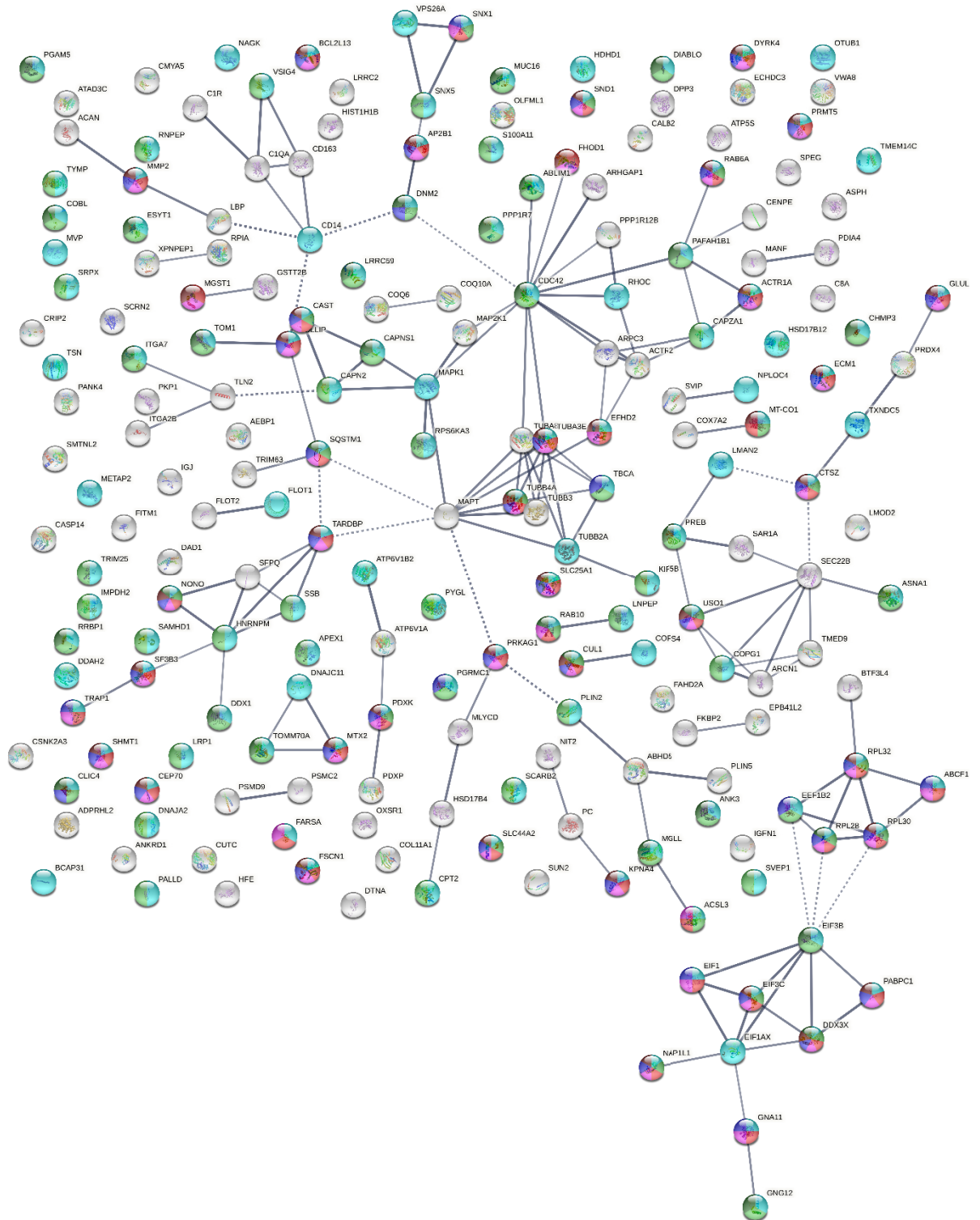


Figure 7-11 STRING interaction network for proteins unique to female donors. Nodes are coloured based on functional enrichment of tissues; light blue = female reproductive system, light green = internal female genital organ, dark blue = female reproductive gland, dark green = uterus, red = male reproductive system, brown = internal male genital organ, pink = male reproductive gland

Proteins that were uniquely identified in male samples were also analysed using STRING, producing a network with 57 nodes and 14 edges (Figure 7-12). A PPI enrichment p-value of 0.00552 was returned indicating a significant number of interactions within the network. Additionally, the network had an average local

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clustering coefficient of 0.287, and 7 clusters were identified. When looking at functional enrichments within the network, no functions relevant to sex were determined in the observed results.

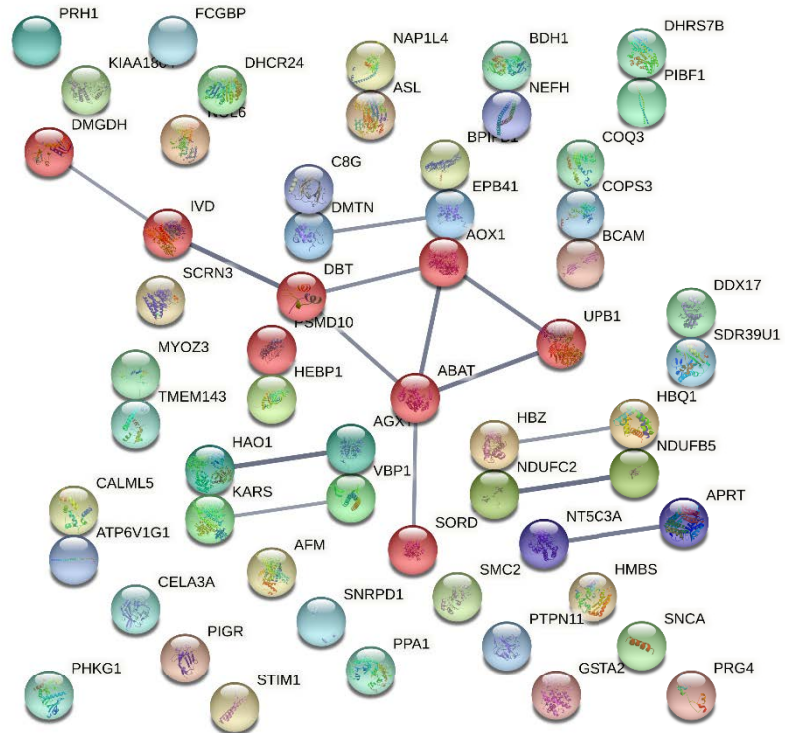


Figure 7-12 STRING interaction network for proteins unique to male donors. Nodes are coloured based on MCL clustering with an inflation parameter of 1.5

7.3.3 Variation between body mass groupings

Samples taken from slim donors showed a greater variability in the number of identified proteins, however, comparison of the number of proteins identified in each body mass grouping showed no significant difference (Figure 7-13).

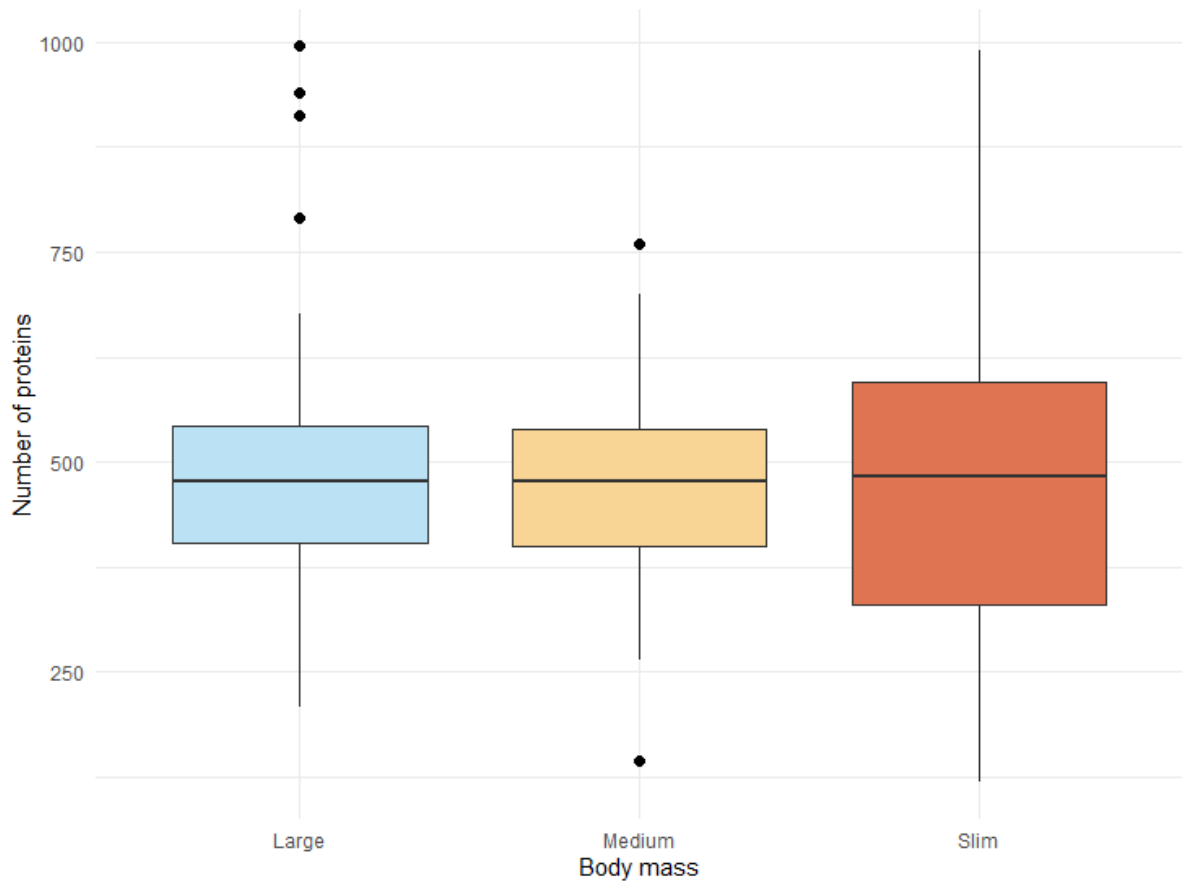


Figure 7-13 Number of identified proteins for each body mass grouping. Outliers are shown as individual data points. Kruskal-Wallis p-value = 0.9652

Across the three body mass groupings, 992 proteins were commonly identified (Figure 7-14). The number of unique proteins identified across the slim, medium, and large body mass groupings were 129, 26, and 47 respectively.

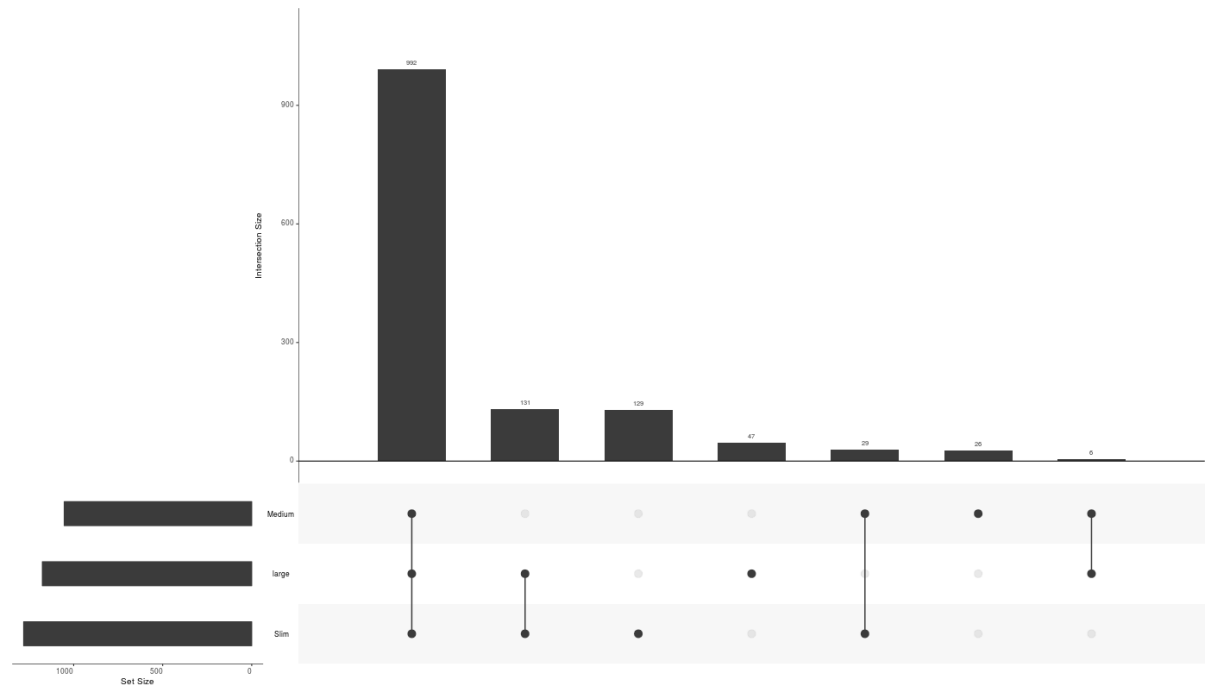


Figure 7-14 UpSet plot of the intersections in identified proteins between body mass groupings. Rows are representative of BM, and columns are representative of the commonality between the BM groupings as displayed by the black dots. Greyed out dots are groups not intersecting. The data is organised in descending order, with the intersection with the most proteins on the left. The number of proteins in each intersection is displayed on top of the bar graph.

Uniquely identified proteins for each body mass group were analysed using STRING to produce an interaction network and perform subsequent functional enrichment analysis. For slim donors, a network with 125 nodes was produced, containing 52 edges, an average local clustering coefficient of 0.387, and a PPI enrichment p-value of 1.16e-03. Medium donors produced a network with 25 nodes, 2 edges, an average local clustering coefficient of 0.16, and a PPI enrichment p-value of 0.203. Large donors produced a network with 47 nodes, 6 edges, an average local clustering coefficient of 0.213, and a PPI enrichment p-value of 0.597. When assessing functional enrichments within the networks for slim and medium donors, no clear relationship could be seen between the identified enrichments and the BM condition. For the proteins unique to the large donor grouping, the free fatty acids regulate insulin secretion pathway (HSA-400451) was identified as being enriched with only two proteins present, and a FDR of 0.0493.

7.3.4 Inter season proteome variability

Samples taken from donors placed in warmer seasons showed a greater variability in the number of identified proteins, however, comparison of the number of proteins identified for samples taken in each season showed no significant difference (Figure 7-15).

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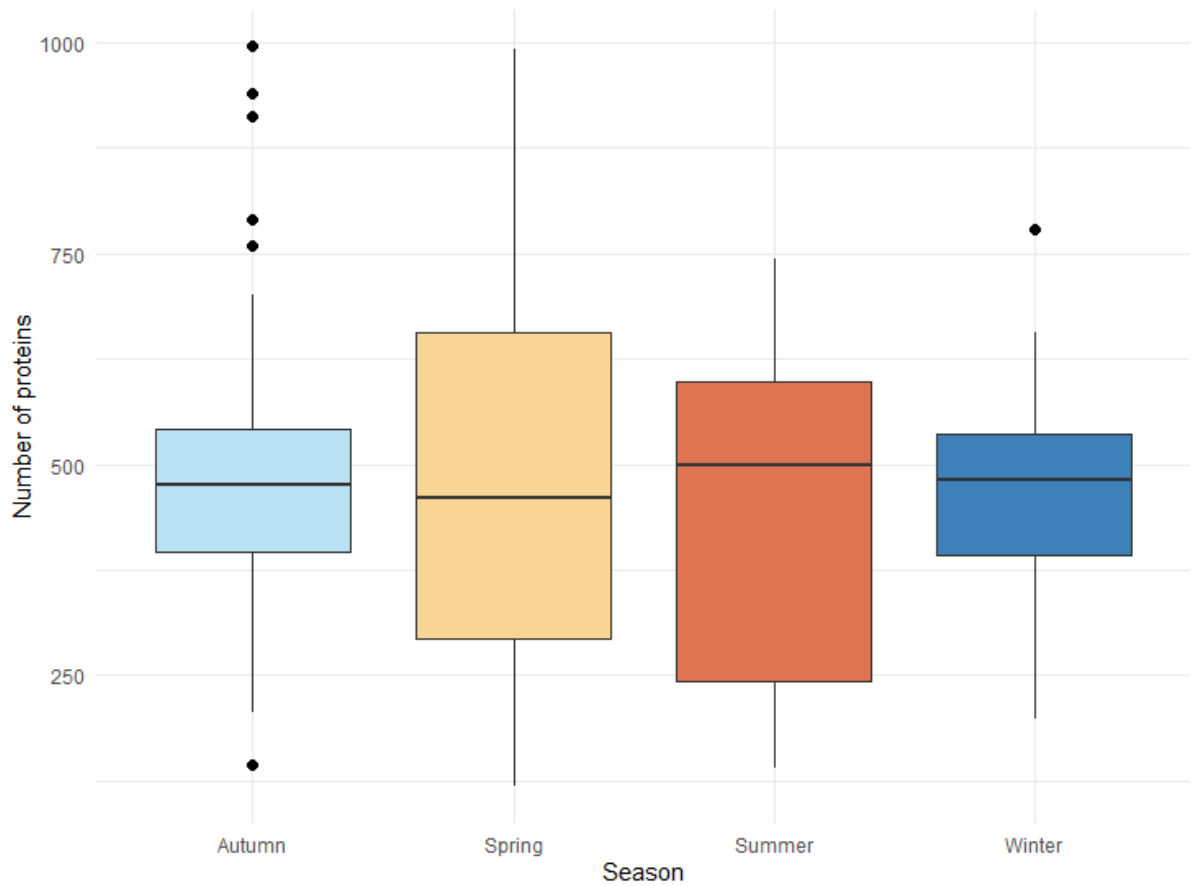


Figure 7-15 Number of identified proteins for donors placed in each season. Outliers are shown as individual data points. Kruskal-Wallis p-value = 0.9771

Across all seasonal placements, 884 proteins were commonly identified (Figure 7-16). The number of unique proteins identified across each season were: summer = 30, spring = 58, autumn = 73, and winter = 25.

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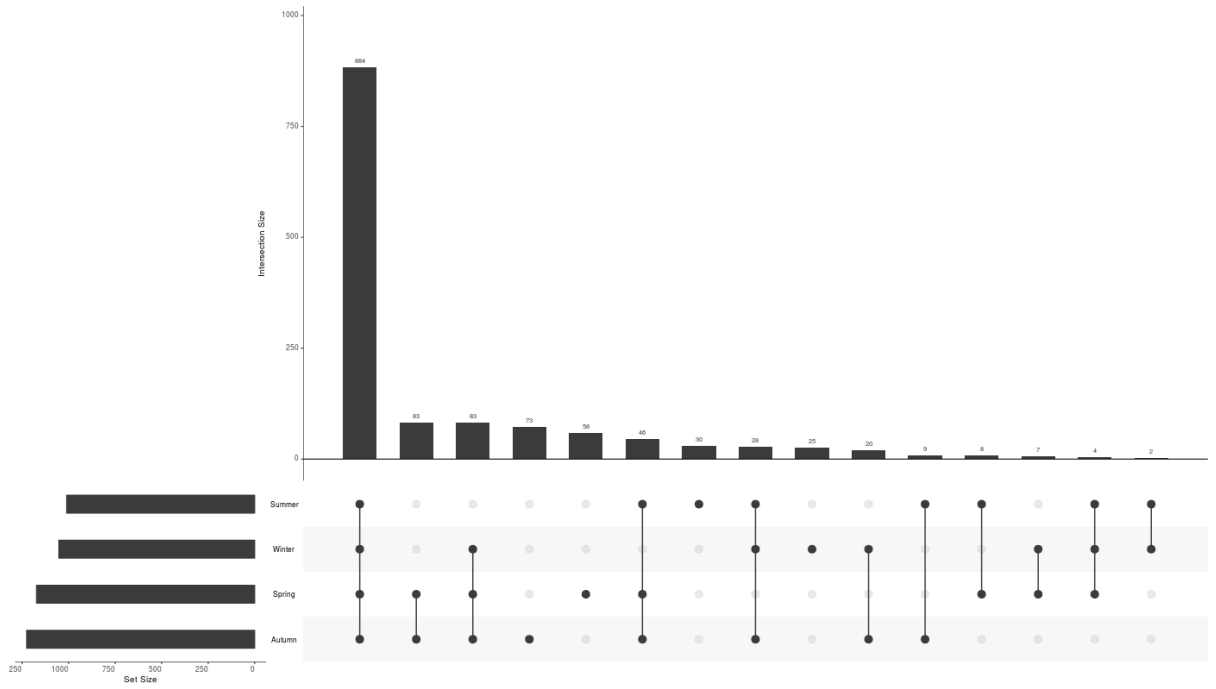


Figure 7-16 UpSet plot of the intersections in identified proteins between seasonal placements

7.4 Discussion

The analysis of proteins has been identified as an avenue of interest for the improvement of PMI estimation techniques [131]. At present, many of the studies looking at taphonomic proteomics have used animal models due to the difficulty of obtaining human samples [47]. Additionally, many different tissue types have been assessed, including specific organs, bone, and skeletal muscle [131]. The real-world application of a method to forensic casework requires samples to be easily accessible so that the method may be used in the field and inserted into pre-existing workflows [47, 234]. Following this, skeletal muscle is an optimal candidate for taphonomy related proteomic studies due to its abundance and ease of sampling access. Understanding the profile of the skeletal muscle proteome in a taphonomic context is integral to the identification of potentially informative biomarkers for PMI estimation. A study by Pittner *et al.* [234] used SDS-PAGE and Western blotting to observe intramuscular differences in proteins. They found no significant difference in protein distributions within the analysed muscle, providing evidence that a single sample from a muscle is representative of the whole muscle. At present, the understanding of the skeletal muscle proteome is based off previous research that has largely been centred around disease, and is skewed towards the vastus lateralis, quadriceps, and deltoid muscles. For the purpose of this study, the bias in reference data is not a limitation as samples were obtained from the vastus lateralis.

A total of 1360 proteins were identified in the skeletal muscle samples included in this study, from matching the spectra obtained to 17,459 peptides. The spectra produced in this study were searched using semi-tryptic parameters, as the degraded state of the samples was likely to result in non-tryptic peptides due to truncation of the molecules. For the purpose of establishing a set of baseline data, searching of these peptides was conducted using a conventional search engine, however wide precursor mass tolerance identification of peptides would likely provide a greater amount of information. The product of this would require significant time and deconvolution due to the complexity of the resultant data. Comparison of the number of identified proteins to literature indicates that this is representative of approximately only 25% of proteins reportedly present in skeletal muscle tissue [235]. A previous study attempted to characterise the skeletal muscle proteome using LC-MS/MS analysis of rat and mouse skeletal muscle samples [127]. This study was able to identify 896 proteins from mouse samples, and 579 proteins from rat samples. By comparison, the results of this study were able to identify at least 1.5 times the number of proteins identified through similar analyses. A 2009 study by Parker *et al.* [289] looking at the characterisation of skeletal muscle by shotgun proteomics was able to identify between 276 to 1817, depending on the separation method used prior to MS/MS analysis [289]. These studies indicate that whilst the number of identified proteins is only representative of a quarter of the currently defined human skeletal muscle proteome, the number of proteins being

identified is sufficient in the context of taphonomic experimental studies. Comparison of the number of identified proteins to previous taphonomic studies using LC-MS/MS to analyse human skeletal muscle tissue is not possible as no studies could be presently identified.

Whilst shotgun proteomic methods using Data Dependent Acquisition (DDA) can be stochastic, and inter-run variability in peptide detection is inevitable, improvements on the number of proteins being identified could be made through further optimisation of analysis methods, for example through fractionation of the samples either during extraction or through analytical methods such as library free searches (*e.g.*, FragPipe) [289, 290]. The complexity of whole cell lysate samples, with the addition of a high abundance of contractile proteins in skeletal muscle, leads to the possible inability to detect proteins present in low abundance [235]. One method that could be employed to identify a greater number of peptides present within a sample is the use of Data Independent Acquisition (DIA) in place of DDA. DIA involves the unbiased acquisition of fragmentation data in MS2, where DDA selects the most abundant peptides from MS1 to fragment in MS2, which causes stochastic selection [289]. Whilst this method allows for a greater acquisition of data, the presence of fragments from multiple peptides in a single MS2 spectrum makes the matching of fragments to peptide sequence a difficult process [289, 290].

Fractionation of the peptides in a sample prior to MS/MS analyses is regularly conducted by reverse phase high-performance LC (HPLC) or ultra-performance LC (UPLC), with separation based on hydrophobicity of the peptides. Multidimensional LC methods (*e.g.*, MudPIT) employ an extra orthogonal separation method, usually involving strong cation-exchange (SCX) or high pH reversed phase chromatography, to separate peptides based off charge or altered hydrophobicity at basic pH prior to separation based off hydrophobicity at acidic pH [229]. Whilst these methods allow for better proteome coverage and more quantifiable peptides [229], both high and low abundance peptides are separated on both dimensions, and it is still possible that higher abundance peptides may out compete low abundance peptides during detection [229]. Fractionation using gel-based methods enables lesser complexity in the separated fractions due to the ability to isolate higher abundance proteoforms and separation is performed on intact proteins reducing complexity, however, issues still exist with gel-based methods that can be overcome with the use of gel-free techniques [229]. The ability to detect a greater amount of peptides within a sample leads to greater complexity in the data output, which requires large computational power for peptide and protein identification and potentially long analysis times [226]. Using multidimensional separation techniques, identification of up to 10,000+ proteins from whole cell lysate is now possible [291]. Following this, the identification of 1360 proteins in this study using LC-MS/MS is an optimal result, particularly when taking the degraded nature of the samples into context, with the possibility for improvement with the employment of multidimensional techniques. Additionally, consideration should

be given to the fact peptides are being searched against a database with the assumption of tryptic/semi-tryptic digestion. As the proteins within the sample are likely degraded, some peptides may not be detected as they are truncated, but not as a result of tryptic digestion. Using open search techniques such as FragPipe would enable a greater chance at detection of these peptides [292].

7.4.1 Functional annotation of taphonomic skeletal muscle proteome

Functional annotation is employed to characterise particular functions, localisation or categories that are represented in a specified sample set of proteins [293]. These functions or localisations can then be tested for over or under representation when compared to a background gene set [294]. The purpose for completing functional annotations and enrichment analysis on this dataset was to allow for comprehensive characterization of the taphonomic skeletal muscle proteome. As has been previously noted by Gonzalez-Freire *et al.* this is a critical step for the purpose of a reference for future studies looking to identify biomarkers, particularly in cases where the presence/absence of particular proteins is being assessed. Additionally, an in-depth normative data-set for taphonomic skeletal muscle samples would allow for comparison to in vivo data sets to potentially inform about the biological processes involved with decomposition.

A 2017 review of skeletal muscle proteins, termed the human skeletal muscle proteome project (HSMPP), serves as the only identifiable reference point for the characterisation of proteins in human skeletal muscle tissue [235]. It should be noted that the data included within the HSMPP likely originated from individuals with disease due to the nature of previous research, and a holistic view of the effect this has on the observed profile is not yet determinable. Comparison of the data is possible, however, it should be noted that due to the differences in the samples contributing to the studies, it is likely that some variation in enrichments will be seen. Functional enrichment analysis of the samples in this study was conducted using both PANTHER and STRING, which uses gene ontology (GO) annotations to classify identified proteins into predicted functional groupings or locations [295]. The use of uniform nomenclature enables universally interpretable classification of results and the ability for comparison between studies. In this study, categories of molecular function, biological process, cellular compartment, as well as protein class and participation in functional pathways were all assessed. Some proteins may be classified into multiple categories as they are found in more than one compartment, have more than one molecular function, or contribute to more than one biological process.

The molecular function category refers to the activities performed by a gene product, in this case a protein, at a molecular level [235]. In this study, 12 categories were identified for molecular function, with the majority of proteins classified into the

categories of “binding” or “catalytic activity”. Although comparison to the HSMPP found some similarities in enriched categories, there is variation in the distribution of proteins for the identified categories. Overall, 16 molecular function categories were identified by the HSMPP, with most proteins being classified as *enzyme* (~40%) followed by *regulatory* (~20%). The category of *enzyme* is synonymous with the category *catalytic activity*, which were comparable with approximately 38% of proteins being classified in the HSMPP. *Catalytic activity* is a parent term in the GO annotation tree for myosin related enzymatic muscle contraction activity and is expected to be enriched within these samples. In contrast, approximately 5% of proteins were classified as *regulatory*, in comparison to the 20% classified in the HSMPP. The major category identified in this study was *binding*, with around 42% of proteins being classified into this category. For the HSMPP, the *binding* category classified less than 5% of proteins. Commonality exists for the majority of categories identified in this study with the HSMPP, with the disparate categories each holding less than 10% of classified proteins. Again, enrichment for the *binding* category is expected as *molecular function involving binding*, specifically *cytoskeletal protein binding*, play a large role in muscle contraction [296]. As analysis using PANTHER shows only categories with an FDR of less than 0.05 it is possible that additional categories exist for this data set but were not highlighted as the statistical requirement for representation was not met. FDR for the identified molecular function categories was not reported in the HSMPP.

The term *biological process* refers to an overarching process that is usually derived from multiple molecular functions. As molecular function can occur in a number of different processes, two proteins may classify into the same molecular function category but contribute to different biological process categories. Enrichment analysis for *biological processes* returned 17 categories, with the majority of proteins being classed into the *cellular process* (~35%) or *metabolic process* (~20%) categories. Comparison to the HSMPP places these categories as the third and fourth largest, at ~13% for *cell process* and ~10% for *metabolism*, with 13 categories being identified overall. The categories with the greatest number of identified proteins for the HSMPP were *regulation* and *transport* both having approximately 15% of protein classifications. The term *transport* in the HSMPP is derived from Uniprot key words, where in GO annotation this falls under the term *localization*. In this study, *localization* classified approximately 10% of proteins and was the fourth largest category. With GO annotation, *transport* is not the only term to fall under *localization*, and as such the number of identified proteins is not solely representative of the *transport* category. This should be taken into consideration when comparing the results in this study to the HSMPP.

Cellular component describes the location of a particular gene product's function. The parent term *cellular component* has two immediate categories, *cellular anatomical entity*, and *protein-containing complex*. *Cellular anatomical entity* refers to a gene product that exists as part of a cellular entity (e.g., nucleus), and *protein-containing*

complex refers to a macromolecule that sits below the granularity level of a *cellular anatomical entity*. Enrichment analysis with PANTHER placed around 78% of classified proteins into *cellular anatomical entities*, and around 23% into *protein-containing complexes*. Within the category *cellular anatomical entity*, 54 subcategories were identified. For comparison of these results to the literature, this was limited to the categories identified in HSMPP to assess variation in % proteins being classified into the reported groups. The HSMPP identified 12 categories for *cellular anatomical entity*, excluding *protein-containing complexes*. With the largest proportion of proteins being classified into *cytoplasm* (~30%), *membranes* (~24%), *nucleus* (~19%) and *mitochondria* (11%). Comparatively, this study found ~25% of proteins being classified as *organelle and cytoplasm*, followed by *membrane* (~15%), *nucleus* (~12%) and *mitochondrion* (7%). It should be noted that *organelle* includes both *nucleus* and *mitochondrion* alongside *other cellular organelles*. The *cytoplasm* category is a parent to the GO terms for *contractile fibers* and following this, a large proportion of proteins being classified into this category is expected for skeletal muscle tissue. It is interesting that *mitochondrion* represents only 7% of identified proteins, as it has been previously reported to constitute around 28% of transcripts in skeletal muscle due to the role in energy metabolism [235]. It is possible that mitochondrial proteins are being underrepresented in the samples in this study due to the cessation of these metabolic processes at time of death. Comparison of these results with what was previously observed in chapter 6 looking at mtDNA degradation highlights a potential relationship with the reduced number of mitochondrial proteins being detected. As proteins are transcribed by DNA, it is possible that this reduction is directly correlated with the low mtDNA quantities that were observed in chapter 6. Only four of the 13 proteins encoded by mtDNA were detected in the sample pool for this study. MT-CO1 was found in 88% of samples, MT-CO2 in 12%, MT-ND4 in 7%, and MT-ND5 was only detected in a single sample (<1%).

Generally, there is a great amount of overlap in classifications being identified between this data with the HSMPP. Whilst some differences were observed, occurrence was usually related to categories with a lesser number of identified proteins. Further, differences in the identified classifications could be explained by high false discovery rates, however, as FDRs were not reported in reference literature it is not possible to confirm. FDR is an important measure when assessing functional enrichment analysis as adjustment for multiple testing is necessary to ensure identified enrichments are not by random chance. Following this, comparison of identified enrichments becomes difficult when data sets are not held to the same level of rigor. Another possible source of variation stems from the analysis tools being used, in that the results of enrichment analysis are dependent on the database being searched against. As such, when searching the same terms with different analysis tools, it is possible to obtain incongruous results. The HSMPP outlined the predominant use of manual annotation using both Uniprot key words and GO terms. The lack of a universal systematic

approach to the characterisation of a proteomic data set inevitably makes comparison difficult when different annotation methods are used. Annotation of proteins is complex as classifications are based off curated databases derived from experimental literature and predicted functions/locations from other cell types or organisms, coupled with the ability to classify proteins into multiple categories. The employment of a common classification method would aid in the progression of research by having a clear reference on which to build, however potential limitations may arise through the lack of a fully comprehensive database. Further, the samples used in the studies contributing to the HSMPP come from specific disease populations due to the nature of the research being predominantly disease focused [235]. As such, it is possible that the data being reported is not representative of the entire population and is biased towards disease. Occurrence of disease for the samples in this project is also prevalent due to the nature of body donation and death from natural causes. Whilst not specific to a single disease, it is also possible that results presented from this work are not truly reflective of the general population. Conversely, as disease is prevalent in the general population, it could be argued that when studying PMI estimation diseases should not be controlled in order to reflect a real-world environment. In addition, samples in this study were collected across a degradation timeline, and it is expected that samples from later periods would not be reflective of the proteome of a living person. Although this data may not be applicable to the general characterisation of skeletal muscle, it can be employed as a reference for the expected taphonomic proteome.

The greatest number of proteins identified in a protein class were classified as *metabolite interconversion enzymes* (~27%). The members of this class of enzymes are ubiquitous, and includes all enzymes except those that act on DNA, RNA and proteins. Approximately 11% of proteins were classified as *cytoskeletal*, which again is expected with the nature of skeletal muscle containing a large number of filaments. *Protein modifying enzymes* accounted for ~10% of classified proteins, and directly lead to post translational modifications of proteins. The presence of these could potentially infer the value of analysing PTMs for PMI estimation, particularly in the case of the current samples as they are likely to be degraded leading to the occurrence of PTMs.

A total of 118 pathways were indicated for the proteins identified in this dataset. The *Integrin signaling* pathway (P00034) had the greatest percent of classified proteins (~7%). This is a commonly enriched pathway as integrins are found on the cell surface and play an important role in cell signaling [297]. It has been shown that Integrin adhesion receptors provide a link between the extra cellular matrix and actin cytoskeleton which regulates contractile filament organisation [298]. The *inflammation mediated by chemokine and cytokine signaling* pathway (P00031) identified approximately 6% of classified proteins. This pathway is involved in lymphocytic infiltration of tissues [299]. Two disease related pathways were identified, *Huntington disease* (P00029) (~1.6%) and *Parkinson disease* (P00049) (~2.3%). Information on disease history was not provided for the donors in this study, and it is therefore not

possible to ascertain if this is expected. Pathways involved in muscle function were also identified with the *nicotinic acetylcholine receptor signaling* pathway (P00044) (1.5%), which facilitates depolarization of muscle cells and triggers contraction [300], and *cytoskeletal regulation by Rho GTPase* (P00016) (2.4%). The *ubiquitin proteasome* pathway (P00060) was also identified with 1% of proteins being classified. This pathway has been shown to have a significant role in muscle wasting through the promotion of myofibrillar disassembly and degradation, the activation of autophagy, and the inhibition of myogenesis [301]. As aged donors were the sole contributors to this study, it is possible that enrichment of this pathway is being seen due to age associated myopathy.

7.4.2 Experimental condition variability

The number of identified proteins across all samples was assessed through the context of the different experimental conditions within the study, including donor, sex, body mass, and seasonal placement.

Comparison of the number of identified proteins in samples from individual donors found no statistical difference. This suggests that whilst the proteins may vary qualitatively, the number of proteins being detected is uniform across samples. The specific proteins being identified will naturally differ across the samples due to both biological variation between the donors, and stochastic variations through the experimental process. If samples from a particular donor were to consistently be identified as having either more or less protein groups than the other donors, it might be an indication as to a significant pathology that would not allow for comparison. Beyond this, establishing proteomic profiles of specific pathologies could potentially aid forensic investigations where cause of death is also being questioned. For this, significant research into expected disease profiles would be required.

Proteins that were uniquely identified for each donor were analysed using STRING-DB to identify any informative interactions or functional enrichments. A single donor (Donor 5) returned a significant p-value, indicating a significant number of protein-protein interactions. This indicates that although these proteins are being uniquely identified for these donors, it is likely occurring randomly and not through a specific mechanism *e.g.*, disease. Functional enrichment analysis of the unique proteins for Donor 5 showed a large number of proteins being classified as *viscus* (17) or specifically *liver* (12) related in terms of tissue expression and 11 proteins were classified as belonging to *metabolic* pathways. Comparison between this and the cause of death for this donor gave no clear relationship. It remains possible that disease-based proteins and pathways are being identified for the samples in this study due to their donor of origin, however exclusion on this basis would still not be entirely representative of the general population. Another factor requiring consideration is the age of the contributing donors. It has been documented that with age comes sarcopenia and

subsequent muscle atrophy [302]. The *ubiquitin proteasome* pathway (P00060) has been previously linked with muscle atrophy [303], and was identified as being enriched within the sample pool for this study.

Limitations regarding experimental design involving human body donations are well documented and commented on in the analysis of taphonomic studies, however the benefits of obtaining human specific data remain clear. Variation in the number of identified proteins could be seen with respect to Donors 4, 5, and 9, as their samples gave a larger inter-quartile range when compared to the other donors. As these donors had fewer overall samples when compared to other donors, it is logical that the larger variability being observed is due to the smaller sample size. Ultimately the lack of significant difference gives an appropriate basis to allow individual donors to be grouped together for analysis when all other experimental conditions are the same [304], however consideration of this in the interpretation of results must be taken.

Comparison of the number of identified proteins between male and female donors gave no statistical difference. There is an established difference in the physical appearance of muscles between males and females, however as research into the human skeletal muscle proteome is ongoing, sexual dimorphism on a proteomic level is yet to be fully characterised [235]. In general, it has been shown that muscle atrophy begins around age 40, and the decline in muscle mass progresses faster in males compared to females [305]. As there is an aged sample population for this study, it follows that any proteomic differences in skeletal muscle between the sexes might be explained by the observed changes in muscle mass with age. Functional enrichment analysis of the uniquely identified proteins for both males and females was conducted using STRING-DB, in order to establish any differences in the proteins being identified for each group. For females, many unique proteins were identified, leading to a network with 207 nodes, an average local clustering coefficient of 0.4 and a PPI enrichment p-value of $1.21e-11$, indicating a significant number of interactions between proteins in the network, as expected for the same tissue. Through examination of the identified enrichments, a large number of the identified proteins can be found in female specific tissues. It is important to understand that this does not mean they are specific to those tissues, however it is possible that an explanation for why these proteins are being observed together stems from a sex related process. For males, a network of 57 nodes was produced with an average local clustering coefficient of 0.287 and a PPI enrichment p-values of 0.00552. Whilst still indicating significant protein-protein interactions, the network had a low clustering coefficient value, and no informative enrichments could be identified indicating no clear correlation with sex. The understanding of differences in the skeletal muscle proteome between males and females is necessary for both foundational PMI estimation research and the subsequent interpretation of case related results. Additionally, a further benefit in the ability to determine both the sex of an individual and estimate PMI from a single sample

would be beneficial to investigations, especially in cases where DNA quantity is low or degraded.

Comparison of the three classified body mass groupings returned no statistical difference in the number of identified proteins. Proteomic differences between body mass groups have not been widely investigated. Previous proteomic research has predominantly focussed on insulin related pathways and the up-regulation/down-regulation of specific proteins with respect to obesity and type 2 diabetes [306]. It has been suggested that the accumulation of lipids, inflammatory mediators, and other mechanisms that accompany obesity can have a negative effect on skeletal muscle tissues [235]. Obesity has also been shown to down-regulate contractile, structural, and stress response proteins, whilst up-regulating mitochondrial and metabolic enzymes through fatty acid metabolism [235]. Functional enrichment analysis on the uniquely identified proteins for each group returned non-significant interactions for both the large and medium donor networks, and a PPI enrichment p-value of 1.16e-03 for the slim donor network. This result may be explained by the greater number of unique proteins being identified in the slim group, and following this, more protein-protein interactions would be expected. Looking at enriched terms for both slim and medium donors returned no informative pathways or processes. For large donors, enrichment of the *free fatty acids regulate insulin secretion* pathway (has-400451) was identified from only two contributing proteins, ACSL3 and CD36, with an FDR of 0.0493. ACSL3 (Long chain acyl-CoA synthetase 3) and CD36 (fatty acid translocase) are both involved in the metabolism of free fatty acids, and both ACSL3 and CD36 have previously been reported to be upregulated in obese mice [307, 308], and CD36 protein expression is shown to be upregulated in both obese patients and type 2 diabetics [308]. Obesity is known to be linked to type 2 diabetes and the inability to appropriately regulate metabolism through insulin pathways [309]. Observed enrichment of this pathway in this group may be indicative of large donors, and whilst deemed significant, the strength of this relationship needs to be considered with the FDR value being very close to the significance cut-off of 0.05. Consideration of the observed proteomic profile as a tool to infer body mass could be useful for investigative purposes, and it has been previously reported that an increase in some metabolic pathways can be seen in larger subjects [235].

Comparison of the number of identified proteins for each seasonal placement showed no statistical difference. As the proteome is intrinsic to each donor, it is not expected that an extrinsic factor would greatly alter the presence of a particular protein group in the way intrinsic factors can (*i.e.*, sex and body mass), however seasonality does impact the number of samples that can be obtained and subsequently the depth of identified proteins. Whilst some proteins were detected uniquely across the seasons, enrichments for these groups were not assessed due to the likelihood results seen would be due to the intrinsic conditions of the contributing donors and not extrinsic factors such as seasonal placement. Further investigation into the number of identified

peptides and changes in percent coverage for each protein group may elucidate further trends in relation to the sex, BM and seasonal conditions, however, this has not yet been completed with the present dataset.

Although unique proteins were assessed to ascertain any informative enrichments with the conditional groupings, it is important to note that the data contributing to these analyses are the same and the grouping of the data is being altered. Whilst this should be sufficient to identify enrichments that are related to conditional groupings, it is also possible that enrichments are being identified through multiple conditions as the contributing donors fall within both groups. Specific studies looking at differences in the skeletal muscle proteome, across the sex and body mass conditions of the general population, would aid future research by creating a reference point against which observable differences could be made and facilitate the identification of protein biomarkers representative of these groups. The proteins identified in this study that were unique to sex and body mass groupings (7.3.2 and 7.3.3) showed enrichments that indicate proteins within these groups may be informative for this purpose. Further experimental research aimed at investigating proteins specific to these conditions in post-mortem tissues should be conducted to reliably identify useful biomarkers. From this, through the identification of these biomarkers in case work samples, it could be possible to make inferences about an individual which could help frame analysis or support investigations.

The lack of significant difference in number of identified proteins between conditional groupings suggests that within this study, donors of both sexes and of the same BM placed in the same season can be grouped together for analysis. It is of course possible that the proteome would vary between each donor, however, this would be reflective of the natural variation that would be expected when dealing with individuals in casework. Further to this, the expected random variation in the detectable proteome requires protein biomarker candidates to be consistently identified, reliably detected, and common across all conditions. To enable choosing an appropriate biomarker, having a broad understanding of the variability is necessary. This research goes some way to creating a foundational understanding of the taphonomic proteome, and additional experimental data may be added to this data set in the future to strengthen the observations.

7.4.3 Limitations and future research

Whilst mitigation of limitations is always considered within an experimental plan, there remain aspects of the experimental procedure and subsequent analysis that may be improved. The experimental design for this study was heavily reliant on donor availability. Whilst collecting at true time zero is a known limitation with taphonomic studies, future studies should aim to collect samples at time zero in order to build on this dataset for the purpose of full characterisation of the taphonomic proteome.

The nature of body donation programs leads to an increased likelihood of associated disease in the samples being obtained. Increasing the number of contributing donors would likely aid in understanding the effect specific diseases have on the proteome. Additionally, once a reference database has been established, comparison could be made to skeletal muscle samples obtained from cases where death has occurred by unnatural causes and from living individuals. Further to this, it is not possible to obtain biological replicates as variables such as age, body mass, day of death, and associated disease cannot be controlled, creating an inherent limitation that cannot be prevented. Additional fractionation of the samples could provide a higher discrimination of the peptides contained within the lysate. This would aid in the detection of proteins with a lower relative abundance in skeletal muscle tissue, helping form a more holistic characterisation of the proteome and potentially revealing proteins that could be informative for PMI estimation. Employment of DIA could provide more robust data, however along with this comes down stream interpretation challenges that require time and powerful deconvolution tools for the increased spectral complexity. Analysis of PTMs and searching against open (wide precursor mass tolerance) databases will enable detection of peptides that would otherwise not be identified through traditional search engines. The enrichment results of this study are largely reliant on available databases, which at present do not provide a complete picture as to protein function, pathways, and interactions. Additionally, as the present samples are from a body undergoing decomposition, it is not known if functional enrichment of the identified proteins applies in the same manner as for a living person. Annotation of the utilised databases are formed from the experimentation and understanding of functionality in living organisms, and further investigation is needed to know if these databases can be applied in a taphonomic setting. Studies looking at the proteins within identified functional enrichments in a taphonomic context would help strengthen the observation and confirm the potential for use of particular proteins as biomarkers for a particular condition (*e.g.*, body mass). Additionally, as databases are expanded and inevitably made more robust, it may be possible to identify further functional enrichments which are currently not being identified.

7.5 Conclusions

This chapter aimed to develop a foundational understanding of the taphonomic proteome of skeletal muscle tissue, for further application to the identification of biomarkers for PMI estimation. Skeletal muscle has shown to be an optimal candidate for proteomic experiments due to their abundance within the body and the ability to easily obtain a sample in both research and casework environments. Specifically, the vastus lateralis is preferred in terms of sampling collection, as this muscle has been a predominant focus in prior research and reference data exists. This study was able to identify 1360 proteins from the sample pool across a range of PMI's. This represents

approximately a quarter of previously identified skeletal muscle proteins. The lack of a universal functional enrichment analysis approach with regard to both databases and annotation vocabulary makes comparison across studies difficult. Following this, minimal literature is available 156 characterising the functional enrichments found within skeletal muscle samples. Comparison to available literature found overlaps with identified functional enrichments, and variation was present in some categories. It should also be considered that the nature of both the samples within this study and samples in literature are bias towards disease, and research involving healthy individuals is required to determine if data is reflective of the general population. Uniquely identified proteins for each conditional grouping were looked at to identify any functional enrichment characteristics that might be used to infer conditional information. There remains the potential that differentiation may be possible between samples obtained from females versus males, and with obese individuals. Information on both of these intrinsic factors will be able to aid investigations and potentially help infer influencing factors, necessary for the estimation of PMI. Further validation of these functional enrichments, through both expansion of the dataset and strengthened databases, will aid in the conclusive determination of characteristics. Stochastic variation of the uniquely identified proteins was supported where PPI enrichments within networks from uniquely identified proteins were deemed not significant. No difference was found in the number of identified proteins when comparing between individual donors, sexes, body mass groupings, and seasonal placements. This implies that donors, placed in similar conditions with similar intrinsic factors, may be compared when assessing the impact of extrinsic factors on the detection of proteins. Ultimately, the ability for comparison supports the use of the dataset within this study to identify potentially informative biomarkers for the estimation of PMI. From this a set of proteins were identified in chapter 8, to explore quantitative relationship with PMI.

Chapter 8: Identification of Informative proteins for PMI estimation

8.1 Introduction

As outlined in Chapter 1, studies aiming to develop better methods for the estimation of PMI have been conducted in a variety of fields and have looked at both qualitative and quantitative measures. The subjectivity of current methods leads to the need for a reliable and reproducible method, as can be provided by the measurement of PMI relevant biomarkers [157]. Alongside DNA and RNA, the analysis of proteins has recently been identified as a potential tool for the estimation of PMI [131]. Whilst studies have been conducted looking at specific organs and tissues, skeletal muscle samples remain the most researched soft-tissue, and the most applicable to a forensic setting. The previous chapter sought to provide a basis for the use of the present data set to identify novel biomarkers for the estimation of PMI from human skeletal muscle tissue through analysis of their tryptic peptides. Many of the previously investigated proteins for PMI estimation were first identified through comparison to research conducted in the field of food science, with post-mortem skeletal muscle degradation being looked at in the context of meat tenderness [213]. With the recent developments in the analysis of proteins using shotgun LC-MS/MS methods, both high-throughput and a greater depth of discovery of peptides contained within a sample has been made possible. Following this, the ability to identify potentially informative peptides to infer proteins from all identifiable products within skeletal muscle tissue samples is also possible. At present, a single study has employed LC-MS/MS to analyse the proteome of human skeletal muscle tissue to discover potential biomarkers for the purpose of PMI estimation [127]. However, this study looked at samples with a PMI window of 96 hours, samples were obtained through an autopsy, and the identification of novel biomarkers was completed using mouse and rat samples. Following this, only the proteins identified in the mouse and rat samples were subsequently investigated in the human samples. This chapter looks to identify informative proteins for the estimation of PMI, by investigation of their change in abundance over time. Proteomic biomarker candidates identified through literature, from studies assessing skeletal muscle tissue, were also assessed for comparison with previous studies. The samples in this study were obtained through the placement of donors at a taphonomic facility, and consideration was taken with regard to influencing variables for future application to forensic cases.

8.2 Proteomic data analysis for the identification of PMI biomarkers

A representative pool of samples was analysed using LC-MS/MS as described in Chapter 2.5. As not all sampling dates were able to be analysed, and for the purpose of preliminary identification of proteomic biomarkers, samples were classified as “early” (<500 ADD, n = 96), “middle” (501-1000 ADD, n = 49) or “late” (>1000 ADD, n = 42) PMI based on the sampling timeline of the originating donor for statistical testing of changes in relative abundance. Comparison was made between the number of identified proteins for samples obtained in the early, middle, and late stages (Figure 8-1). A Kruskal-Wallis p-value of 8.304e-06 was obtained, indicating a significant difference in the number of identified proteins between the stages. Post-hoc pairwise comparison using the Wilcoxon rank sum test with Benjamini-Hochberg correction determined a significant difference between the number of proteins identified in the early stage compared to the middle stage (p=0.0076), and the early stage compared to the late stage (p=1.5e-05).

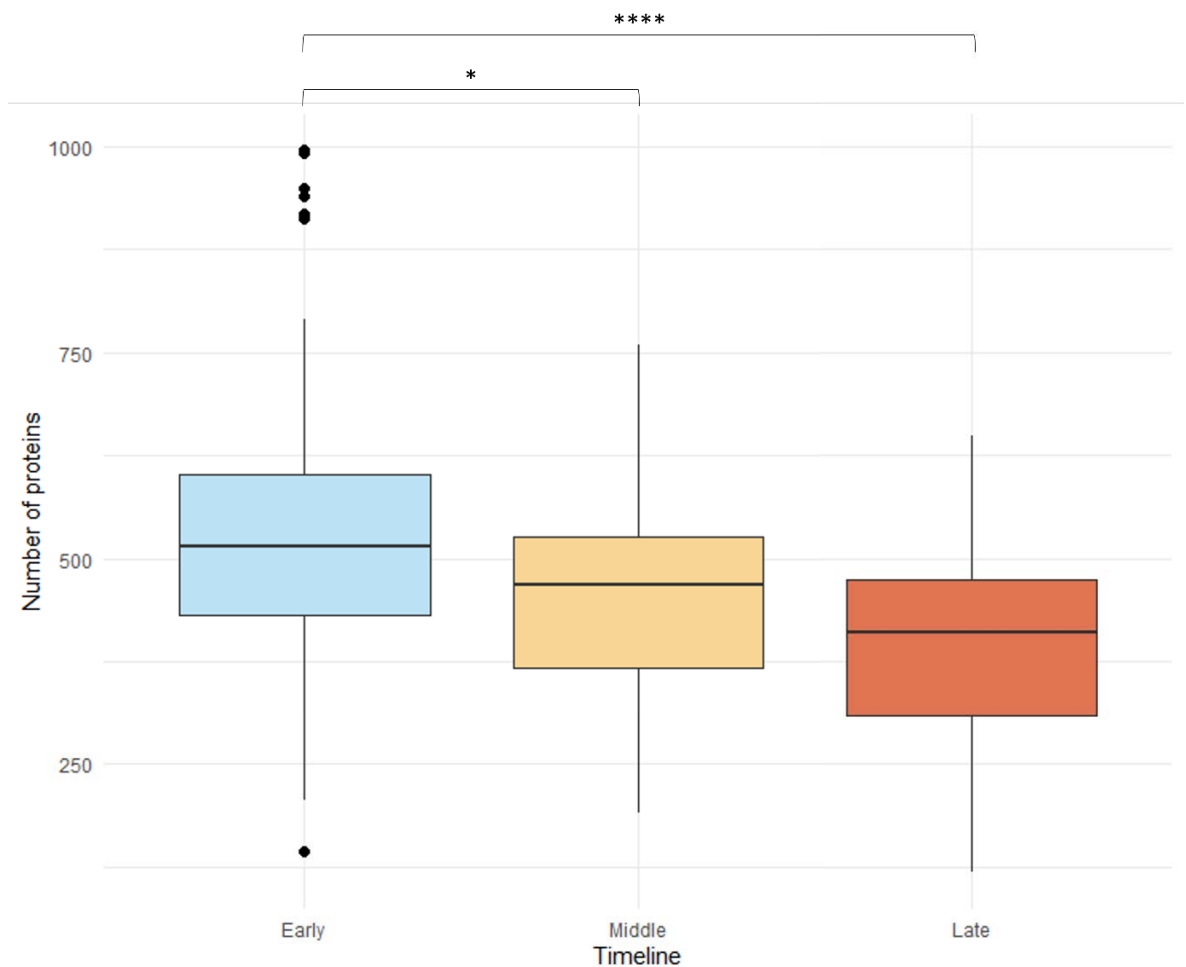


Figure 8-1 Number of identified proteins for early middle and late stage samples. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

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A list of the presence/absence of each protein across the early, middle, and late stages based on the percent of samples in which the protein was identified is provided in APPENDIX M: 78 proteins were found to be present in greater than 95% of all samples across early, middle, and late stages. STRING analysis of these proteins returned a network with 75 nodes and 226 edges with a PPI enrichment p-value of $< 1.0e-16$. K means clustering set to 3 clusters returned an average local clustering coefficient of 0.636 (Figure 8-2). Cluster 1 contained a number of collagen and bone related proteins, and cluster 3 largely contained muscle fibre related proteins involved in contraction and regulation. Assessment of commonality in function for cluster 2 showed a greater variation, however a number of proteins are involved in energy production through glycolysis pathways.

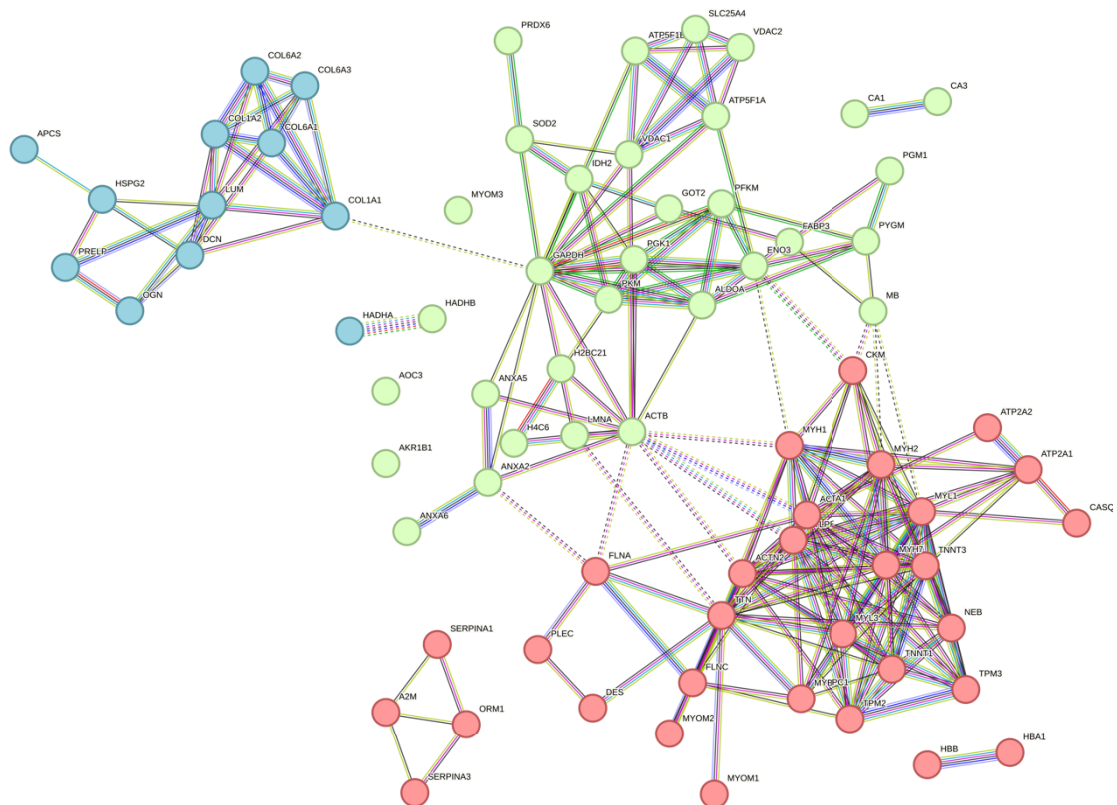


Figure 8-2 STRING interaction network for proteins detected in >95% of sample set. Nodes are coloured based on kmeans clustering set to 3. Cluster one is shown in blue, cluster two in green, and cluster 3 in red.

Of these proteins, 11 proteins with the greatest relative abundance and smallest range in relative abundance across all samples were identified as candidates for a reference or “housekeeping” protein. Four of these are shown in Figure 8-3, and eight in Figure 8-4 due to the scale in relative abundance values. Proteins TTN, FLNC, MYBPC1 and COL6A1 show the smallest interquartile range, and therefore indicate a stable relative abundance across all samples.

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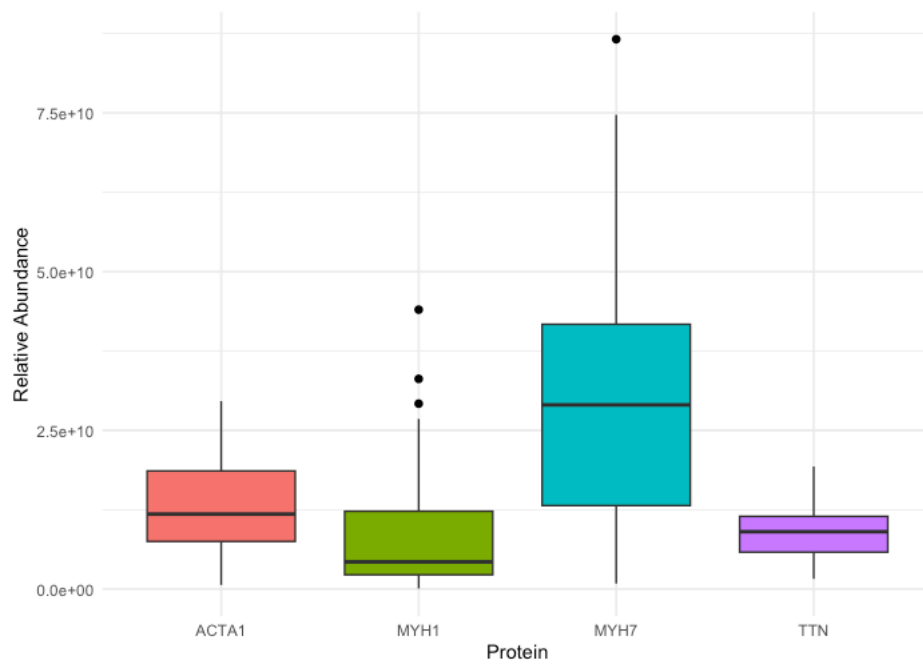


Figure 8-3 Spread of relative abundance of ACTA1, MYH1, MYH7 and TTN across all samples.

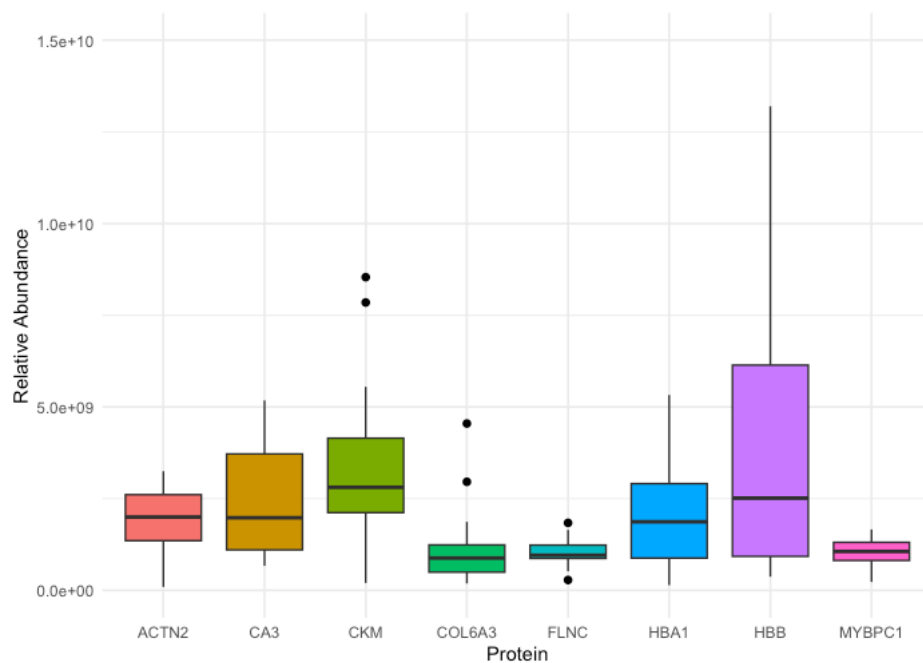


Figure 8-4 Spread of relative abundance of ACTN2, CA3, CKM, COL6A3, FLNC, HBA1, HBB, MYBPC1 across all samples.

176 proteins were found to be present in less than 5% of samples. No clear identification could be made for proteins showing a decline in presence across the early, middle, and late stages. Eight proteins were identified to present in greater than 30% of samples for the early stage and less than 5% of samples in the middle and late stages (Table 8-1).

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Table 8-1 Proteins present in greater than 30% of samples in the early stage, and less than 5% of samples in the middle and late stage

| Protein | Early (%) | Middle (%) | Late (%) |
|---------|-----------|------------|----------|
| HNRNPH1 | 50 | 3 | 4 |
| ATP5J | 39 | 2 | 1 |
| ADH1C | 33 | 0 | 1 |
| MUSTN1 | 30 | 3 | 0 |
| TMPO | 30 | 2 | 1 |
| MAP4 | 30 | 0 | 0 |
| PDAP1 | 30 | 0 | 0 |
| YBX3 | 30 | 0 | 0 |

16 Proteins were identified to be present in greater than 30% of samples in the early stage, greater than 10% in the middle stage and less than 5% of the late stage (Table 8-2). A better discrimination of percentages between samples could not be obtained as when a decrease in protein presence was observed, this generally occurred across all three stages.

Table 8-2 Proteins present in > 30% of samples in the early stage, >10% in the middle stage and < 5% of samples in the late stage

| Protein | Early (%) | Middle (%) | Late (%) |
|---------|-----------|------------|----------|
| EEF1D | 59 | 18 | 3 |
| HMGB2 | 57 | 13 | 3 |
| RSU1 | 56 | 10 | 1 |
| PDCD6IP | 52 | 13 | 4 |
| VAT1 | 50 | 12 | 3 |
| HNRNPD | 46 | 12 | 4 |
| KNG1 | 44 | 10 | 3 |
| CCT3 | 44 | 10 | 1 |
| JPH2 | 43 | 15 | 3 |
| TPT1 | 43 | 10 | 4 |
| FBLN1 | 37 | 12 | 4 |
| HNRNPA3 | 37 | 10 | 3 |
| CFB | 35 | 15 | 4 |
| PPP2R1A | 35 | 10 | 1 |
| RPL10A | 31 | 12 | 4 |
| NAMPT | 30 | 10 | 1 |

A total of 1360 proteins were identified across all samples, and 863 of these were found in at least one sample across grouping by donor, body mass, sex, and seasonal placement. The common proteins were then analysed using LFQ-Analyst with a 2-fold

change cut-off to determine which proteins were changing in relative abundance between early vs middle, middle vs late and early vs late stages (Figure 8-5).

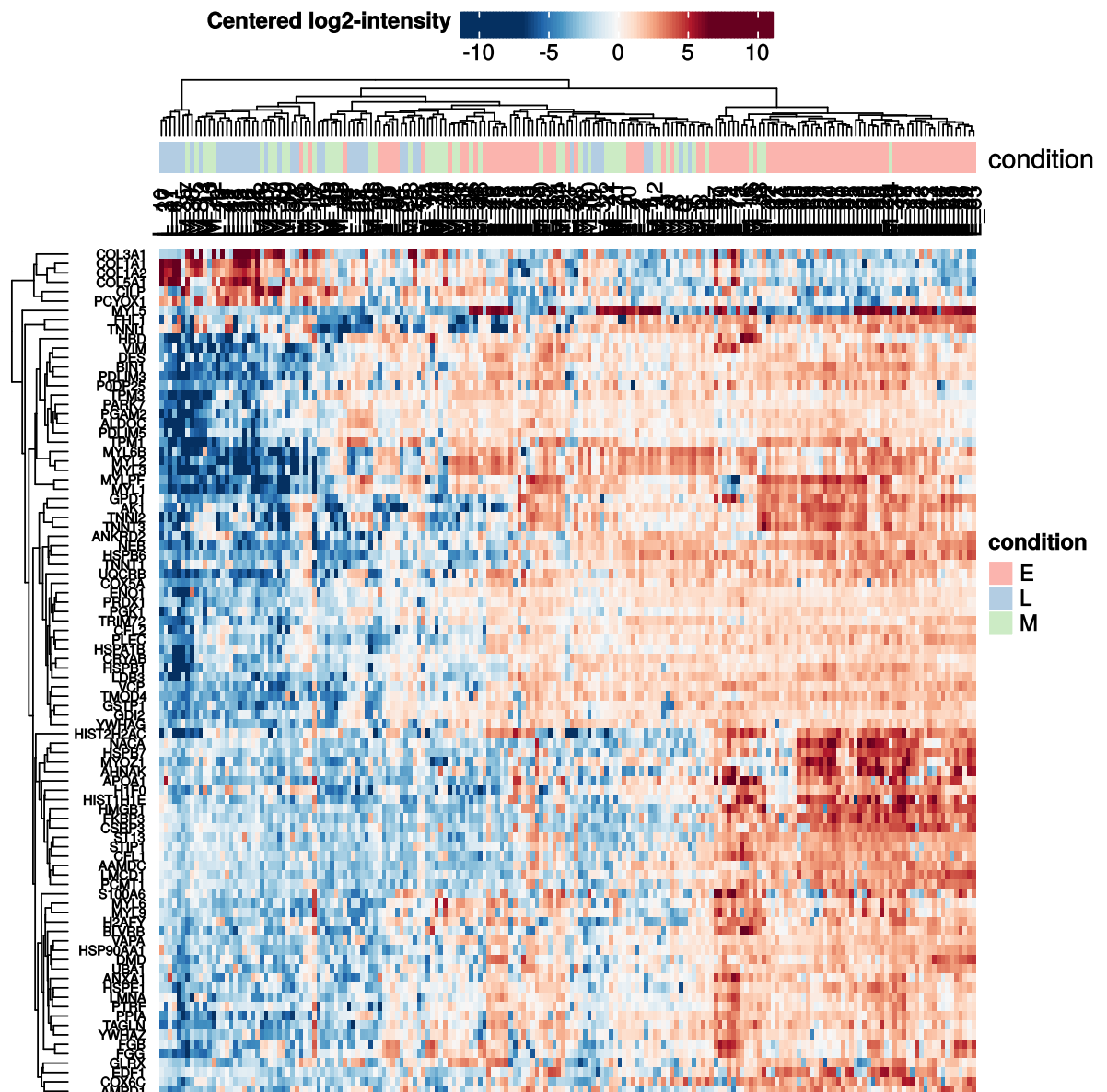


Figure 8-5 Overview of change in relative abundance for all 90 significant proteins with a log fold change cut off of 2. Column legend colours represent the early (E), middle (M) and late (L) PMI stages

From this, 90 proteins were identified to change in relative abundance (Figure 8-5). Kruskal-Wallis testing was conducted to identify significant differences in relative abundance for these proteins across groupings of seasonal placement, body mass, sex and individual donor (Table 8-3). It was determined that no significant change in abundance across these groups, would lead to a lower likelihood of confounding any observed change in abundance observed over time. Subsequently, proteins that were deemed to have no significant difference, across each of these groupings, were again selected for further analysis. Of the 90 identified proteins, only 14 proteins met the criteria for change in relative abundance (Table 8-3). The relative abundance values for these proteins are provided in APPENDIX O:.

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Table 8-3 Kruskal-Wallis p-values for change in abundance, with a 2-fold change cut off, across conditions. Significant p-values <0.05, <0.01, <0.001, <0.0001 are shaded orange-yellow based on value. Non-significant p-values are not shaded. Proteins showing no significant difference across all conditions are highlighted green. Proteins previously investigated in literature are highlighted blue.

| Gene name | Protein name | Season | BM | Sex | Donor |
|-----------|--|----------|----------|----------|----------|
| AHNAK | Neuroblast differentiation-associated protein AHNAK | 8.45E-01 | 9.14E-01 | 4.00E-01 | 8.22E-01 |
| COL3A1 | Collagen alpha-1(III) chain | 1.54E-01 | 3.37E-01 | 1.49E-01 | 1.55E-01 |
| COX6C | Cytochrome c oxidase subunit 6C | 2.28E-01 | 7.51E-01 | 1.00E-01 | 4.18E-01 |
| CSRP3 | Cysteine and glycine-rich protein 3 | 2.62E-01 | 4.60E-01 | 3.43E-01 | 5.36E-01 |
| DMD | Dystrophin | 2.82E-01 | 2.93E-01 | 9.10E-01 | 4.75E-01 |
| FKBP3 | Peptidyl-prolyl cis-trans isomerase FKBP3 | 3.11E-01 | 2.56E-01 | 2.49E-01 | 5.10E-02 |
| GDI2 | Rab GDP dissociation inhibitor beta | 5.06E-01 | 4.00E-01 | 6.23E-01 | 1.89E-01 |
| H1FO | Histone H1.0 | 1.59E-01 | 2.04E-01 | 1.73E-01 | 2.68E-01 |
| HSPB6 | Heat shock protein beta-6 | 6.18E-01 | 3.66E-01 | 6.53E-01 | 4.88E-01 |
| LMNA | Prelamin-A/C | 3.67E-01 | 2.81E-01 | 4.44E-01 | 9.38E-02 |
| NACA | Nascent polypeptide-associated complex subunit alpha | 9.89E-01 | 6.25E-01 | 9.14E-01 | 3.39E-01 |
| S100A6 | Protein S100-A6 | 3.06E-01 | 6.30E-01 | 1.85E-01 | 2.46E-01 |
| UQCRB | Cytochrome b-c1 complex subunit 7 | 7.92E-01 | 3.14E-01 | 5.06E-01 | 1.66E-01 |
| YWHAG | 14-3-3 protein gamma | 9.11E-01 | 7.54E-01 | 6.96E-01 | 9.68E-01 |
| CFL2 | Cofilin-2 | 6.72E-01 | 4.00E-01 | 6.36E-01 | 6.09E-05 |
| CILP | Cartilage intermediate layer protein 1 | 3.56E-01 | 9.59E-02 | 7.27E-02 | 3.34E-04 |
| COL5A1 | Collagen alpha-1(V) chain | 1.45E-01 | 3.52E-02 | 7.41E-01 | 5.57E-02 |

| | | | | | |
|--------|---|----------|----------|----------|----------|
| ENO1 | Alpha-enolase | 8.37E-02 | 7.47E-01 | 6.21E-01 | 2.95E-04 |
| FHL1 | Four and a half LIM domains protein 1 | 1.46E-01 | 8.11E-02 | 2.40E-01 | 1.08E-03 |
| GPD1 | Glycerol-3-phosphate dehydrogenase [NAD(+)] | 3.98E-01 | 9.47E-02 | 6.90E-01 | 2.73E-03 |
| HBD | Hemoglobin subunit delta | 1.05E-01 | 7.73E-02 | 5.08E-02 | 8.82E-05 |
| HMGB1 | High mobility group protein B1 | 3.84E-01 | 6.63E-01 | 5.50E-01 | 1.71E-02 |
| HSPA1B | Heat shock 70 kDa protein 1B | 5.59E-01 | 7.31E-03 | 5.41E-01 | 6.36E-02 |
| HSPB1 | Heat shock protein beta-1 | 7.80E-01 | 7.15E-01 | 6.02E-01 | 4.42E-07 |
| LMCD1 | LIM and cysteine-rich domains protein 1 | 2.15E-01 | 1.93E-01 | 5.07E-02 | 3.07E-04 |
| MYOZ1 | Myozenin-1 | 8.89E-01 | 7.00E-01 | 6.09E-01 | 7.93E-03 |
| PLEC | Plectin | 2.49E-01 | 2.03E-01 | 5.68E-01 | 2.94E-02 |
| PPIA | Peptidyl-prolyl isomerase A | 1.18E-01 | 1.60E-02 | 4.54E-01 | 1.60E-01 |
| PRDX1 | Peroxiredoxin-1 | 7.46E-01 | 6.24E-01 | 2.89E-01 | 2.76E-03 |
| UBA1 | Ubiquitin-like modifier-activating enzyme 1 | 2.58E-01 | 4.92E-02 | 5.26E-02 | 8.39E-02 |
| VCP | Vitellogenin carboxypeptidase | 2.96E-02 | 2.20E-01 | 7.27E-02 | 7.27E-02 |
| AAMDC | Mth938 domain-containing protein | 4.27E-02 | 2.08E-01 | 6.59E-02 | 2.86E-02 |
| AK1 | Adenylate kinase isoenzyme 1 | 1.74E-01 | 4.12E-02 | 1.17E-01 | 1.02E-06 |
| AMPD1 | AMP deaminase 1 | 9.46E-01 | 2.37E-08 | 9.03E-01 | 5.69E-09 |
| ANKRD2 | Ankyrin repeat domain-containing protein 2 | 1.56E-01 | 2.71E-06 | 9.39E-01 | 1.82E-06 |
| BIN1 | Myc box-dependent-interacting protein 1 | 3.89E-01 | 1.62E-04 | 3.80E-01 | 7.38E-04 |
| BLVRB | Flavin reductase (NADPH) | 3.43E-02 | 5.53E-02 | 5.00E-01 | 4.12E-02 |

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|----------|---|----------|----------|----------|----------|
| CFL1 | Cofilin-1 | 5.40E-02 | 1.60E-03 | 5.62E-01 | 2.83E-03 |
| COL1A2 | Collagen alpha-2(I) chain | 1.77E-02 | 8.88E-02 | 7.61E-02 | 1.77E-03 |
| COX5A | Cytochrome c oxidase subunit 5A, mitochondrial | 8.54E-02 | 8.32E-04 | 5.48E-01 | 1.62E-04 |
| CRYAB | Alpha-crystallin B chain | 3.45E-01 | 1.26E-05 | 5.51E-01 | 4.10E-13 |
| GSTP1 | Glutathione S-transferase P | 7.96E-01 | 2.33E-02 | 5.10E-01 | 7.96E-03 |
| H2AFY | Core histone macro-H2A.1 | 4.86E-02 | 8.64E-02 | 3.31E-01 | 3.28E-05 |
| HIST1H1E | Histone H1.4 | 2.65E-01 | 4.17E-03 | 6.29E-01 | 3.22E-04 |
| HSP90AA1 | Heat shock protein HSP 90-alpha | 5.06E-02 | 4.16E-02 | 1.31E-01 | 1.62E-02 |
| HSPB7 | Heat shock protein beta-7 | 3.24E-02 | 3.36E-01 | 9.73E-03 | 6.54E-02 |
| HSPE1 | 10 kDa heat shock protein, mitochondrial | 6.11E-02 | 1.14E-01 | 7.01E-03 | 3.68E-02 |
| MYL5 | Myosin light chain 5 | 7.45E-03 | 2.42E-01 | 2.82E-01 | 3.50E-02 |
| MYL6B | Myosin light chain 6B | 9.65E-01 | 2.85E-08 | 9.23E-01 | 4.12E-10 |
| PARK7 | Parkinson disease protein 7 | 8.47E-01 | 9.89E-03 | 9.74E-01 | 2.03E-02 |
| PCMT1 | Protein-L-isoaspartate(D-aspartate) O-methyltransferase | 5.36E-01 | 3.01E-02 | 8.61E-01 | 1.57E-02 |
| PCYOX1 | Prenylcysteine oxidase 1 | 3.81E-02 | 9.80E-02 | 1.71E-01 | 8.00E-05 |
| PDLIM3 | PDZ and LIM domain protein 3 | 9.19E-02 | 8.02E-05 | 3.08E-01 | 5.59E-04 |
| PDLIM5 | PDZ and LIM domain protein 5 | 9.55E-02 | 5.92E-03 | 5.39E-01 | 2.14E-02 |
| PGK1 | Phosphoglycerate kinase 1 | 6.18E-02 | 3.22E-06 | 2.52E-01 | 1.88E-09 |
| TAGLN | Transgelin | 3.02E-02 | 2.82E-01 | 2.16E-01 | 7.12E-03 |
| TMOD4 | Tropomodulin-4 | 6.87E-03 | 5.33E-02 | 6.26E-01 | 1.82E-03 |

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|--------|---|----------|----------|----------|----------|
| TNNT1 | Troponin T, slow skeletal muscle | 8.32E-01 | 8.78E-03 | 8.19E-01 | 1.24E-05 |
| TNNT3 | Troponin T, fast skeletal muscle | 1.15E-01 | 9.71E-04 | 8.53E-01 | 9.27E-12 |
| YWHAZ | 14-3-3 protein zeta/delta | 1.59E-02 | 8.72E-01 | 2.03E-01 | 4.82E-03 |
| ALDOC | Fructose-bisphosphate aldolase C | 1.36E-02 | 1.35E-05 | 9.24E-02 | 2.95E-09 |
| APOA1 | Apolipoprotein A-I | 2.94E-02 | 1.54E-02 | 5.16E-02 | 1.10E-03 |
| COL1A1 | Collagen alpha-1(I) chain | 4.45E-02 | 1.57E-02 | 6.13E-01 | 3.10E-03 |
| DES | Desmin | 7.84E-06 | 4.22E-07 | 7.24E-02 | 2.02E-07 |
| FGB | Fibrinogen beta chain | 4.29E-02 | 6.56E-02 | 5.88E-03 | 4.69E-07 |
| LDB3 | LIM domain-binding protein 3 | 2.34E-02 | 5.49E-01 | 1.96E-02 | 1.33E-04 |
| MYL1 | Myosin light chain 1/3, skeletal muscle isoform | 1.67E-06 | 7.48E-05 | 6.83E-01 | 7.14E-16 |
| MYL2 | Myocilin | 1.70E-02 | 1.47E-07 | 2.86E-01 | 1.92E-07 |
| MYL3 | Myosin light chain 3 | 1.66E-02 | 3.48E-09 | 4.77E-01 | 6.31E-10 |
| MYLPF | Myosin regulatory light chain 11 | 5.66E-06 | 4.88E-04 | 1.36E-01 | 2.20E-16 |
| PODP25 | Calmodulin-3 | 6.44E-02 | 4.65E-05 | 1.25E-02 | 5.20E-05 |
| PTRF | Caveolae-associated protein 1 | 5.79E-04 | 5.29E-02 | 4.58E-04 | 1.12E-02 |
| STIP1 | Stress-induced-phosphoprotein 1 | 4.51E-02 | 3.04E-03 | 6.23E-02 | 9.78E-04 |
| TNNI1 | Troponin I, slow skeletal muscle | 3.37E-03 | 1.29E-04 | 3.47E-01 | 3.75E-09 |
| TNNI2 | Troponin I, fast skeletal muscle | 4.58E-02 | 2.54E-06 | 4.06E-01 | 7.66E-16 |
| TPM1 | Tropomyosin alpha-1 chain | 9.05E-05 | 4.14E-06 | 4.79E-01 | 5.35E-15 |
| ANXA1 | Annexin A1 | 2.68E-04 | 1.33E-02 | 9.85E-05 | 4.25E-04 |

| | | | | | |
|-----------|--|----------|----------|----------|----------|
| EDF1 | Endothelial differentiation-related factor 1 | 2.13E-03 | 8.68E-05 | 8.87E-04 | 6.77E-04 |
| FGG | Fibrinogen gamma chain | 1.66E-02 | 3.05E-02 | 3.07E-03 | 2.84E-07 |
| GLRX | Glutaredoxin-1 | 8.62E-03 | 4.96E-08 | 1.47E-03 | 3.61E-08 |
| HIST2H2AC | Histone H2A type 2-C | 1.03E-02 | 1.84E-02 | 2.81E-02 | 9.48E-04 |
| MYL6 | Myosin light polypeptide 6 | 4.82E-04 | 3.41E-04 | 3.10E-03 | 1.89E-04 |
| MYL9 | Myosin regulatory light polypeptide 9 | 6.42E-03 | 1.15E-02 | 4.99E-02 | 1.86E-02 |
| NEB | Nebulin | 3.31E-02 | 2.76E-02 | 4.67E-02 | 4.27E-07 |
| PGAM2 | Phosphoglycerate mutase 2 | 2.47E-03 | 3.50E-04 | 9.06E-04 | 1.46E-10 |
| ST13 | Hsc70-interacting protein | 1.44E-02 | 1.02E-02 | 1.00E-02 | 3.98E-03 |
| TPM3 | Tropomyosin alpha-3 chain | 2.17E-07 | 8.39E-13 | 4.71E-03 | 1.36E-10 |
| TRIM72 | Tripartite motif-containing protein 72 | 4.07E-02 | 3.80E-02 | 1.48E-02 | 8.50E-03 |
| VAPA | Vesicle-associated membrane protein-associated protein A | 4.44E-02 | 7.52E-03 | 4.95E-03 | 4.62E-06 |
| VIM | Vimentin | 5.12E-03 | 5.26E-03 | 3.75E-04 | 7.97E-04 |

These 14 proteins were then assessed for their change in relative abundance between the early, middle, and late stages, of which sample population sizes enabled statistical testing using the Kruskal-Wallis test followed by post-hoc Wilcoxon rank sum test for pairwise comparison. Proteins were also assessed for their change in relative abundance across ADD through LOESS lines regression plots of relative abundance vs ADD.

8.2.1 Proteomic biomarker candidates identified through this study

Neuroblast differentiation-associated protein AHNAK is a 700 kDa structural scaffold protein, ubiquitously expressed in skin, fat and 24 other tissues [310, 311]. The relative abundance of AHNAK was determined to significantly decrease between the early and middle ($p= 1.8e-05$), and early and late stages ($p= 0.00031$). A greater variability can be seen in the relative abundance of the early samples compared to samples in the middle

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and late stages (Figure 8-6). Relative abundance of AHNAK was also determined to decrease over increasing ADD (Figure 8-7). A greater variance can be seen in the samples in the early PMI stage when compared to the middle and late stages. A similar trend can be seen with respect to ADD, where samples show a rapid decline in relative abundance between 0-250 , at ADD >250 the relative abundance appears near zero, indicating the detection of this protein may be a good indicator of early PMI .

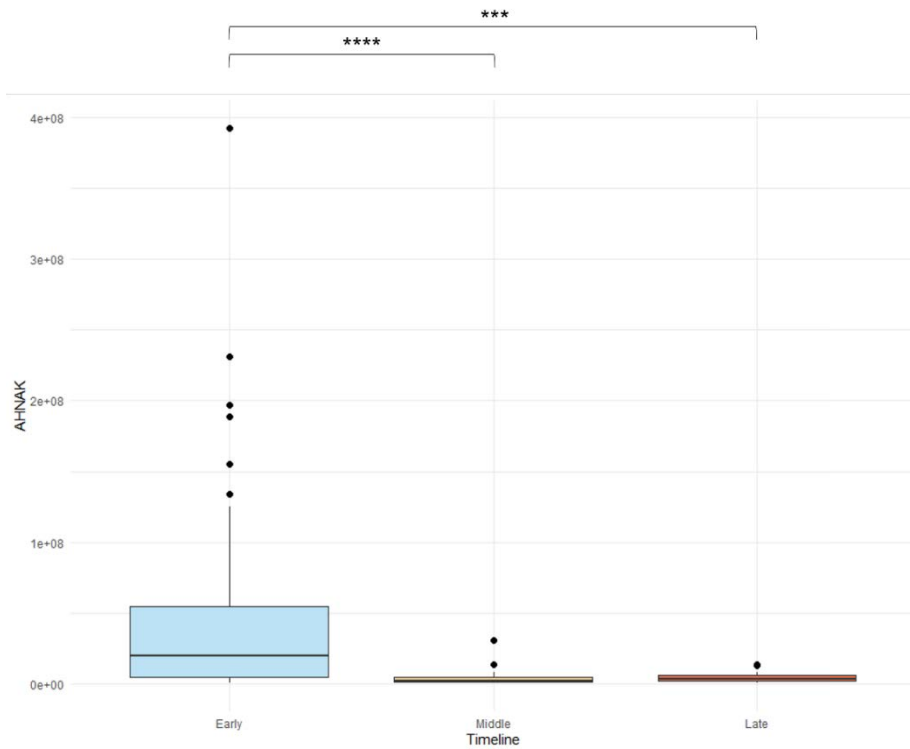


Figure 8-6 Change in relative abundance of AHNAK over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, **= <0.01, ***=<0.001, ****=<0.0001

$R^2 = 0.11382$ Intercept = 49771000 Slope = -49904 P = 0.00022392

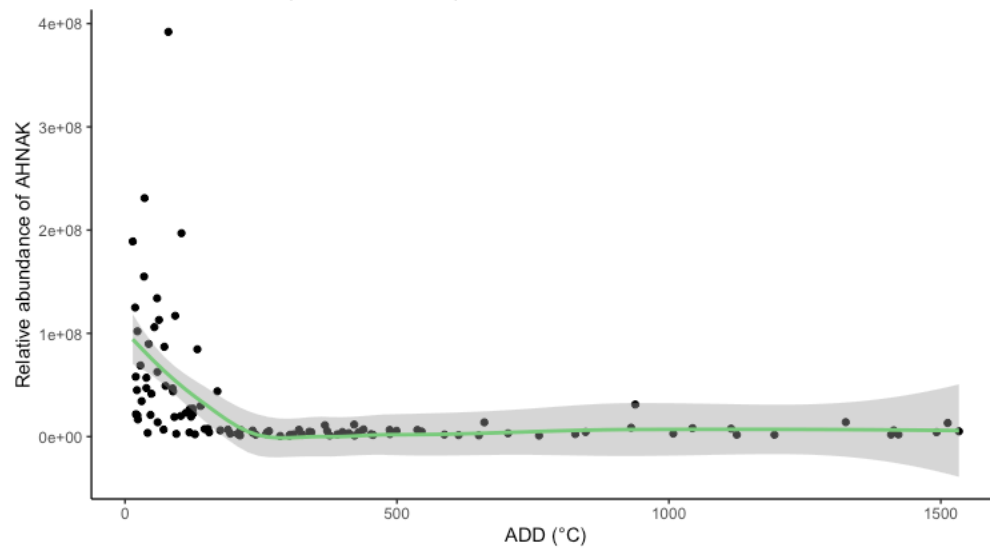


Figure 8-7 LOESS regression for change in relative abundance of AHNAK over increasing ADD. SE is shown in grey.

Collagen type III alpha 1 chain is a 139 kDa extra cellular fibrillar collagen, located in connective tissues (COL3A1) [310, 312]. The relative abundance of COL3A1 was determined to significantly increase between the early and middle ($p= 0.00553$), and early and late stages ($p= 0.00031$). The variability in the relative abundance of COL3A1 also increases through the early, middle, and late stages (Figure 8-8). When compared to ADD, the relative abundance of COL3A1 appeared to slightly increase over increasing ADD, however there was a large variation in relative abundance (Figure 8-9).

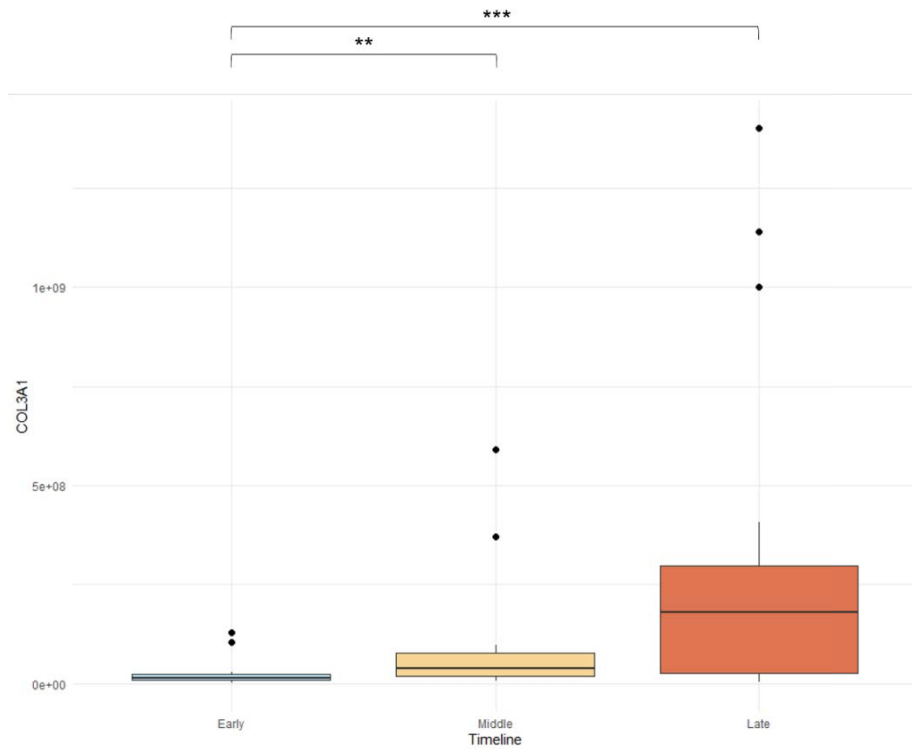
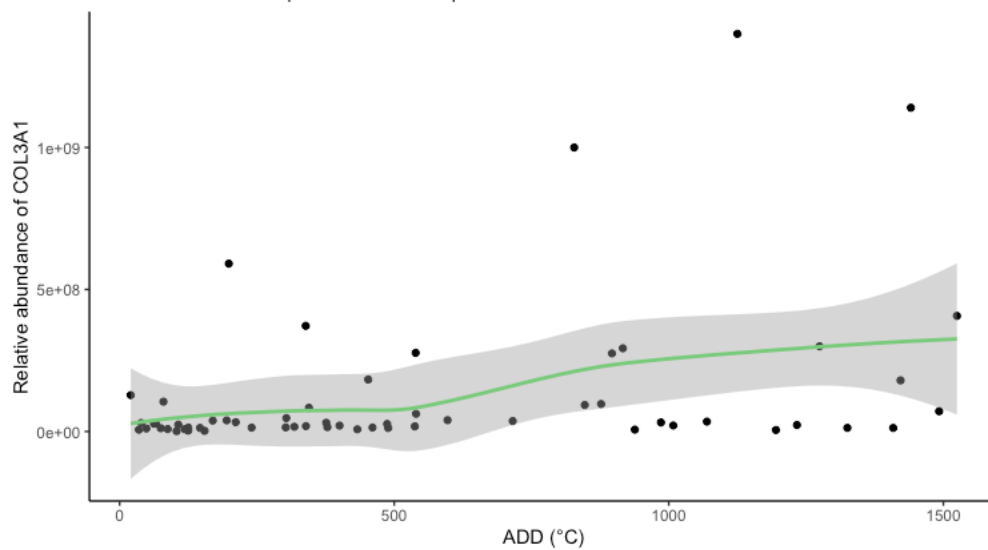


Figure 8-8 Change in relative abundance of COL3A1 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <math> < 0.05 </math>, ** = <math> < 0.01 </math>, *** = <math> < 0.001 </math>, **** = <math> < 0.0001 </math>

$R^2 = 0.11685$ Intercept = 13743000 Slope = 215800 $P = 0.0046669$



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Figure 8-9 LOESS regression for change in relative abundance of COL3A1 over increasing ADD. SE is shown in grey.

Cytochrome c oxidase subunit 6C is the 9 kDa terminal enzyme of the mitochondrial respiratory chain, catalysing the electron transfer from reduced cytochrome c to oxygen [313]. The relative abundance of COX6C was determined to significantly decrease between the early and middle ($p=0.041$), and early and late stages ($p=9.6e-05$). The variability in the relative abundance of COX6C slightly decreased through the early, middle, and late stages (Figure 8-10). Relative abundance of COX6C was also determined to significantly decrease over increasing ADD (Figure 8-11).

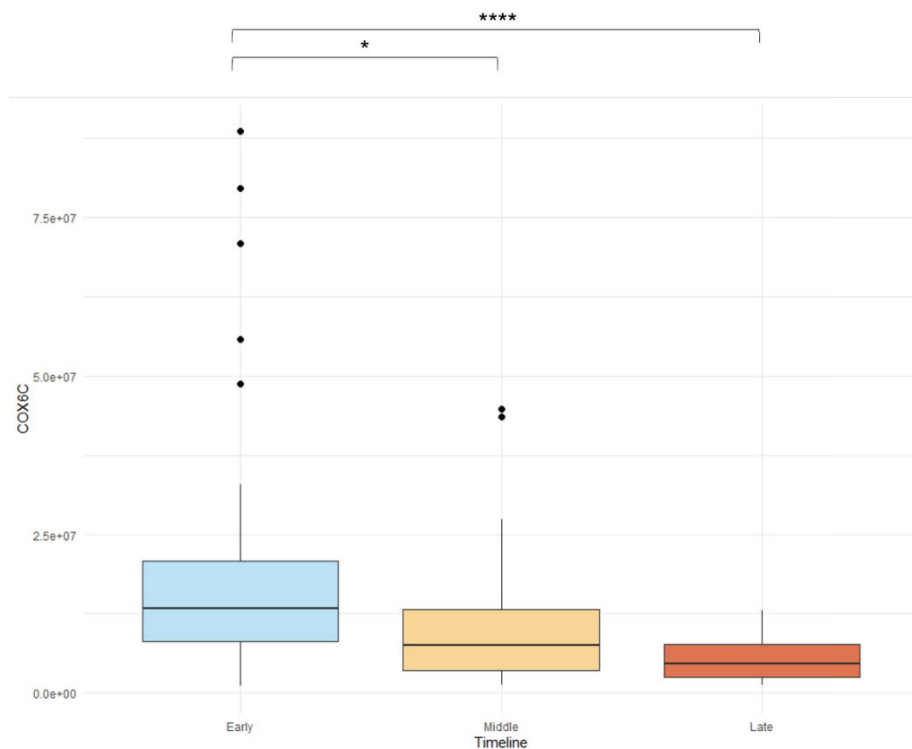


Figure 8-10 Change in relative abundance of COX6C over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05 , ** = <0.01 , *** = <0.001 , **** = <0.0001

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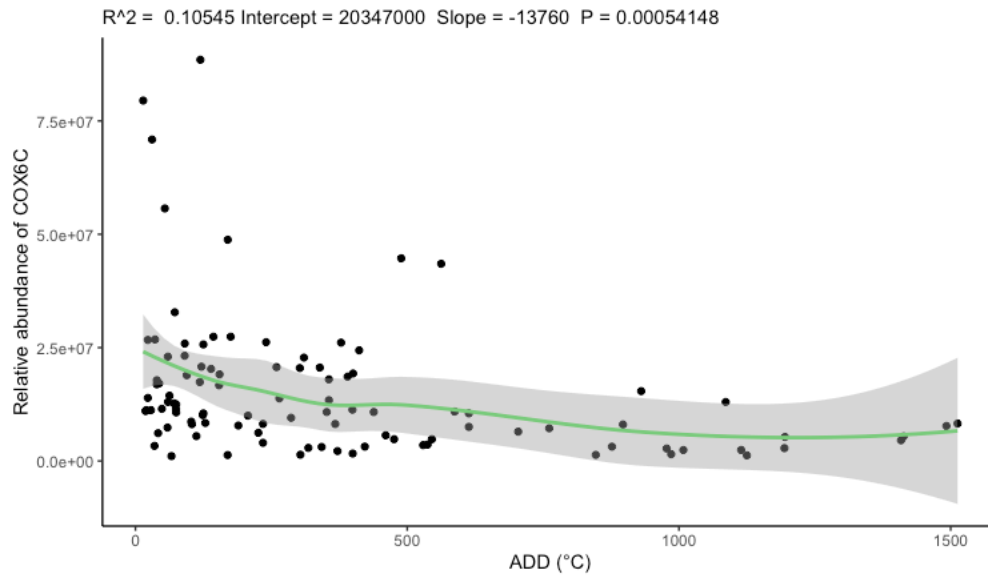


Figure 8-11 LOESS regression for change in relative abundance of COX6C over increasing ADD. SE is shown in grey.

Cysteine-rich protein 3 (CRSP3) is a 20 kDa cytoskeletal muscle-specific protein integral for structural maintenance and function of normal muscle [314, 315]. No significant difference was found in the relative abundance of CRSP3 over the early, middle, and late stages with a Kruskal-Wallis p-value of 0.06511 (APPENDIX N:). Comparing against ADD, the relative abundance of CRSP3 showed an initial decrease over increasing ADD (Figure 8-12). A possible increase in relative abundance at later ADDs was observed, however only two data points were obtained making the trend presently inconclusive.

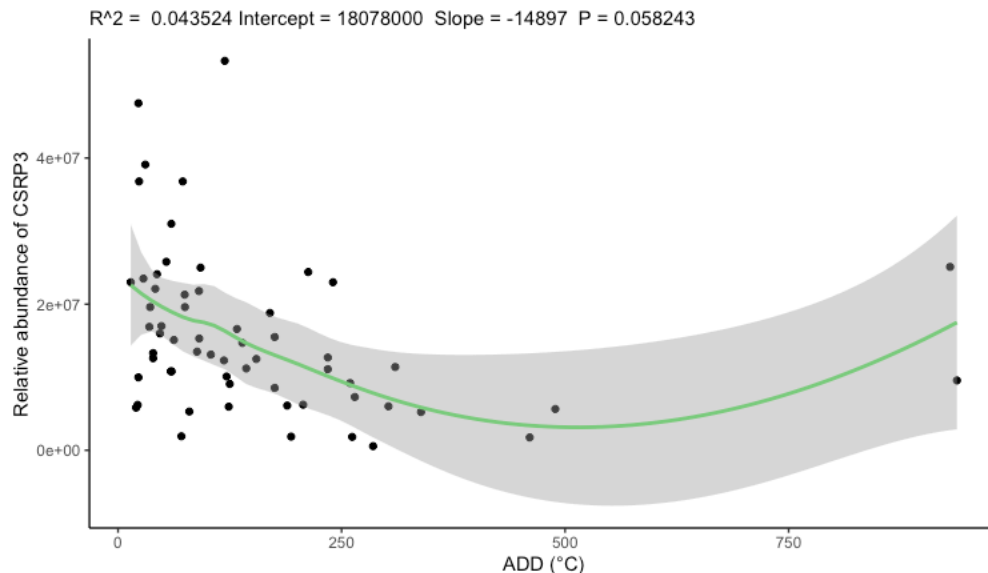


Figure 8-12 LOESS regression for change in relative abundance of CRSP3 over increasing ADD. SE is shown in grey.

The muscle isoform of Dystrophin (DMD) is a 427 kDa protein that forms a component of the dystrophin-glycoprotein complex (DGC), which bridges the inner cytoskeleton

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and the extracellular matrix [316]. The relative abundance of DMD was determined to significantly decrease between the early and middle ($p= 0.00052$), and early and late stages ($p= 1.1e-06$). The variability in the relative abundance of DMD decreased through the early, middle, and late stages (Figure 8-13). Relative abundance of DMD was also determined to decrease over increasing ADD, with the majority of samples taken at >500 ADD giving a relative abundance close to zero (Figure 8-14).

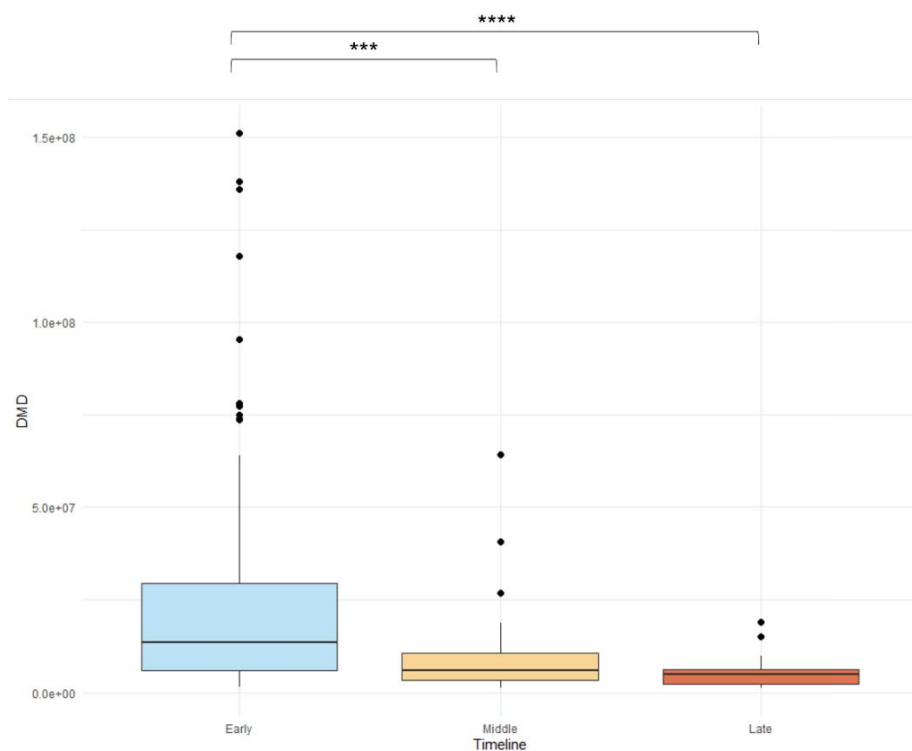


Figure 8-13 Change in relative abundance of DMD over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05 , ** = <0.01 , *** = <0.001 , **** = <0.0001

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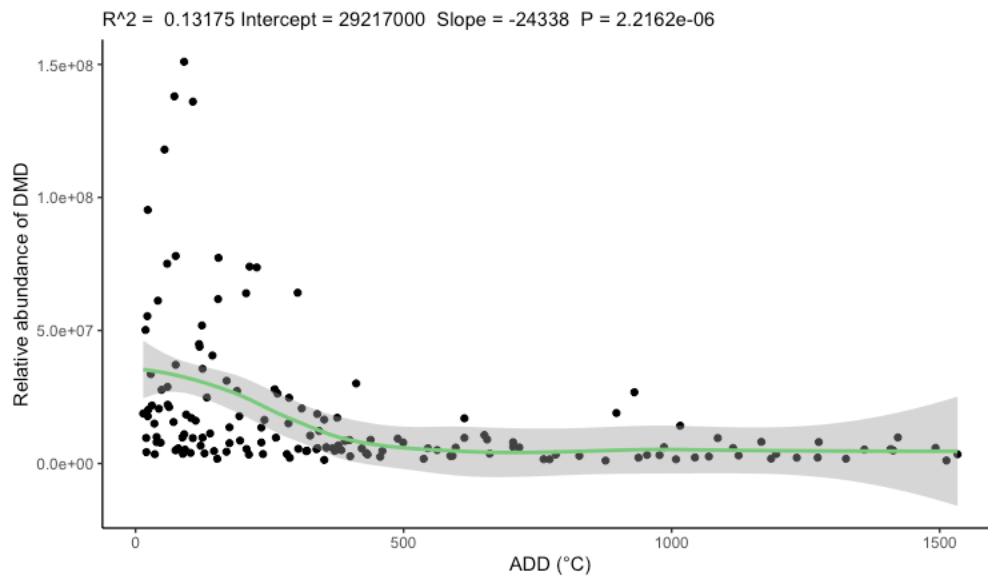
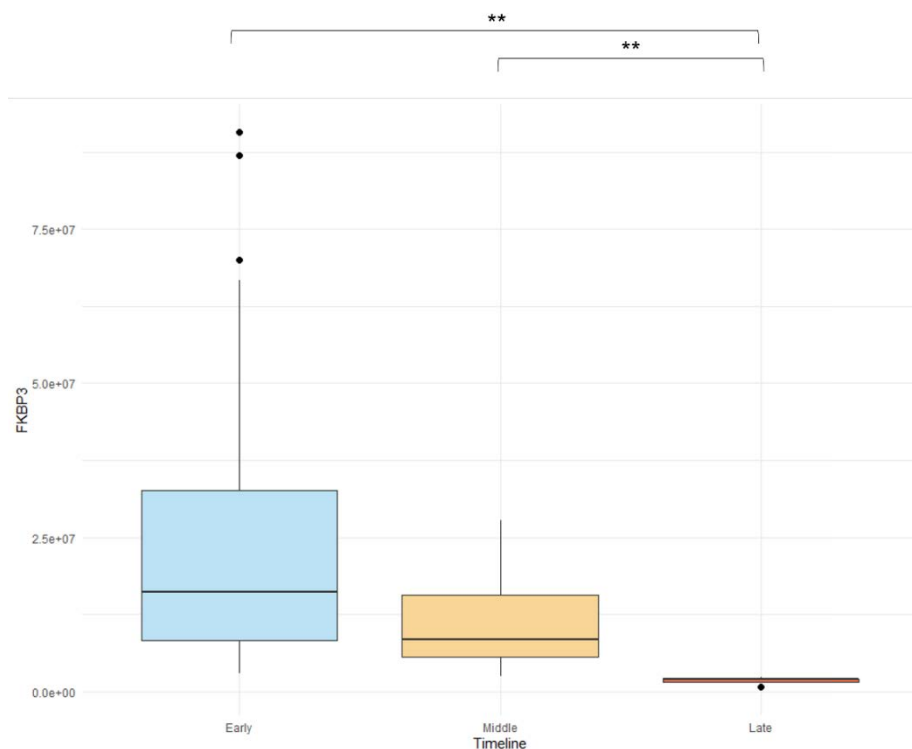


Figure 8-14 LOESS regression for change in relative abundance of DMD over increasing ADD. SE is shown in grey.

FKBP prolyl isomerase 3 (FKBP3) is a nuclear localised 25 kDa protein, belonging to the immunophilin family, which are responsible for immunoregulation and basic cellular processes involving protein folding and trafficking [317]. The relative abundance of FKBP3 was determined to significantly decrease between the middle and late ($p=0.0042$), and early and late stages ($p=0.0026$). The variability in the relative abundance of FKBP3 decreased through the early, middle, and late stages (Figure 8-15). Relative abundance of FKBP3 was also determined to decrease over increasing ADD (Figure 8-16).



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Figure 8-15 Change in relative abundance of FKBP3 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = 0.05, ** = 0.01, *** = 0.001, **** = 0.0001

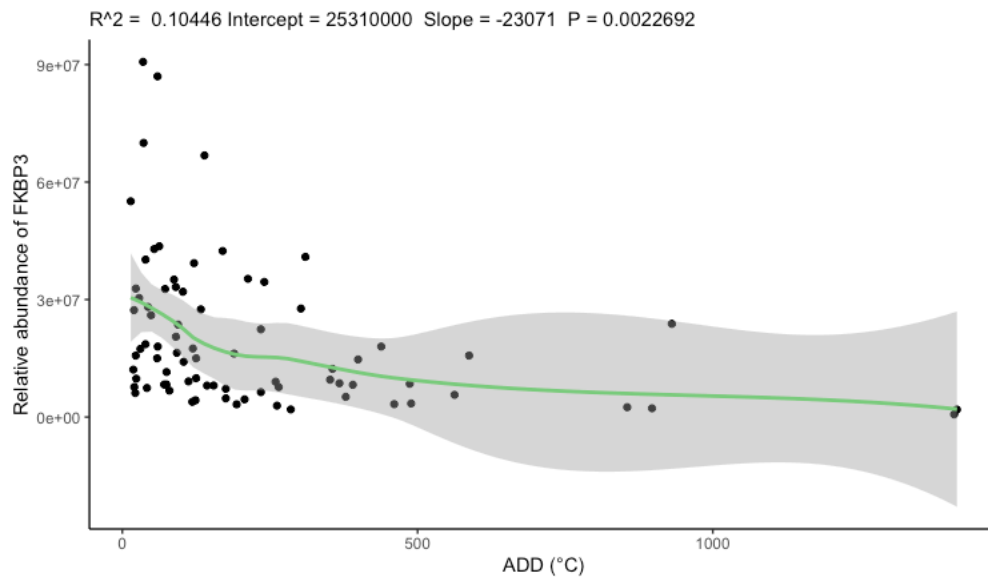


Figure 8-16 LOESS regression for change in relative abundance of FKBP3 over increasing ADD. SE is shown in grey.

GDP dissociation inhibitor 2 (GDI2) is a ubiquitous protein involved in the regulation of the GDP-GTP exchange reaction of members of the rab family, responsible for vesicular trafficking of molecules between cellular organelles [318].

The relative abundance of GDI2 was determined to significantly decrease between the early and middle ($p = 4.0 \times 10^{-5}$), and early and late stages ($p = 4.1 \times 10^{-6}$). The variability in the relative abundance of GDI2 appeared consistent between the stages (Figure 8-17). Relative abundance of GDI2 was also determined to decrease over increasing ADD (Figure 8-18). Whilst a large variability can be seen in the obtained samples, GDI2 appears to consistently decrease over increasing ADD, and remained detectable at >1000 ADD indicating the detection of this protein may be indicative of longer PMIs.

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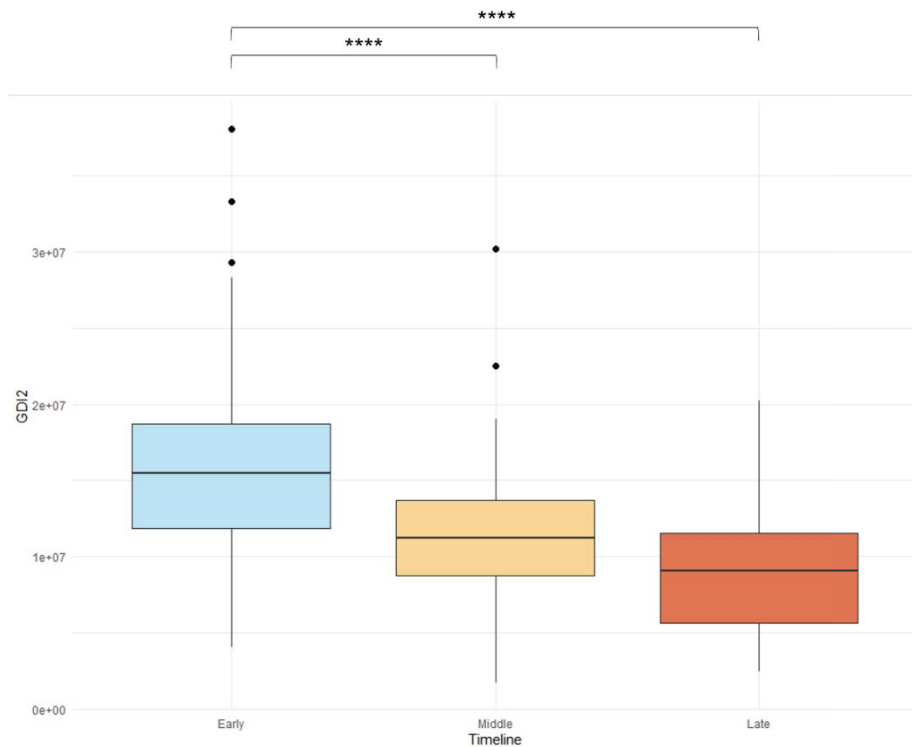


Figure 8-17 Change in relative abundance of GDI2 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

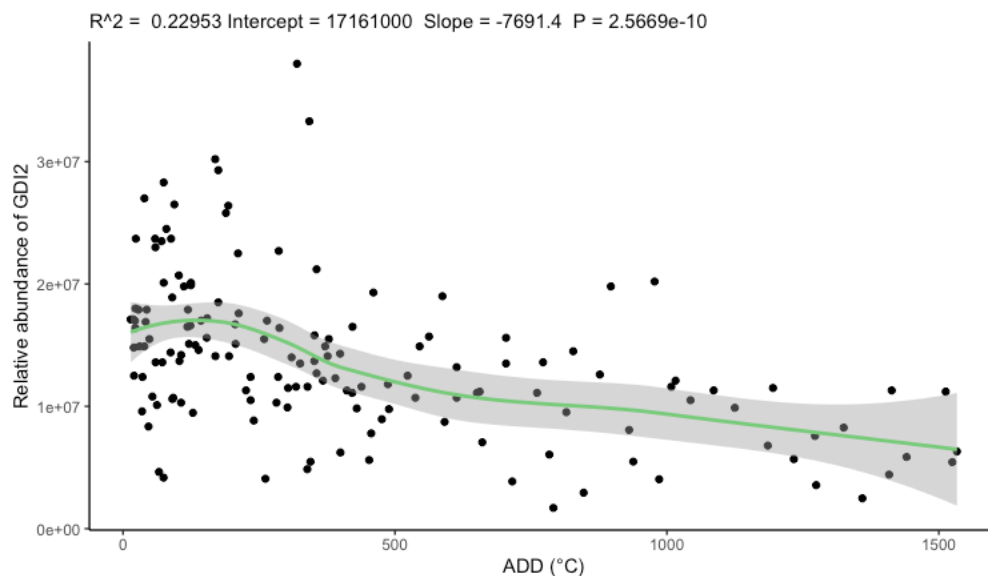


Figure 8-18 LOESS regression for change in relative abundance of GDI2 over increasing ADD. SE is shown in grey.

H1.0 linker histone (H1F0) is (~20 kDa) is a nuclear protein involved in nucleosome structure of the chromosomal fiber in eukaryotes [319]. The relative abundance of H1F0 was determined to significantly decrease between the early and middle ($p = 7.3e-05$), and early and late stages ($p = 1.3e-05$). The relative abundance of samples from the early stage appeared more variable than samples from the middle and late stages (Figure 8-19). Relative abundance of H1F0 was also determined to decrease over increasing ADD (Figure 8-20).

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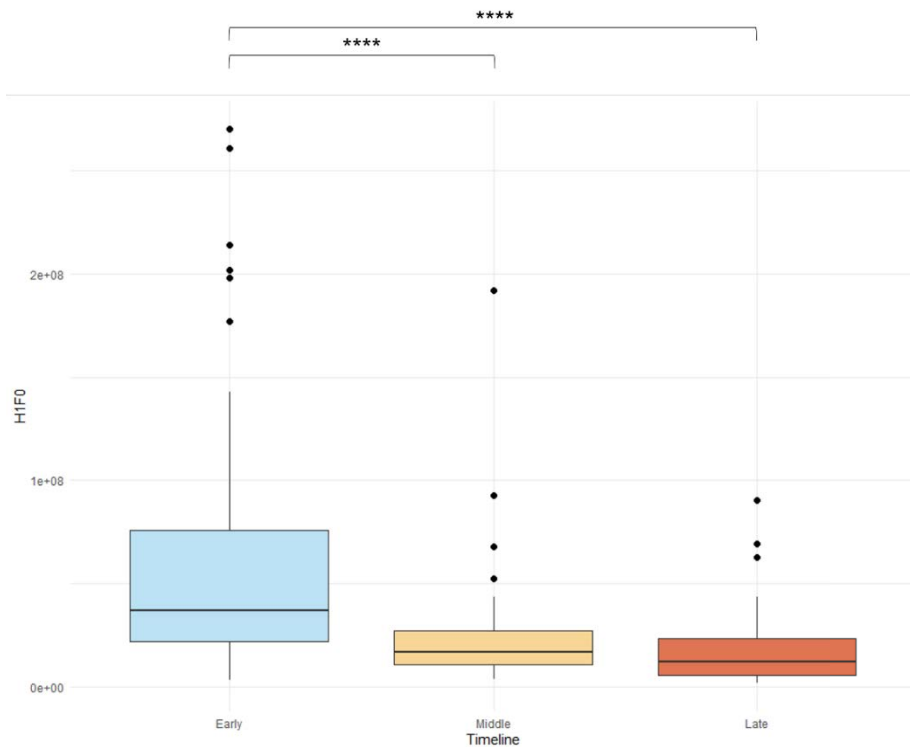


Figure 8-19 Change in relative abundance of H1F0 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

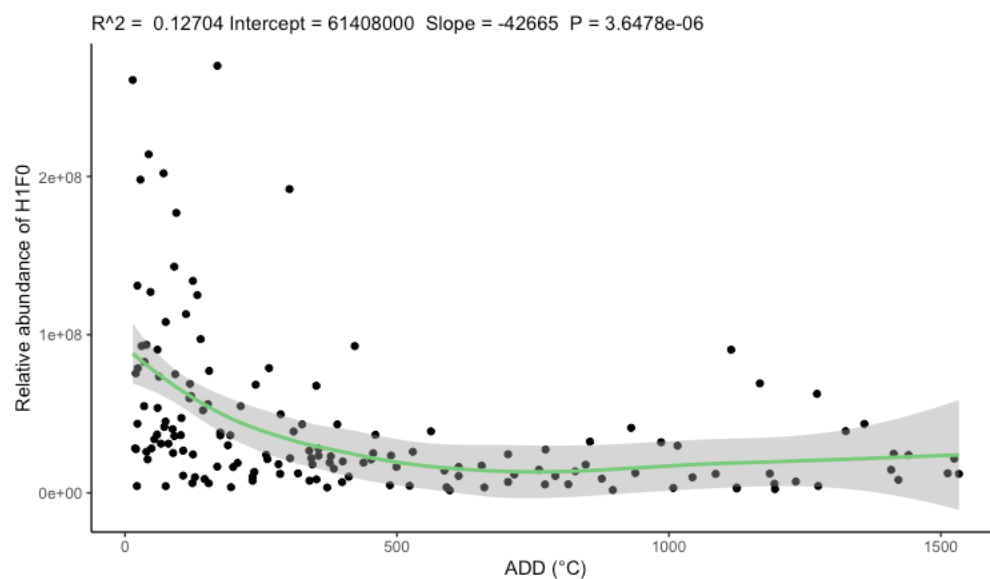


Figure 8-20 LOESS regression for change in relative abundance of H1F0 over increasing ADD. SE is shown in grey.

Heat shock protein family B (small) member 6 (HSPB6) is a 17 kDa protein proposed to be involved in smooth muscle relaxation [320]. The relative abundance of HSPB6 was determined to significantly decrease between the early and middle ($p= 0.00034$), and early and late stages ($p= 0.00997$). The relative abundance of samples from the early stage appeared slightly more variable than samples from the middle and late stages (Figure 8-21). Relative abundance vs ADD showed similar trends, with a decrease over

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increasing ADD, and variability seen in relative abundance between samples at similar ADDs (Figure 8-22).

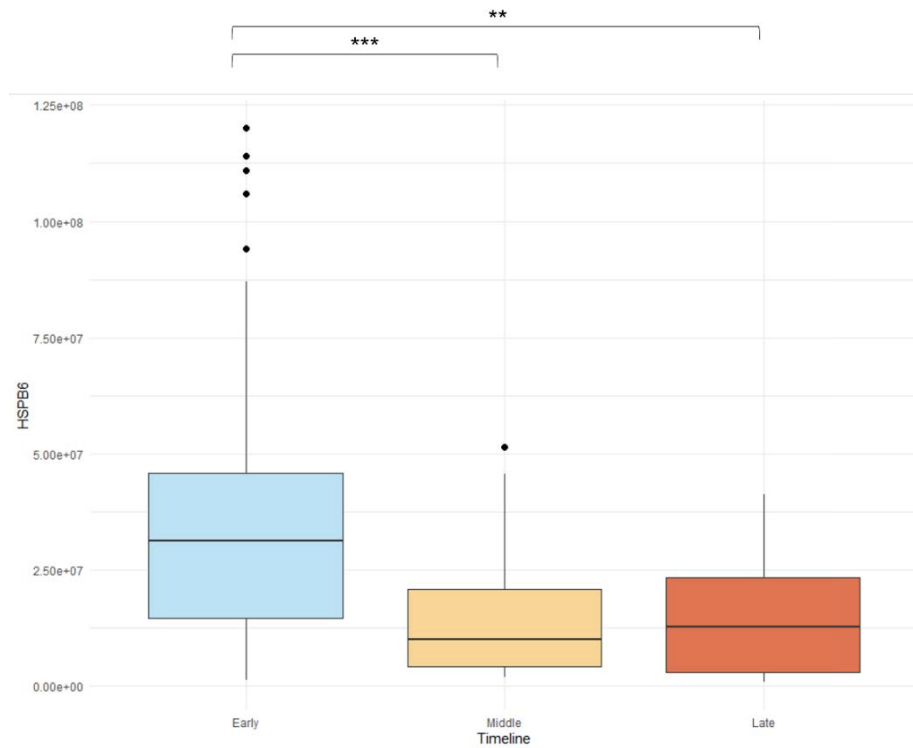


Figure 8-21 Change in relative abundance of HSPB6 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <math><0.05</math>, ** = <math><0.01</math>, *** = <math><0.001</math>, **** = <math><0.0001</math>

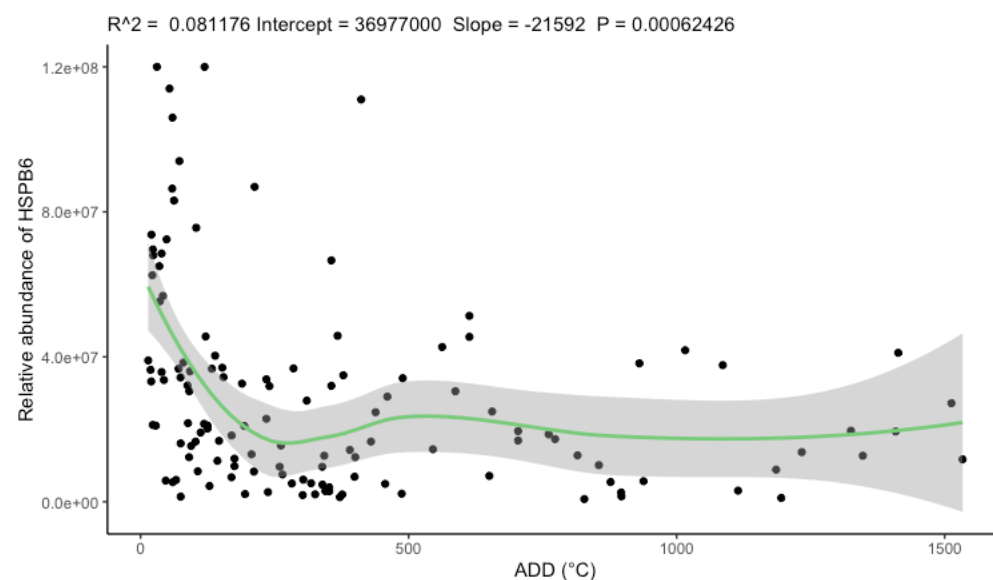


Figure 8-22 LOESS regression for change in relative abundance of HSPB6 over increasing ADD. SE is shown in grey.

Lamin A/C (LMNA) is a protein forming part of the nuclear lamina, a two-dimensional matrix of proteins located next to the inner nuclear membrane [321]. The relative

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abundance of LMNA was determined to significantly decrease between all three groups. Comparison between early and middle returned a p-value of $1.5e-05$, between middle and late returned a p-value of 0.0048 , and between early and late returned a p-value of $6.2e-12$. The relative abundance appeared to slightly decrease in variability through the stages (Figure 8-23). Relative abundance of LMNA was determined to decrease over increasing ADD, and a large initial decrease can be seen between 0-500 ADD(Figure 8-24).

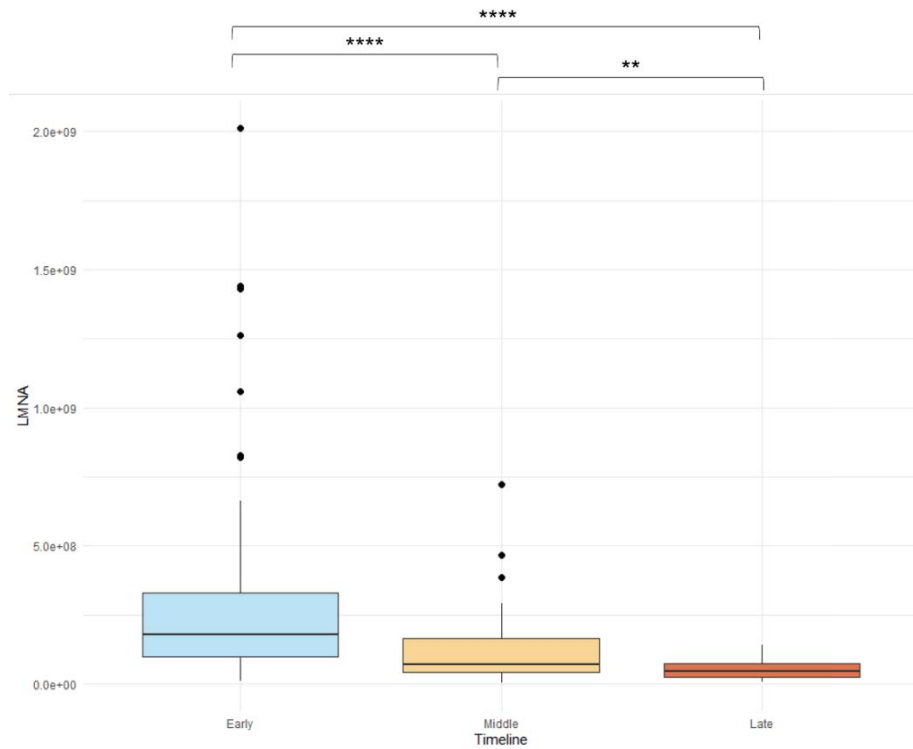


Figure 8-23 Change in relative abundance of LMNA over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = 0.05, ** = 0.01, * = 0.001, **** = 0.0001**

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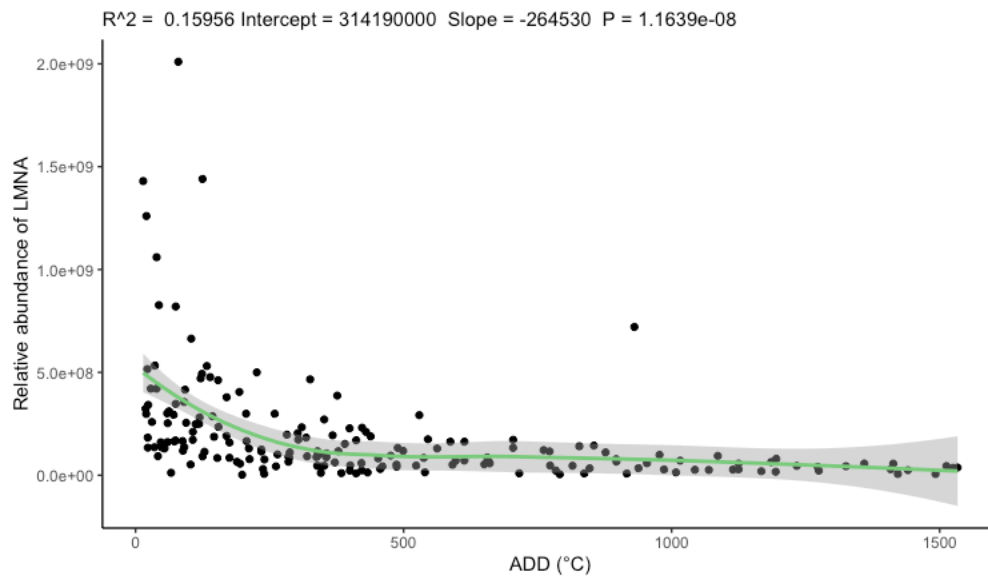


Figure 8-24 LOESS regression for change in relative abundance of LMNA over increasing ADD. SE is shown in grey.

Nascent polypeptide associated complex subunit alpha is a protein involved in the targeted binding of newly synthesized nascent polypeptides emerging from ribosomes, and is ubiquitous [322]. The relative abundance of NACA was determined to significantly decrease between the early and middle ($p = 0.0031$), and early and late stages ($p = 0.0042$). The relative abundance of samples from the early stage were more variable than samples from the middle and late stages (Figure 8-25). Comparison of the relative abundance of NACA with ADD showed a large initial decrease between 0-200 ADD, indicating detection of this protein may be useful for early PMIs (Figure 8-26).

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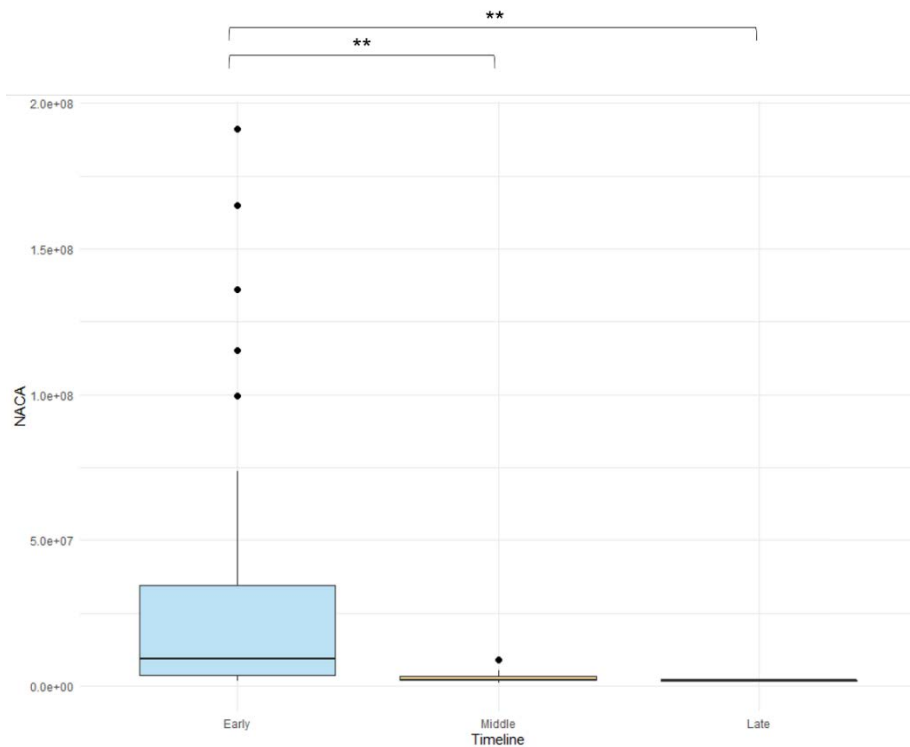


Figure 8-25 Change in relative abundance of NACA over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

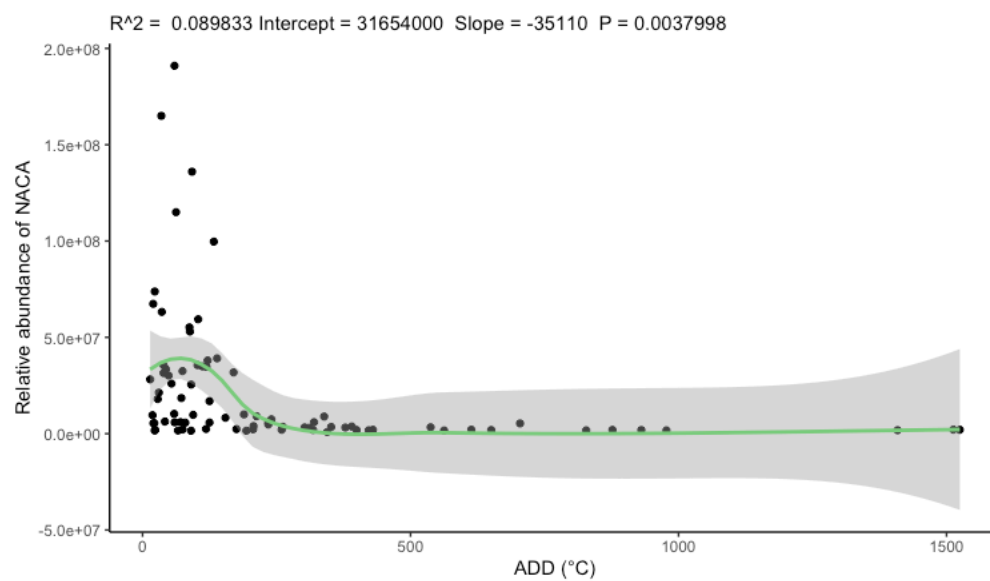


Figure 8-26 LOESS regression for change in relative abundance of NACA over increasing ADD. SE is shown in grey.

S100 calcium binding protein A6 (S100A6) is a calcium ion binding protein, of molecular weight 10 kDa [323]. The function of this protein is yet to be properly described [323]. The relative abundance of S100A6 was determined to significantly decrease between the early and late stages ($p = 0.018$). Less variability in relative abundance was seen for

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samples from the late stage compared to the early and middle stages (Figure 8-27). Relative abundance of S100A6 showed a decrease over increasing ADD (Figure 8-28).

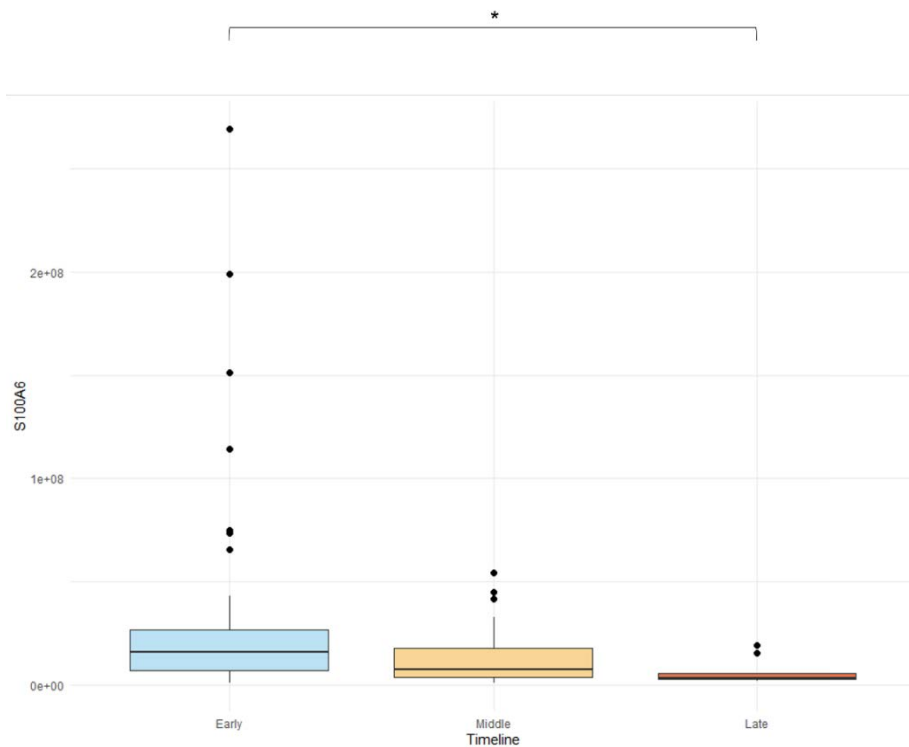


Figure 8-27 Change in relative abundance of S100A6 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

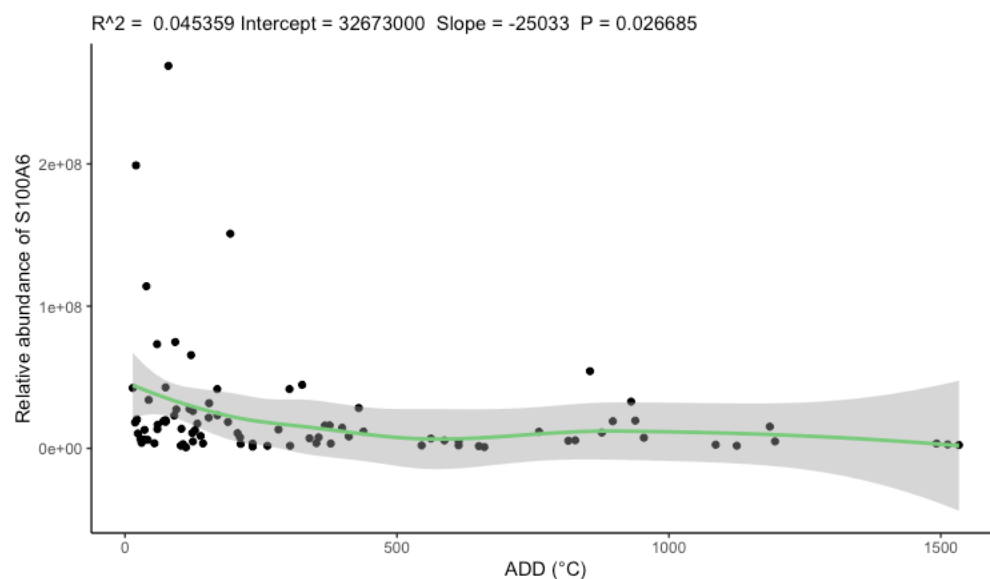


Figure 8-28 LOESS regression for change in relative abundance of S100A6 over increasing ADD. SE is shown in grey.

Ubiquinol-cytochrome c reductase binding protein (UQCRB) is a 13 kDa subunit of mitochondrial Complex III in the mitochondrial respiratory chain [324]. The relative abundance of UQCRB was determined to significantly decrease between the early and middle ($p = 0.0043$), and early and late stages ($p = 0.0013$). Variability in the relative

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abundance for all stages appeared consistent (Figure 8-29). Relative abundance of UQCRB was determined to decrease over increasing ADD, however variability in relative abundance can still be seen at greater ADDs (>1000) (Figure 8-30).

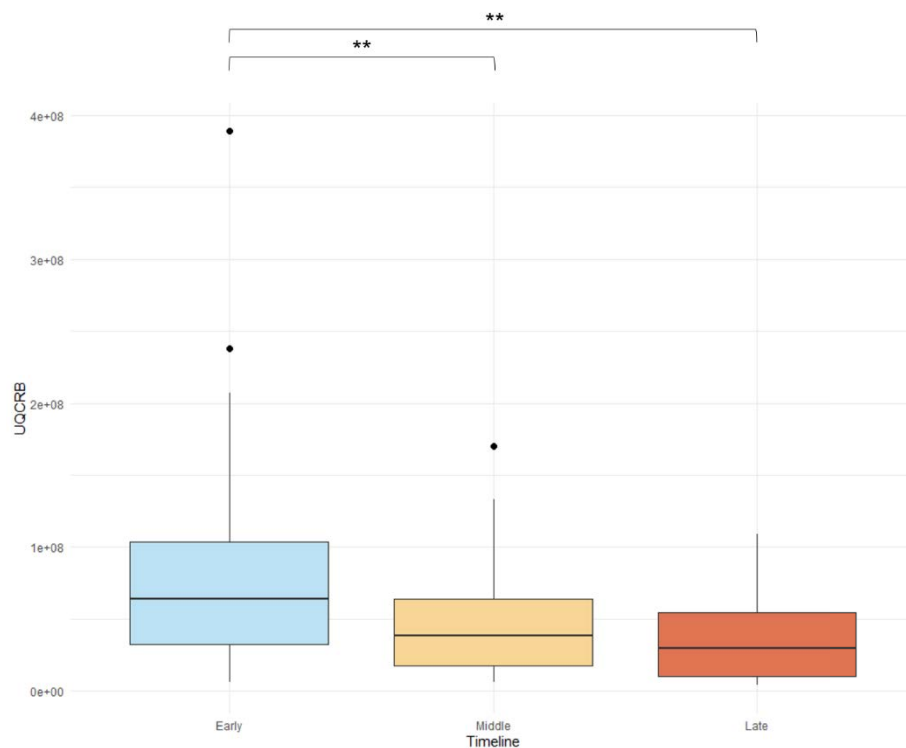


Figure 8-29 Change in relative abundance of UQCRB over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

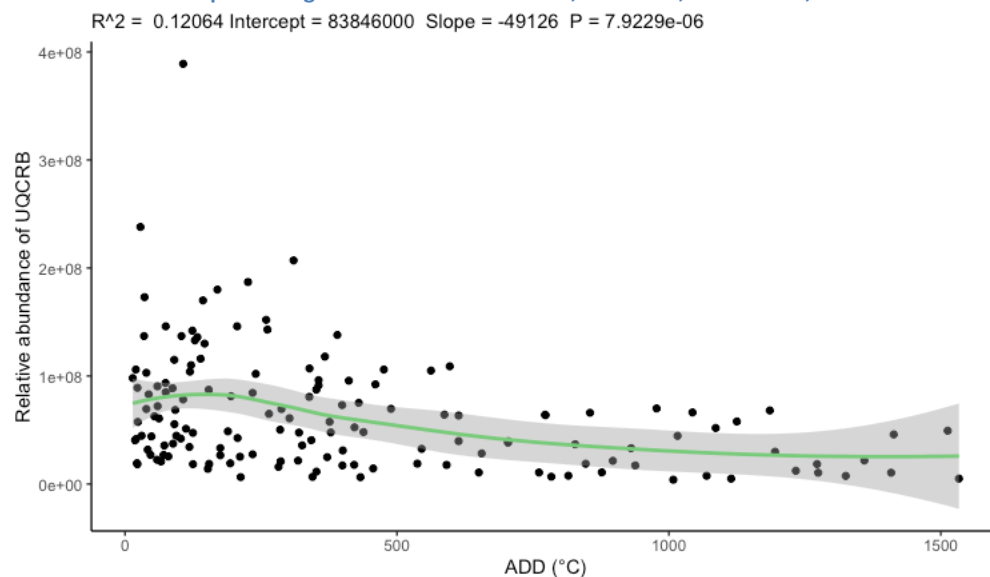


Figure 8-30 LOESS regression for change in relative abundance of UQCRB over increasing ADD. SE is shown in grey.

Tyrosine 3-monooxygenase/tryptophan 5-monooxygenase activation protein gamma (YWHAG) is a member of the 14-3-3 family of proteins which mediate signal transduction by binding to phosphoserine-containing proteins, and is highly expressed in skeletal and heart muscle [325]. The relative abundance of YWHAG was determined

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to significantly decrease between the early and late stages ($p=0.036$). Variability in the relative abundance for all stages appeared consistent (Figure 8-31). A large variability could be seen in the relative abundance of YWHAG compared to ADD (Figure 8-32). YWHAG also appeared to give relative abundance values greater than zero at greater ADDs, indicating this protein may be detectable for long PMIs.

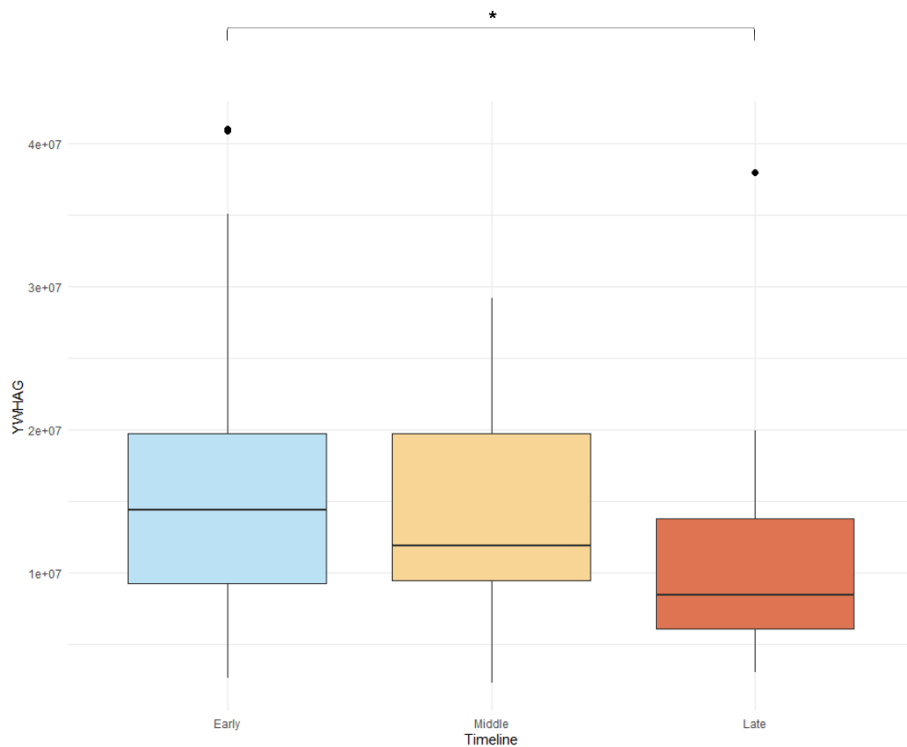


Figure 8-31 Change in relative abundance of YWHAG over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05 , ** = <0.01 , *** = <0.001 , **** = <0.0001

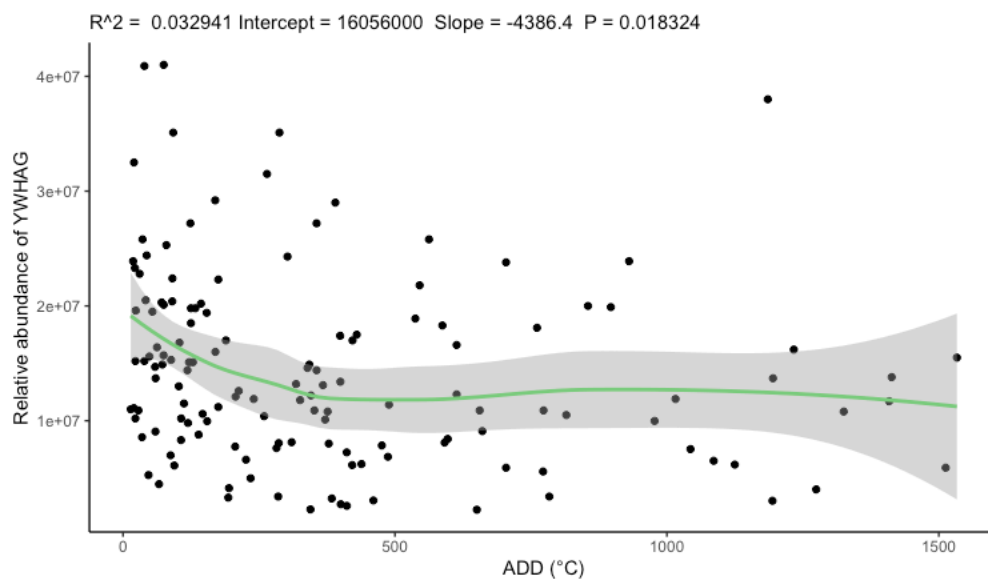


Figure 8-32 LOESS regression for change in relative abundance of YWHAG over increasing ADD. SE is shown in grey.

8.2.2 Proteomic biomarker candidates from literature

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Comparison was made with proteins identified in this study with protein groups previously identified in literature as outlined in Chapter 1 (Table 1-2). All relevant proteins that were also found commonly across each condition (body mass, sex, donor, seasonal placement) are listed in Table 8-4. Of these, proteins that were found to change in abundance, with a 2-fold change cut-off, over the early middle and late stages were also identified. The proteins were then assessed for any change in relative abundance over the early, middle, and late stages. Relative abundance values for these proteins are given in APPENDIX P:.

Table 8-4 A list of proteins identified in this study that have been previously investigated for relationship with PMI. Proteins highlighted in green were also identified with a 2-fold change cut-off in this study

| Identified protein | E vs L Log2 fold change | E vs M Log2 fold change | M vs L Log2 fold change | Previously investigated protein group |
|--------------------|-------------------------|-------------------------|-------------------------|---|
| ACTA1 | 1.37 | 0.588 | 0.784 | Actin |
| ACTB | 1.03 | 0.534 | 0.498 | |
| ACTC1 | 1.74 | 1.74 | -0.00611 | |
| ACTN1 | 1.13 | 0.788 | 0.346 | Actinin |
| ACTN2 | 1.14 | 0.415 | 0.723 | |
| ACTN3 | 0.318 | 0.721 | -0.404 | |
| ACTN4 | 1.76 | 1.46 | 0.303 | |
| ATP2A1 | -0.0982 | 0.321 | -0.419 | Sarcoplasmic/endoplasmic reticulum calcium ATPase |
| ATP2A2 | 0.948 | 0.24 | 0.708 | |
| ATP2A3 | 1.59 | 1.56 | 0.0276 | |
| CAMK2A | 0.0874 | 0.537 | -0.45 | Ca ²⁺ /calmodulin-dependent protein kinase |
| CAMK2B | 0.905 | 0.585 | 0.32 | |
| CAMK2D | 0.0534 | 0.233 | -0.18 | |
| CAPN1 | 0.826 | 0.415 | 0.41 | Calpain |
| CAPN3 | 0.742 | 0.894 | -0.152 | |
| DES | 2.71 | 1.52 | 1.19 | Desmin |
| EEF1A2 | -0.49 | -0.177 | -0.313 | Eukaryotic Translation Elongation Factor 1 Alpha 2 |
| GAPDH | 0.653 | 0.63 | 0.0232 | Glyceraldehyde 3-phosphate dehydrogenase |
| GSTK1 | 0.188 | 0.193 | -0.00425 | Glutathione S-transferase |
| GSTM2 | 1.7 | 0.949 | 0.751 | |
| GSTM3 | 0.515 | 0.441 | 0.0744 | |
| GSTO1 | 0.85 | 0.646 | 0.205 | |

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| | | | | |
|---------|----------|---------|---------|-----------------------|
| GSTP1 | 2.78 | 1.81 | 0.966 | |
| GSTT1 | 0.223 | 0.32 | -0.0963 | |
| GYS1 | 0.742 | 1.02 | -0.275 | Glycogen synthase |
| LAMA2 | -0.0906 | -0.584 | 0.493 | Laminin |
| LAMA4 | -0.00263 | 0.0844 | -0.087 | |
| LAMA5 | -0.661 | -1.1 | 0.443 | |
| LAMB1 | 0.544 | 0.421 | 0.123 | |
| LAMB2 | 0.775 | -0.39 | 1.16 | |
| LAMC1 | -0.149 | -0.718 | 0.569 | |
| MB | 1.24 | 0.598 | 0.64 | |
| NEB | 3.46 | 2.14 | 1.31 | Nebulin |
| PPP2R1A | 0.78 | 0.739 | 0.0404 | Protein Phosphatase 2 |
| TNNC1 | 1.86 | -0.0102 | 1.87 | Troponin |
| TNNC2 | 1.19 | 0.576 | 0.609 | |
| TNNI1 | 2 | 1.05 | 0.946 | |
| TNNI2 | 2.46 | 2.13 | 0.33 | |
| TNNT1 | 2.24 | 1.23 | 1 | |
| TNNT3 | 2.64 | 2.27 | 0.366 | |
| TPM1 | 2.31 | 1.26 | 1.05 | |
| TPM2 | 1.77 | 0.969 | 0.805 | |
| TPM3 | 2.12 | 0.615 | 1.5 | |
| TPM4 | 0.0416 | -0.0194 | 0.061 | |
| TTN | -0.342 | -0.324 | -0.018 | Titin |
| VCL | 1.34 | 0.0898 | 1.25 | Vinculin |

Glutathione S-transferase pi 1 is a 27 kDa protein, belonging to a family of enzymes involved in cellular detoxication [326]. The relative abundance of GSTP1 was determined to significantly decrease between the early and middle ($p= 2.2e-05$), and early and late stages ($p= 2.9e-06$) (Figure 8-33). Additionally, the relative abundance of GSTP1 was determined to decrease over increasing ADD (Figure 8-34).

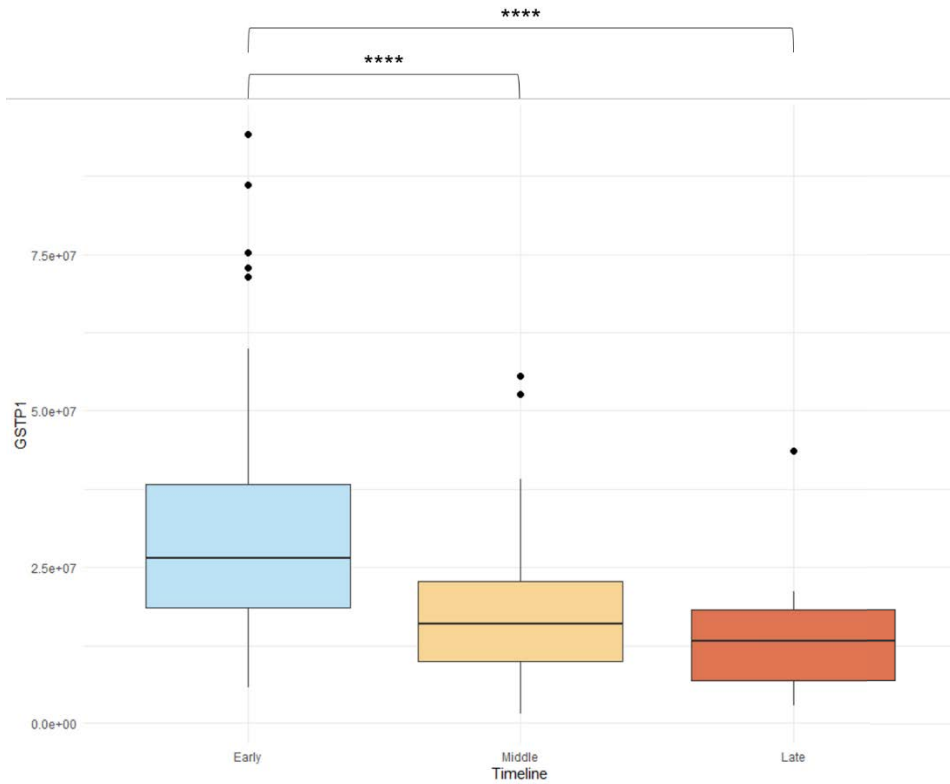


Figure 8-33 Change in relative abundance of GSTP1 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

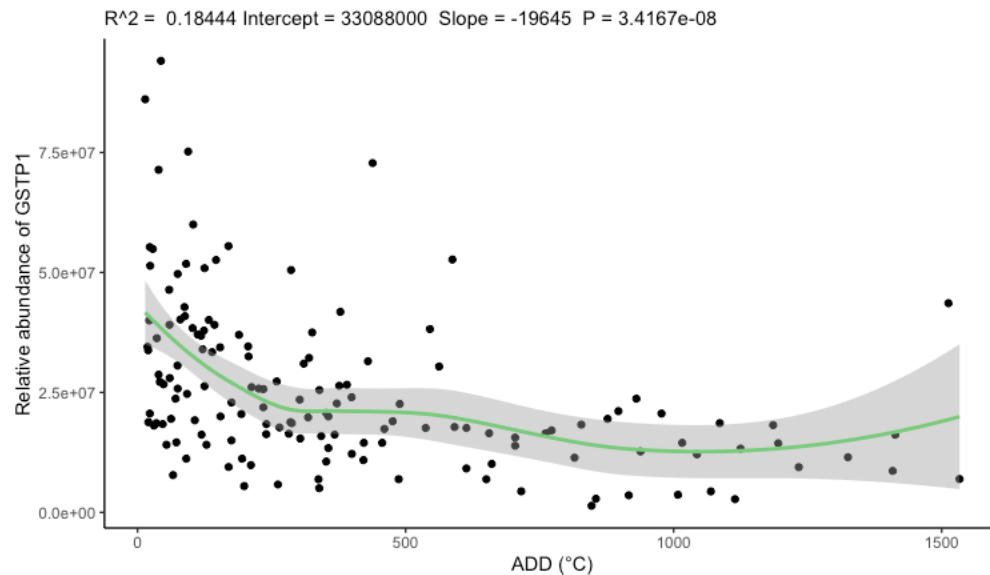


Figure 8-34 LOESS regression for change in relative abundance of GSTP1 over increasing ADD. SE is shown in grey.

Troponin proteins are regulators of the calcium sensitivity of the myofibril contractile apparatus of striated muscles [327]. Troponin I1, slow skeletal type (TNNI1) is a 22 kDa isoform specific to slow twitch muscle [327].

The relative abundance of TNNI1 was determined to significantly decrease between the early and late stages ($p = 0.031$) (Figure 8-35). Comparison of the relative

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abundance of TNNI1 over increasing ADD showed a large variability in relative abundance across all ADD (Figure 8-36).

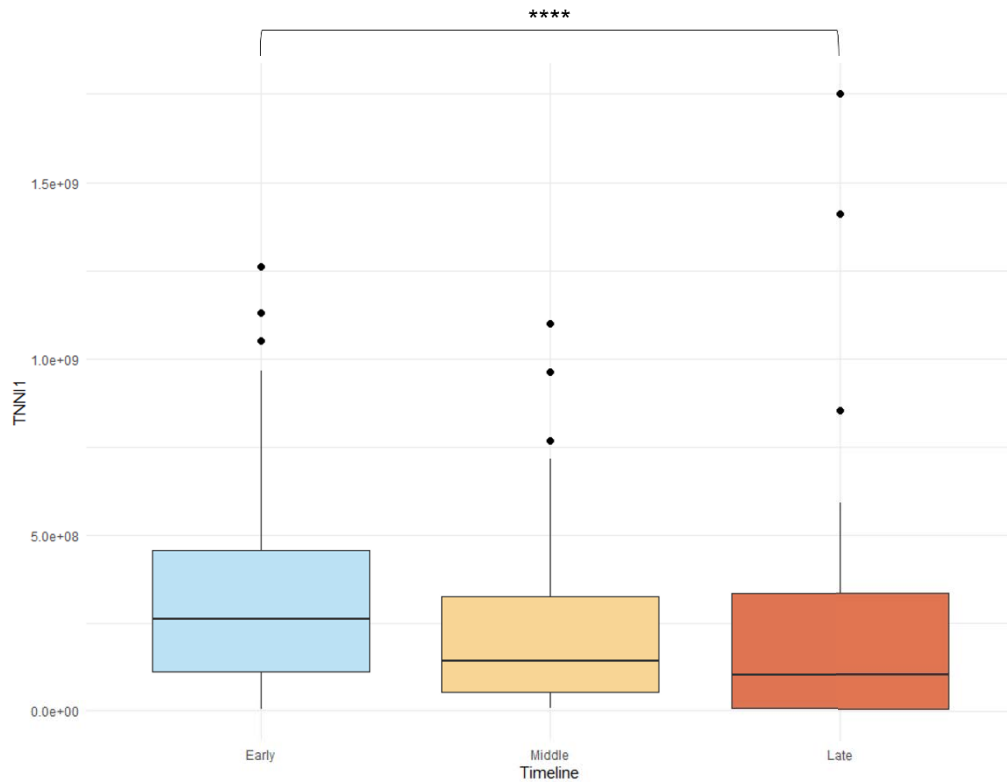


Figure 8-35 Change in relative abundance of TNNI1 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

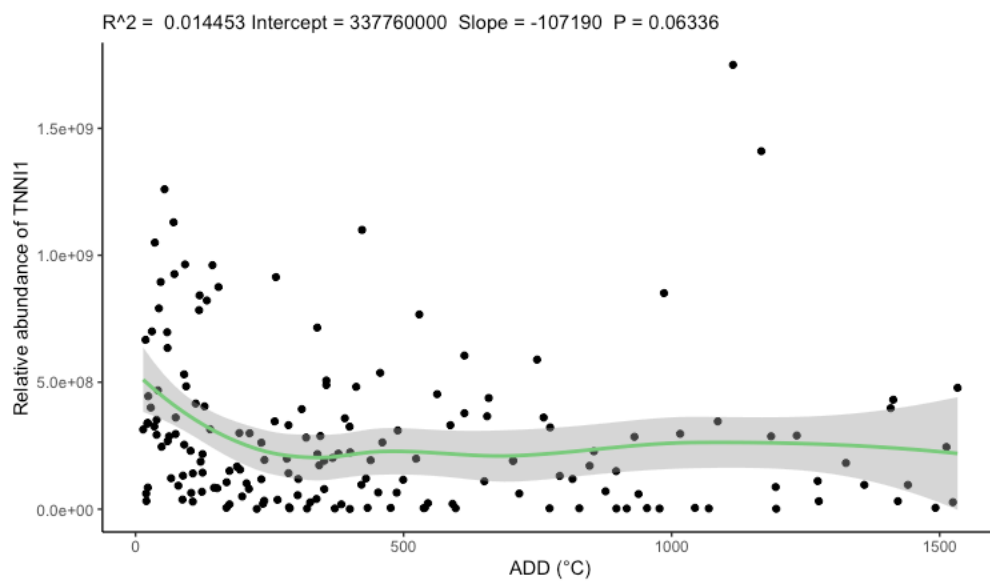


Figure 8-36 LOESS regression for change in relative abundance of TNNI1 over increasing ADD. SE is shown in grey.

Troponin I2, fast skeletal type (TNNI2) is a 21 kDa isoform specific to fast twitch muscle [327]. The relative abundance of TNNI2 was determined to significantly decrease

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between the early and middle ($p= 0.00064$), and early and late stages ($p= 0.00113$) (Figure 8-37). Relative abundance of TNNI2 vs ADD showed a slight decrease over increasing ADD (Figure 8-38).

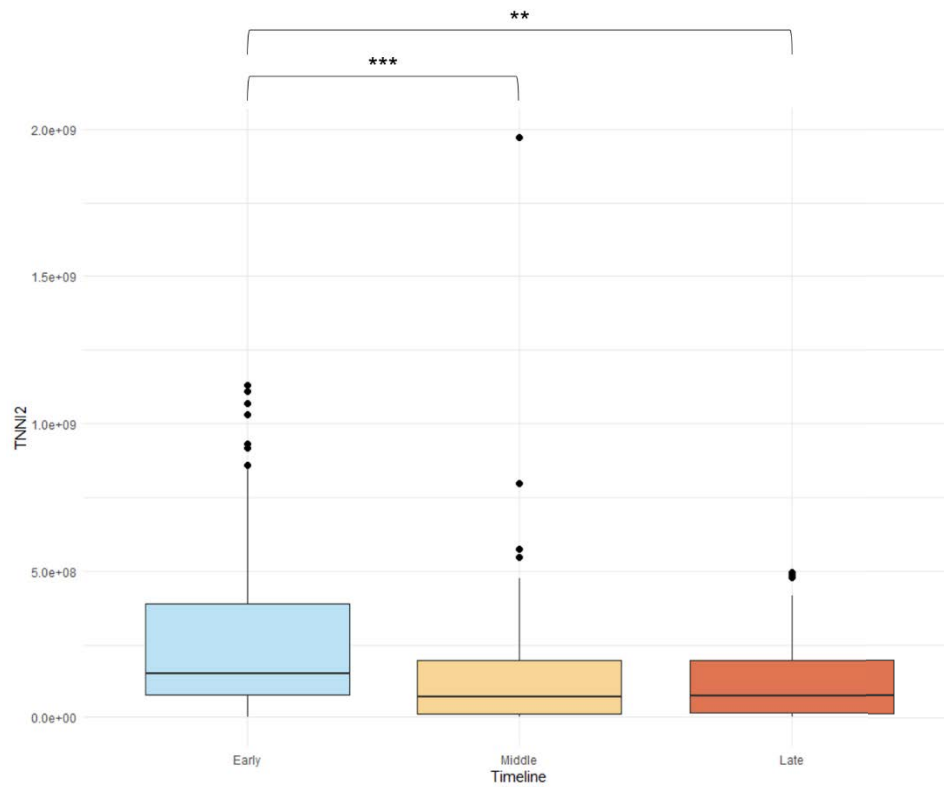


Figure 8-37 Change in relative abundance of TNNI2 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05 , ** = <0.01 , *** = <0.001 , **** = <0.0001

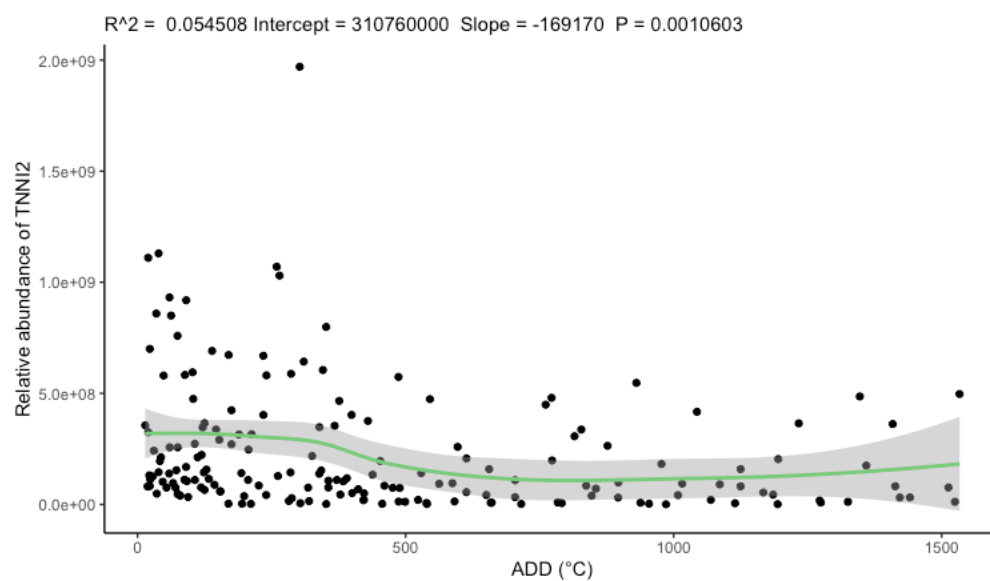


Figure 8-38 LOESS regression for change in relative abundance of TNNI2 over increasing ADD. SE is shown in grey.

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Troponin is involved in the regulation of striated muscle contraction in response to fluctuations in intracellular calcium concentration [328]. Troponin T1, slow skeletal type (TNNT1) is one of three subunits of troponin, found in slow twitch muscle [329]. The relative abundance of TNNT1 was determined to significantly decrease between the early and middle ($p= 4.7e-05$), middle and late ($p= 0.029$) and early and late stages ($p= 1.4e-08$) (Figure 8-39). Relative abundance of TNNT1 vs ADD again showed large variability in the observed relative abundance values, however appeared to slightly decrease over increasing ADD (Figure 8-40).

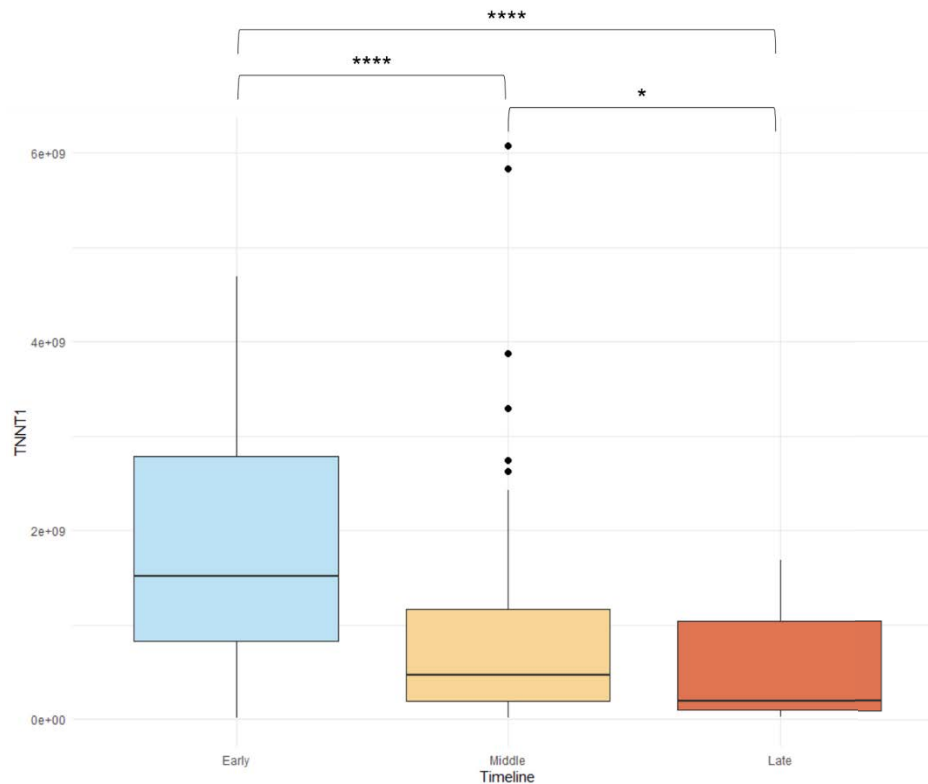


Figure 8-39 Change in relative abundance of TNNT1 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <math><0.05</math>, ** = <math><0.01</math>, *** = <math><0.001</math>, **** = <math><0.0001</math>

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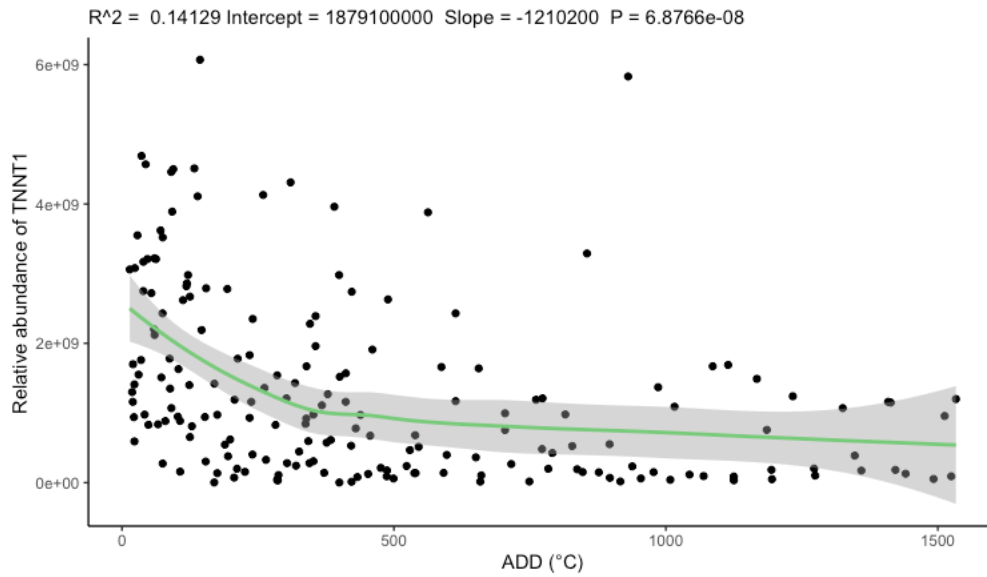
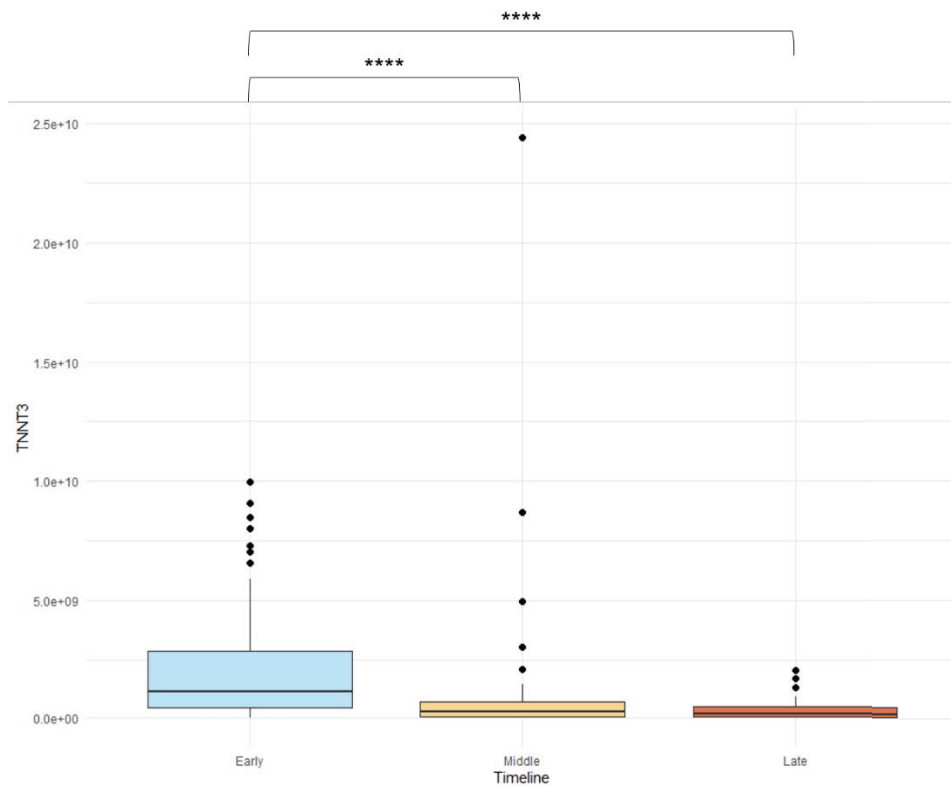


Figure 8-40 LOESS regression for change in relative abundance of TNNT1 over increasing ADD. SE is shown in grey.

Troponin T3, fast skeletal type (TNNT3) is one of three subunits of troponin, found in fast twitch muscle [329]. The relative abundance of TNNT3 was determined to significantly decrease between the early and middle ($p = 4.6e-06$), and early and late stages ($p = 4.6e-09$) (Figure 8-41). Relative abundance of TNNT3 showed an initial decrease over increasing ADD up to ADD 500, after which the relative abundance appeared to trend close to zero (Figure 8-42).



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Figure 8-41 Change in relative abundance of TNNT3 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

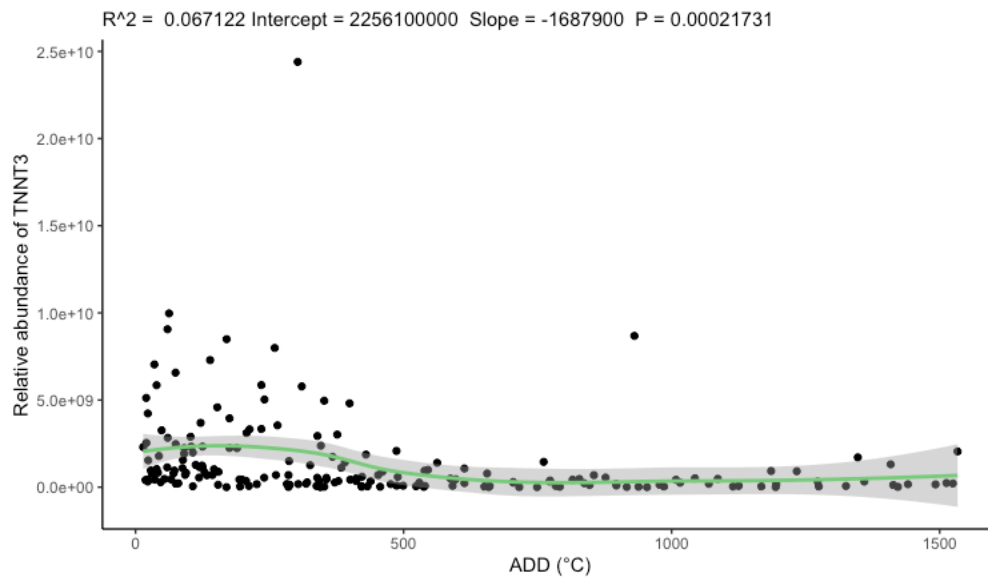


Figure 8-42 LOESS regression for change in relative abundance of TNNT3 over increasing ADD. SE is shown in grey.

Desmin (DES) is a 54 kDa muscle-specific class III intermediate filament, responsible for maintaining the structure and function of myofibrils, as well as linking Z bands to the plasma membrane [328, 330]. The relative abundance of DES was determined to significantly decrease between the early and middle ($p = 3.8 \times 10^{-5}$), middle and late ($p = 0.038$), and early and late stages ($p = 4.3 \times 10^{-9}$) (Figure 8-43). The relative abundance of DES decreased over increasing ADD (Figure 8-44).

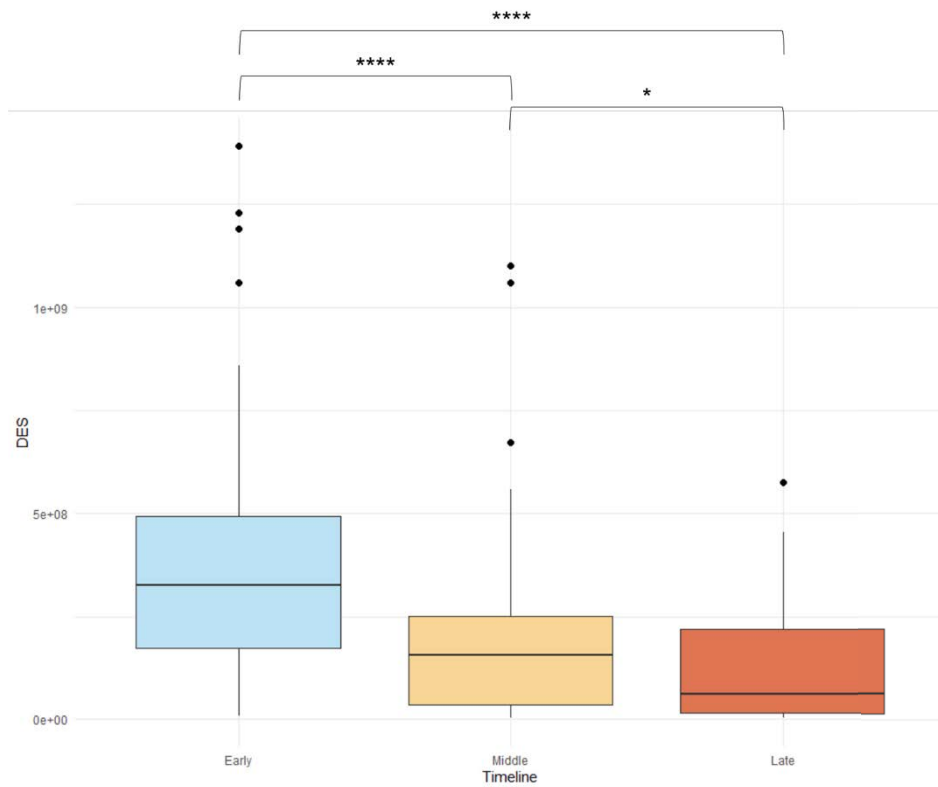


Figure 8-43 Change in relative abundance of DES over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <math><0.05</math>, ** = <math><0.01</math>, *** = <math><0.001</math>, **** = <math><0.0001</math>

$R^2 = 0.075888$ Intercept = 368330000 Slope = -185210 P = 8.3509e-05

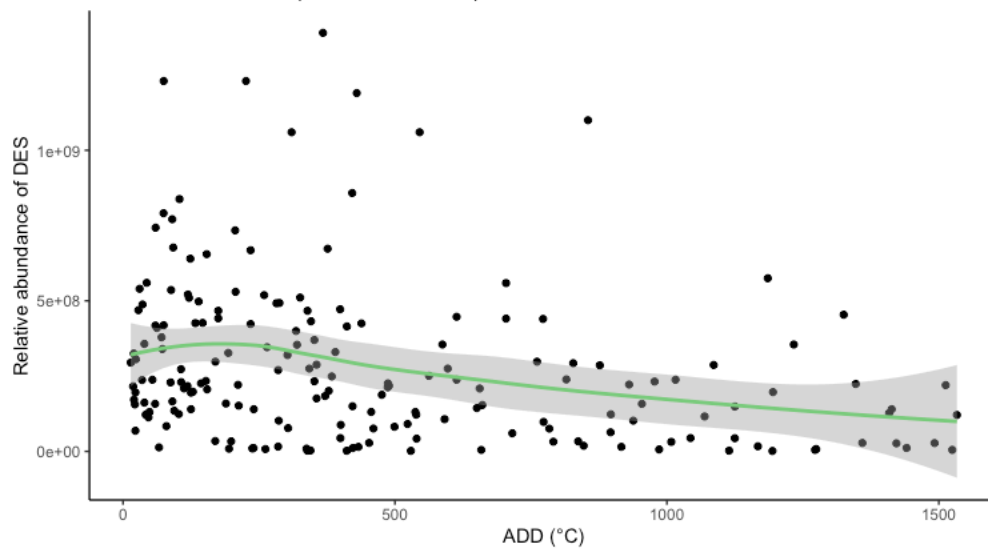


Figure 8-44 LOESS regression for change in relative abundance of DES over increasing ADD. SE is shown in grey. Nebulin (NEB) is a 770 kDa protein involved in thin muscle filament length specification, and the regulation of muscle contraction [331]. The relative abundance of NEB was determined to significantly decrease between the early and middle ($p= 9.5e-07$), middle and late ($p= 0.02$), and early and late stages ($p= 2.0e-11$). The relative abundance of samples from the early and middle stages appeared more variable than samples from the late stage (Figure 8-45). Relative abundance of NEB was determined decreased over increasing ADD, and a large initial decrease could be seen between 0-500 ADD (Figure 8-46).

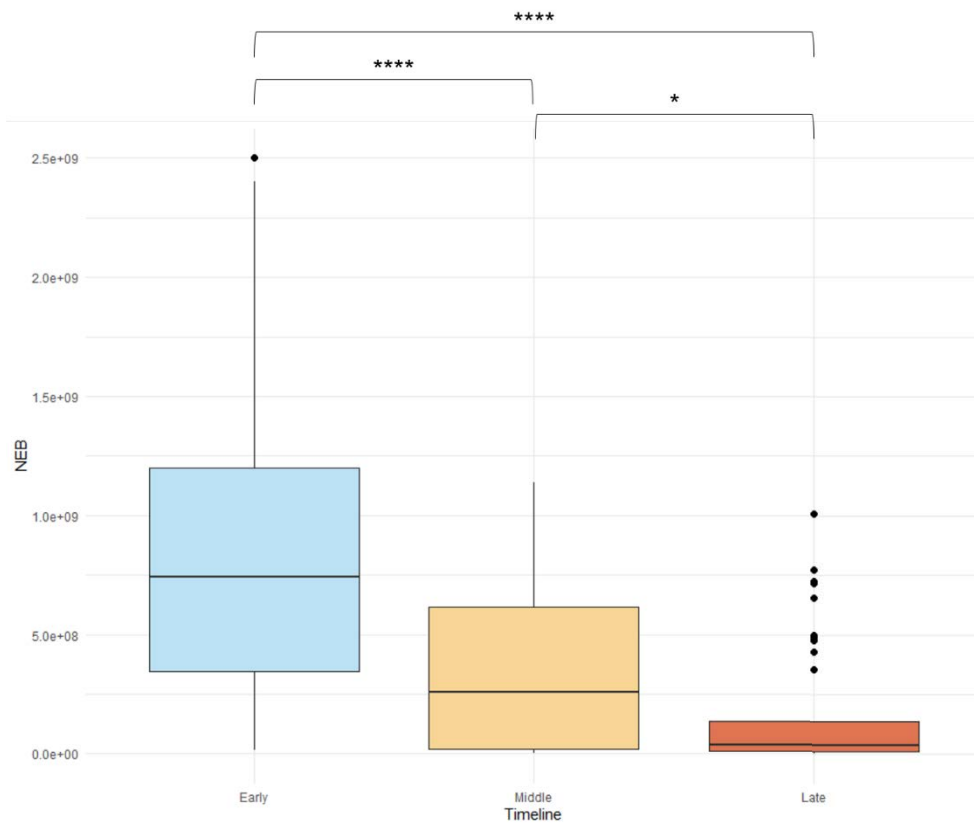


Figure 8-45 Change in relative abundance of NEB over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <0.05, ** = <0.01, *** = <0.001, **** = <0.0001

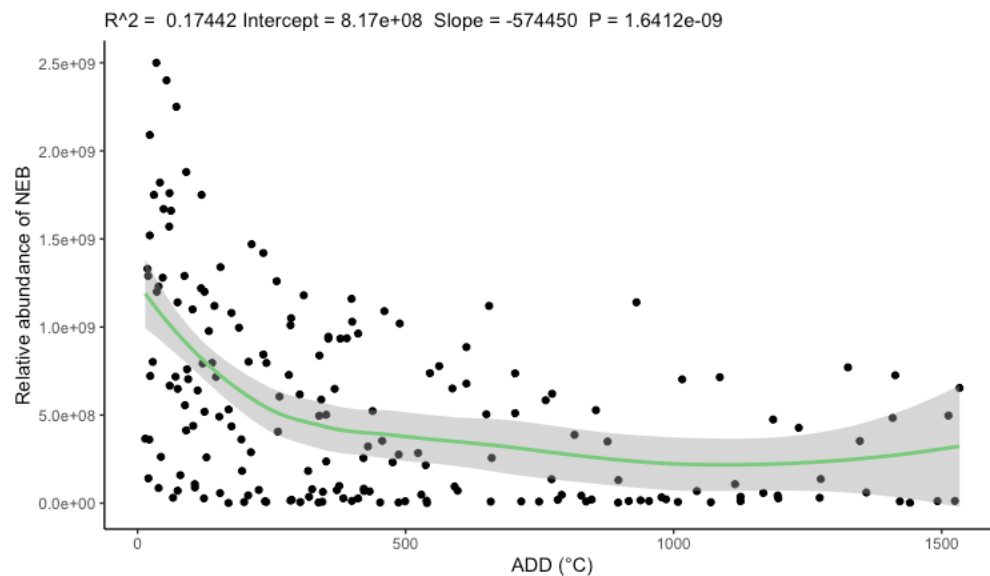


Figure 8-46 LOESS regression for change in relative abundance of NEB over increasing ADD. SE is shown in grey.

Tropomyosin is a ubiquitous protein associated with stabilising actin filaments and regulation of actin filament binding [332]. Tropomyosin 1 (TPM1) specific to fast twitch muscle fibres [333]. No significant difference was found in the relative abundance of TPM1 over the early, middle, and late stages with a Kruskal-Wallis p-value of 0.2181

(APPENDIX N:). Relative abundance of TPM1 was not determined to show any trends over increasing ADD (APPENDIX N:). Tropomyosin 3 (TPM3) specific to slow twitch muscle fibres [333]. The relative abundance of TPM3 was determined to significantly decrease between the middle and late ($p= 0.0017$), and early and late stages ($p= 2.7e-05$) stages (Figure 8-47). Relative abundance of TPM3 did not show any clear trends with increasing ADD, however its detection at greater ADDs may be indicative of greater PMIs (Figure 8-48).

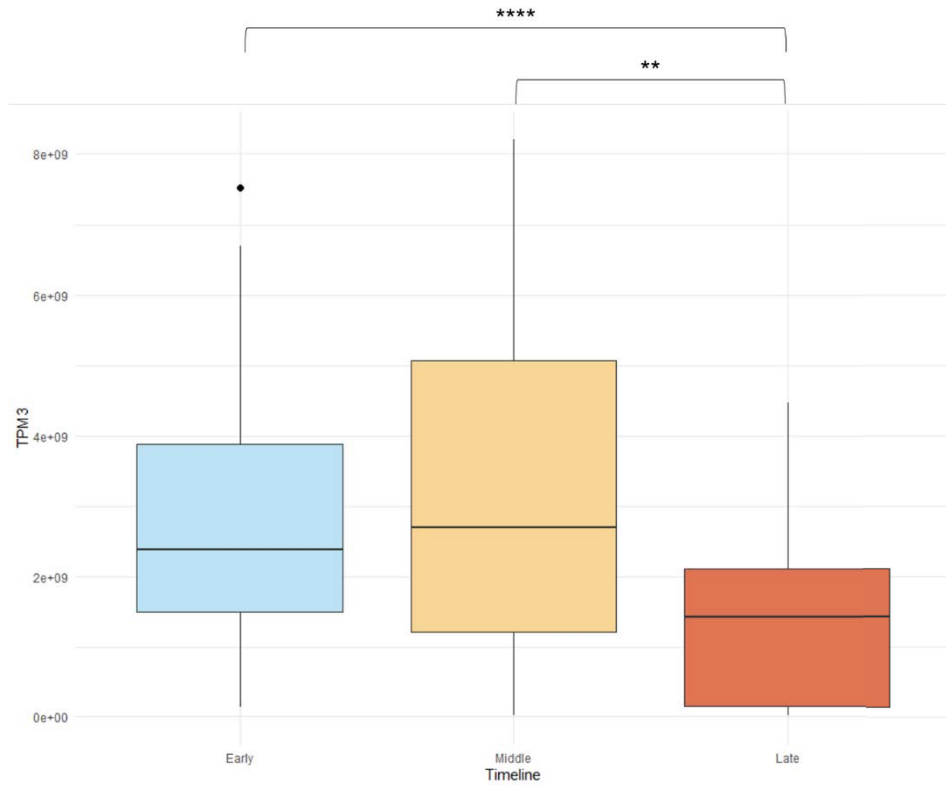


Figure 8-47 Change in relative abundance of TPM3 over increasing PMI sampling timeline. Outliers are shown as individual data points. P-value significance of post-hoc pairwise Wilcoxon-testing with Benjamini Hochberg corrections for multiple testing is shown where * = <math><0.05</math>, ** = <math><0.01</math>, *** = <math><0.001</math>, **** = <math><0.0001</math>

$R^2 = -0.001907$ Intercept = 2575800000 Slope = -258340 P = 0.42259

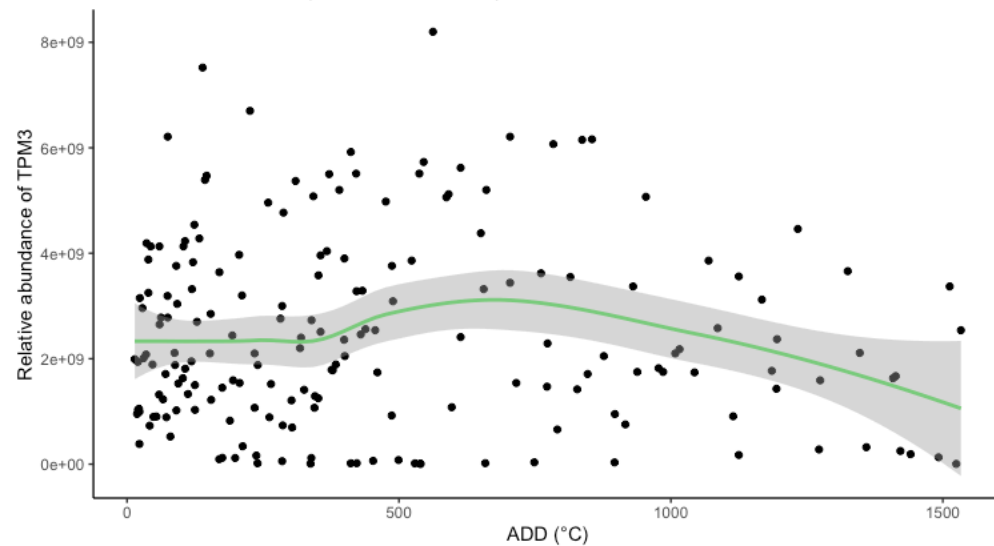


Figure 8-48 LOESS regression for change in relative abundance of TPM3 over increasing ADD. SE is shown in grey.

8.3 Discussion

The difficulty with planning and conducting taphonomic studies has led to limited research into the identification of proteomic biomarkers for the purpose of PMI estimation. Many human studies that have been conducted use samples obtained in laboratory or autopsy settings, where the ability to continuously sample from an individual across a decomposition timeline is not possible [127]. Following this, comparison between samples representing different PMIs are often from different individuals and therefore not directly comparable. Whilst the intrinsic differences in the samples are acknowledged, they cannot necessarily be accounted for and are often disregarded. Additionally, due to the difficulties in experimentation with human donors, studies have regularly been conducted using animal models. From this, there is a need for establishing knowledge based off the continuous sampling from human donors placed at a taphonomic facility, in order for direct application to forensic cases. This study aimed to address this need, whilst also considering previously documented influencing factors.

The number of identified proteins was found to significantly decrease over the early, middle, and late PMI stages. The monitored experimental conditions were excluded from contributing to this observation as no significant difference was found in the number of identified proteins between samples from different seasonal placements, sexes, body mass grouping or donors (as described in Chapter 7). This indicates that the diversity of the proteome decreases as decomposition progresses. Following this, an informative proteomic biomarker for PMI estimation may not only be one that decreases in abundance as PMI increases, but potentially a protein that becomes no longer detectable after a certain period. This type of “presence/absence” biomarker has been previously investigated through western blotting techniques [131]. 78 proteins were found to be present in more than 95% of samples across all time points. It is possible that with further research these proteins may provide candidates for a stable reference protein, which could be used as an internal degradation reference. Whilst no proteins could be identified to be consistently detected in early samples and subsequently not detected in the middle or late stages, 24 proteins were identified for further investigation as a “presence/absence” biomarker for the early, middle, and late stages of decomposition.

In the context of LC-MS/MS analysis, thought must be given to the stochastic nature of data acquisition, in that the presence/absence of a protein in the data may not be a true reflection of the presence/absence in the sample, particularly when employing imputation techniques common to the analysis of LC-MS/MS data [289]. Detection of specific proteins, as done through immunochemistry techniques, may also be achieved through targeted LC-MS/MS analysis. However, for both techniques biomarkers of

interest must first be ascertained for this to occur, which requires a large sample database, to determine what would be expected stochastic variation. The 24 proteins identified here present a potential guide for focus of future studies looking at the use of presence/absence of proteins across degradation timelines to be indicative of PMI.

Three selection criteria were determined for the identification of potential proteomic biomarkers from the protein groups identified, including commonality across samples, stability in detected abundance across experimental conditions, and a significant change in abundance over time. It is acknowledged that there is likely a large number of chemical modifications occurring with the proteins in these samples as a product of degradation. PTMs were not included in these criteria in order to establish baseline data, before investigation into the occurrence of modifications.

Proteins conserved across all donors and conditions are the most accurate representation of consistently detectable proteins in skeletal muscle samples in a forensic setting. Selection of proteomic biomarkers for PMI estimation requires reliably detectable peptides. From the 1360 proteins, 863 were determined to be present across all categories for body mass, sex, donor, and seasonal placement. Prior to applying the next two selection criteria, these proteins were assessed using LFQ-analyst with a 2-fold change cut-off to determine any proteins changing in abundance across the early, middle, and late decomposition timeline. This resulted in the identification of 90 proteins. Hierarchical clustering of the samples relative to the changes in abundance for the identified significant proteins shows some clustering of the early, middle, and late samples as shown in Figure 8-5. The best clustering can be seen with the early samples, whilst some smaller clusters can be seen with the middle and late samples, they are not as clearly defined as with the early samples. The remaining 773 proteins were not further analysed; however, it is possible that some may still be informative.

The identification of a stable protein (“housekeeping protein” [131]) could act as a reference for the assessment of change in abundance for proteins identified to change as PMI progresses. In this study, 78 proteins were found to be present in samples across all time points, and 12 proteins with the greatest abundance, and smallest range in abundance were identified. Proteins TTN, FLNC, MYBPC1 and COL6A1 were shown to be the best candidates for use as a stable reference. Titin (TTN) has previously been identified in literature as a biomarker candidate for the assessment of degradation. A 2016 study by Foditsch et. al [334] assessed the degradation of TTN by SDS-PAGE using a porcine model, and found it was susceptible to degradation across the 21-day experimental period. Interestingly, this paper also assessed the degradation of alpha actinin (ACTN2) and found this protein to be resistant to degradation. This result is concordant with ACTN2 being identified in this study as a possible candidate for a stable reference protein. As identified in the 2020 review by Zissler et. al [131], assessment of the stability of ACTN2 in human muscle has yet to be reported, and this

study provides a basis for human muscle degradation pattern concordance with previous studies. Further research specifically targeting these proteins across a range of timepoints should be conducted for a more comprehensive understanding of their potential for use as stable references for degradation. The assessment of decrease in abundance has been commented on, in that the applicability of this measure is relevant to understanding “starting values” *i.e.*, abundance of the protein at time of death [131]. Following, it may be beneficial to use a protein with a smaller change in abundance, in conjunction with a protein that greatly changes in abundance, to create a ratio and produce a degradation index value similar to what is done with DNA degradation analysis. The proteins identified in this study as candidates for a stable reference, and those that have shown to significantly change over time provide a good basis for future research into the production of a protein degradation index. Similarly, comparison of modified to unmodified peptides may provide a similar ratio, however, investigation into the occurrence of PTMs would be required. Due to the large number of proteins changing in abundance, and the large number of PTMs this was not completed as a part of this study.

Proteins were deemed to be stable if there were no significant differences in relative abundance across season of decomposition, biological sex, body mass and individual donor. Again, for the purpose of this study, only proteins showing no significant change in abundance across all four conditions were investigated for change in abundance over time, in order to minimise the potential effect of confounding variables. The possibility remains that other proteins, within the 90 identified to change in abundance, may be informative. However, it would not be known if the change in abundance is due to time or one of the other experimental conditions without increasing the sample population.

8.3.1 Identified proteomic biomarker candidates

Of the 14 identified proteins, 13 were determined to significantly change in abundance over the early, middle, and late stages. Of these, 12 decreased in abundance and one increased. AHNAK (Figure 8-6) was shown to be present in significantly greater abundance in early samples when compared to middle and late stage samples. The abundance of AHNAK was also shown to decrease after 400 ADD. The precise function of AHNAK is not entirely understood, however it is ubiquitously expressed and has been suggested to form part of multi-protein complexes as a structural scaffold, and have a role in cell signalling, DNA repair and membrane repair [335]. Research has been conducted into the role AHNAK plays in plasma membrane repair in skeletal muscle after injury, however, its specific function is not known [335]. AHNAK is considered a giant protein at 700kDa, possibly contributing to the observed rapid decline in abundance as large molecules are likely to degrade faster than smaller molecules [336].

Cytochrome c oxidase subunit 6C (COX6C) and ubiquinol-cytochrome c reductase-binding protein (UQCRB) significantly decreased in abundance when comparing early with middle and late stage samples (Figure 8-10 and Figure 8-29) and across increasing ADD (Figure 8-11 and Figure 8-30). COX6C is a component for the cytochrome c oxidase enzyme which is part of the oxidative phosphorylation pathway for energy metabolism in mitochondria [337]. UQCRB is also part of the oxidative phosphorylation pathway in the mitochondrial electron transport chain. The mitochondrial electron transport chain has been identified as a predominant source of free radicals in muscle, which can lead to oxidative stress [338]. As mitochondria are more abundant in skeletal muscle tissues, it is possible that the observed decline in abundance of COX6C is relative to the autophagic degradation of mitochondria [235]. Instances of increased autophagy post-mortem have been reported in both human studies looking at brain tissue, and food science studies looking at meat tenderisation [339, 340]. COX6C has also been shown to be less abundant in muscle tissues of obese individuals [341]. Whilst no difference in COX6C abundance was determined for donors of different body masses, literature suggests a correlation and as such there remains the potential that body mass is having an effect. More research assessing the effect of body mass on COX6C abundance would be needed for its validation as a PMI biomarker.

Cysteine and glycine-rich protein 3 (CSRP3) positively regulates myogenesis and the contractile functions of skeletal muscle and has also been suggested to play a role in autophagy [342]. CSRP3 showed no significant difference in abundance between each PMI stage, although a decrease in mean abundance can be observed **Error! Reference source not found.** Additionally, variability of samples in the late stage appeared very low. Comparison of relative abundance across ADD showed a decrease in abundance for all samples between 400-800 ADD, followed by an increase in abundance between 800-1200 ADD **Error! Reference source not found.** Whilst occurrence of an event after 800 ADD that somehow leads to an increase in expression of this protein is possible through the cellular release of enzymes upon cell death, it is unlikely. CSRP3 was detected in only 4 samples between 400 - 1200 ADD, so it is likely that the results observed are not a true representation of the abundance for this protein at higher ADD. In order to clarify this, a larger sample population is needed. Following this the presence of this protein in the samples for each stage was further investigated to ascertain if the number of contributing samples was affecting the lack of statistical difference. CSRP3 was detected in 56% of early samples, 12% percent of middle stage samples and only 2% of late samples. As such, CSRP3 may still be valuable as a presence/absence indicator for PMI, however consideration must be taken to the fact that this protein was only detectable in approximately half of the early stage samples. It remains possible that stochasticity of the LC-MS/MS technique may have led to issues with the detection of this protein's peptides, and studies looking at CSRP3 using targeted techniques would help in establishing if it may be used as a reliable presence/absence indicator for PMI.

Nascent polypeptide-associated complex subunit alpha (NACA) is a ubiquitous transcriptional co-activator, and is known to be involved in the targeted binding of newly synthesized nascent polypeptides emerging from ribosomes [322]. NACA showed a significant decrease in relative abundance between the early and the middle and late stage samples (Figure 8-25). Comparison with ADD showed an initial decrease in abundance after 200 ADD (Figure 8-26). Presence/absence was investigated due to the low variability in middle and late stage samples indicating lack of detection. NACA was present in 69% of early stage samples, 20% of middle stage samples, and 12% of late stage samples. A skeletal muscle specific proteoform of Nascent polypeptide-associated complex (NAC) has been previously identified (skNAC) and expression is induced in myogenic differentiation and muscle repair [343].

Peptidyl-prolyl cis-trans isomerase FKBP3 is involved in various cellular processes, including protein folding, protein-protein interactions, and signal transduction, and is known to inhibit apoptosis through a reduction in mitochondrial Bcl-2 [344]. FKBP3 was shown to significantly decrease in the late PMI stage (Figure 8-15). When looking at the decrease in abundance of FKBP3 over ADDs an initial decrease can be seen after 400 ADD, followed by further decrease after 1200 ADD (Figure 8-16). The observed variability in late stage samples was very low and following this the presence/absence of this protein was also investigated. FKBP3 was present in 68% of early samples, 18% of middle stage samples, and 10% of late stage samples. FKBP proteins have previously been associated with the aging process [344]. As the sample population in this study originate from aged individuals, it is possible that results in relation to this protein are not reflective of the general population. Similar to CSRP3, potential remains for the use of both NACA and FKBP3 proteins for PMI estimation through presence/absence analysis.

Dystrophin (DMD) is a cytoskeletal protein that has been previously researched with regard to its role in the disease muscular dystrophy [345]. Again, dystrophin has been shown to have a role in autophagic processes [345]. This study found a significant decrease in abundance of DMD when comparing early stage samples to middle and late stage samples (Figure 8-13). DMD was also shown to decrease in abundance after 400 ADD (Figure 8-14).

Histone H1.0 (H1F0) is a conserved linker histone shown in this study to decrease in relative abundance when comparing early samples to middle and late stage samples (Figure 8-19) and comparison with ADD shows an initial decrease after 400 ADD (Figure 8-20). H1F0 is generally found in cells in the late stages of differentiation, and has been shown to have greater expression in cancer cells and can be used as a tool to measure tumour heterogeneity [346]. As precedence of cancer in the donors within this study was high, it is possible that the incidence of this protein is being overrepresented in this sample population, although it is unlikely as the cancer cells would have to be present in the muscle being biopsied.

S100A6 and 14-3-3 protein gamma (YWHAG) were shown to significantly decrease in relative abundance when comparing early and late stage samples (Figure 8-27 and Figure 8-31). Decrease in abundance was also found across increasing ADD, however no clear visual trend can be seen with the LOESS graph for both S100A6 and YWHAG. However the relative Bundance of YWHAG indicates that it may be detectable at greater ADDs (Figure 8-28 and Figure 8-32). Upregulation of S100A6 has been previously linked to oxidative stress [347]. Oxidative stress can occur as a consequence of cell death and is related to the autolysis process [348]. Following this it is possible that S100A6 is initially upregulated at time of death [348]. YWHAG is highly expressed in skeletal muscle tissue, and plays a role in signal transduction pathways [325]. YWHAG in skeletal muscle has previously been researched through the context of meat tenderness [349]. An increase in YWHAG was shown to result in meat that was more tender, however the mechanism behind this is not understood [349].

Heat shock protein beta-6 (HSPB6) showed a significant decrease in relative abundance when comparing samples from the early PMI stage to the middle and late stages (Figure 8-21). An initial decrease could be seen (<500 ADD) in comparison of abundance across ADD (Figure 8-22). It has been suggested that HSBP6 increases in abundance in skeletal muscle with age [320]. HSPBP6 has also been shown to have a binding domain to troponin and subsequently this protein may play a role in muscle contraction [320].

Lamin proteins (LMNA) are nuclear lamina components involved in the structure of the nuclear envelope [321]. This study found a significant gradual decrease in relative abundance for LMNA between each PMI stage (Figure 8-23), a decrease was also observed when comparing across ADD (Figure 8-24). Mutations in the LMNA gene have a reported relationship with muscle related diseases and are potentially involved in a pathway for muscle differentiation [321, 345]. The Rab GDP dissociation inhibitor beta (GDI2) showed a significant gradual decrease in relative abundance between the early stage, and middle and late stages (Figure 8-17). A similar trend is observed when comparing the decrease across ADD (Figure 8-18). This protein is involved in membrane trafficking through the regulation of conversion of GDP to GTP [350]. Correlation between the identification of these proteins for the purpose of PMI estimation cannot yet be ascertained. Further research into the continuing metabolic mechanisms post-mortem would help to elucidate any relationships.

Collagen alpha-1(III) chain (COL3A1) was the only protein shown to significantly increase in abundance when comparing early stage samples to middle and late stage samples (Figure 8-8). An increase in abundance was also seen with increase in ADD (Figure 8-9). Samples obtained from 0 ADD to 800 ADD showed less abundance than samples obtained between 800 ADD and 1525. COL3A1 is found in the extra cellular matrix in skeletal muscle, and has been previously shown to be downregulated in muscles of aged individuals [351]. Interestingly, this protein has been previously identified in a similar study attempting to identify proteomic biomarkers for PMI estimation from bones [207]. The study by Mickleburgh *et al.* [207] found the relative

abundance of COL3A1 to decrease as PMI progressed. A study by Pérez-Martínez *et al.* [209] also found a decrease in abundance of collagen proteins over time. Whilst these results are contrasting to the results of this study, this study looked at skeletal muscle tissue and it is possible that the mechanism involved in the abundance of COL3A1 varies between the different tissues. In particular it may be that a relationship exists where there is either active or passive transport of COL3A1 from the bone matrix into surrounding skeletal muscle tissues during decomposition. It is understood that post-mortem changes dehydrate bone tissue making it more brittle, and collagen contained within the bone matrix begins to degrade [352]. However, collagen proteoforms can be detected in ancient remains indicating stability for long periods of time [353]. The brittle nature of bone post-mortem may lead to bone diagenesis, alongside the breakdown of organic components through microbial enzymes [207]. This would allow for the redistribution of proteins and other molecules normally contained within the bone matrix into surrounding tissues, potentially explaining the differences observed in studies looking at skeletal muscle and bone.

As seen in Figure 8-5, other collagen proteins were also identified to increase in relative abundance from early to late stage PMI. As metabolic processes cease at time of death, it is logical that upregulation of proteins would not be sustainable for substantial periods post-mortem. From this, it is important to understand that the observed relative increase in collagen proteins in Figure 8-5 may not be a true increase, and instead may be representative of the relative stability of collagen proteins. Collagen proteins are highly resistant to proteolysis, due to their helical structure and possession of strong inter and intramolecular bonds [131]. The stability of collagen is further supported through previous studies looking at collagen proteins as a potential biomarkers for PMI [131]. Several studies have been conducted looking at the ratio between abundance of collagenous to non-collagenous proteins [210, 211, 354]. Whilst determinations of a decrease in ratio over time were made, these studies were conducted using samples with PMIs over decade long periods. However, it should also be noted that all studies were conducted looking at bone samples and are not directly comparable with this study. The results here are congruous with the previously reported stability of COL3A1, and more investigation is required to determine if abundance truly increases with PMI.

Observed differences in the variability of sample abundances between early middle and late PMI stages was directly linked to the number of samples detecting the specific protein. For the purpose of this study, instances of smaller ranges were useful in identifying proteins that may be undetectable past a certain PMI. With the current dataset, the stochasticity of the analysis methods makes it difficult to determine defined PMI detection limits.

Many of the proteins identified through this study are proposed to have a role in autophagic and differentiation/repair processes (COX6C, CSRP3, DMD, AHNAK, NACA). Autophagy aims to maintain homeostasis through the redistribution of cellular material

[348]. It is possible that through the decomposition process, the body is attempting to make up for apoptotic or necrotic cell death through the autophagic maintenance of homeostasis. This would likely result in an initial increase in the abundance of proteins relative to this process, followed by a decrease as regular metabolic processes are not able to be sustained post-mortem. A study by Park *et al.* [355] suggested that autophagy may play a role in nuclear membrane repair following membrane injury, and it is logical that this process may be induced upon cell degradation post-mortem. Further to this, it has been suggested there is crosstalk between genes encoding for autophagy and genes encoding for apoptosis in early PMIs [348]. As apoptosis is a known contributor to the decomposition process, there is a basis for a relationship between the identified proteins involved in autophagy and the decomposition process. Similarly, there may be a relationship between the identified proteins involved in late stage cell differentiation and repair and the cell death associated with decomposition. An initial increase of these proteins at time of death may have led to their identification in this study, as the change in abundance may be emphasized leading to a more significant change in abundance over time.

Some of the identified proteins have also been implicated in processes related to cancer or ageing (H1FO, HSPB6, COL3A1). As previously noted, the sample population in this study is biased towards both disease and age, and therefore detection of these proteins in this study due to these factors cannot be excluded.

8.3.2 Comparison with proteomic biomarker candidates from literature

Previous research investigating skeletal muscle proteins for PMI estimation have predominantly been conducted using western blotting techniques and subsequently results comment on band intensity and the appearance of degradation products that share the epitope recognised by the antibody. As this study looked at the change in relative abundance through an LC-MS/MS method, direct comparison is not possible, however it is logical to correlate the loss of abundance with a decrease in band intensity or the appearance of degradation products. Proteins previously identified in literature and found commonly in samples within this study, were not identified as potential biomarkers as they did not meet the exclusion criteria. Table 8-3 indicates that DES, TNNI1, TNNI2, and TPM all showed a significant change in abundance between body mass groupings, placement season and donor. GSTP1, TNNT1, and TNNT3 showed a significant change in abundance between body mass groupings, and donors. NEB and TPM3 showed significant change in abundance between all of the tested conditions. As such, a change in abundance over time for these proteins is confounded by the conditions and may not necessarily be attributed to PMI.

Troponin T, followed by desmin and tropomyosin, are reported to be the most frequently analysed skeletal muscle proteins in the context of PMI estimation [131]. Troponins are sarcomeric proteins involved in muscle contraction, and are regularly

used in a medical setting as an indicator of myocardial injury [233, 356]. Troponins in cardiac tissue and skeletal muscle have been previously researched and found to degrade over time, with skeletal muscle tissue providing a better basis for biomarker suitability [131]. In this study troponin I, fast skeletal muscle (TNNI2) and troponin T, fast skeletal muscle (TNNT3) were found to decrease in abundance when comparing early PMI samples to middle and late stage PMI samples (Figure 8-37 and Figure 8-41). Troponin I, slow skeletal muscle (TNNI1) was found to decrease in abundance when comparing early PMI samples to late stage PMI samples (Figure 8-35). Troponin T, slow skeletal muscle (TNNT1) was found to decrease in abundance when comparing every PMI stage (Figure 8-39). Comparison with ADD for all troponin proteins showed a decrease in abundance from 400 ADD (Figure 8-36, Figure 8-38, Figure 8-40, and Figure 8-42). Desmin (DES) is an integral protein involved in muscle tissue structure and function through the formation and linking of myofibrils [357]. In this study desmin was found to significantly decrease in abundance when comparing early, middle, and late stage samples and across ADDs (Figure 8-43 and Figure 8-44). Again, this observation is supported by previous research looking at desmin as a PMI estimation biomarker [127, 358]. Alongside alpha-actinin, desmin has been previously reported to be generally less abundant in obese individuals [341]. Comparison of the relative abundance of desmin across body mass returned a p-value of 4.22E-07, indicating significant difference between the body mass groups. Further comparison of the relative abundance values obtained appeared to support a lower abundance in larger body mass individuals. Tropomyosin is another sarcomeric protein, involved in the regulation of muscle contraction [289], and known to function as an actin stabilising protein [333]. Tropomyosin has been reported to be stable over a number of assessed PMIs [131]. In this study, tropomyosin alpha-1 chain (TPM1) was found to have no significant change in abundance over the early, middle, and late PMI stages and ADD (APPENDIX N:). Assessment of tropomyosin alpha-3 chain (TPM3) showed a significant decrease in abundance in the late stage samples (Figure 8-47), which was also seen with comparison to ADD showing a decrease in abundance after 1200 ADD (Figure 8-48). This remains consistent with the suggested stability that has been previously reported, as this study assessed a longer PMI period suggesting degradation at later PMI stages. TPM1 and TPM3 are comparable in length with 284 and 285 amino acids respectively, so it can be assumed that length is not a factor in the observed differences in relative abundance across increasing ADD. TPM1 and TPM3 are specific to fast and slow twitch muscle fibres, respectively [333]. A study by Robaszekiewicz et al found that an isoform of TPM3 (Tpm 3.12) was more efficient in stabilising actin filaments when compared to an isoform of TPM1 (Tpm1.1). From this it is possible that the binding affinity and mechanism under which this occurs is playing a role in the differences seen in the degradation of these two proteoforms. Studies looking specifically at the behaviour of different proteoforms of tropomyosin in post-mortem skeletal muscle tissue could not be identified for comparison.

Glutathione S-transferase has been previously investigated as a potential biomarker for PMI estimation. Studies have investigated the post-mortem change in abundance of GST in brain, kidney and liver tissues in mice and rats [131]. Inconsistent results have been reported in the change in abundance with progressing PMI [359, 360]. In this study glutathione S-transferase P (GSTP1) was found to significantly decrease over increasing decomposition timeline (Figure 8-33). A decrease in abundance was also observed after 200 ADD when plotted against ADD (Figure 8-34). Glutathione S-transferase plays a role in the neutralisation of free radicals that lead to oxidative stress [338]. As previously mentioned, oxidative stress is associated with apoptotic cell death and autophagy [348].

An additional sarcomeric protein previously investigated and detected in this study is nebulin (NEB), however studies have only been done using animal models [131]. NEB is a large molecular weight protein at approximately 900kDa that has been shown to degrade in early PMI periods [213, 334]. This study found a significant decrease in the abundance of nebulin across the early, middle, and late PMI stages (Figure 8-45), and a gradual decline in abundance as ADD increased (Figure 8-46).

8.3.3 Potential for application to PMI estimation

All but two proteins (CSRP3 and TPM1) investigated in this study showed significant changes in abundance over time and a single protein showed an increase in abundance over time (COL3A1). The increase observed with COL3A1, and suggested for other identified collagenous proteins, requires further validation and subsequent investigation as to an underlying mechanism. A more complete understanding of the observed results will help to determine future applicability of collagenous proteins as a stable reference for PMI estimation. The proteins AHNAK, DMD, H1FO, NACA, TNNI2, TNNI1, and TNNT3 all showed a decline in abundance after 400 ADD. Following this, these proteins may serve as biomarkers for the early post-mortem period between 0-400 ADD, as abundance appeared to linearly decline in this period and lack of detection may indicated an ADD greater than 400. Further investigation into the 0-400 ADD period would aid in determining specific points of decline in abundance and help to define the PMI window. Conversely TPM3 appeared to show decreased abundance after 1200 ADD and could serve as a biomarker for later post-mortem periods. A gradual decline in abundance across the early, middle, and late PMI stages was seen for COX6C, GDI2, LMNA, FKBP3, UQCRB, YWHAG, GSTP1, DES, and NEB. Correlation with ADD could also be seen with a gradual decline in relative abundance. Following this, linear regression analysis may be possible for these proteins with PMI. Combining the use of biomarkers determined useful for both early post-mortem and late post-mortem periods may help in establishing a PMI timeline. For example, the presence at low abundance of an early post-mortem biomarker alongside a higher abundance late post-mortem biomarker would indicate a PMI in the range between the defined decline

in abundance for each protein. For this to be achievable, defining the ADD ranges where proteomic biomarkers change in abundance is necessary. Additionally, comparison of these biomarkers to those known to be stable and those known to decline linearly could potentially provide a more reliable estimation of PMI due to the different time points in which changes are occurring for each protein. Increasing the sample size of the current dataset would help to create a more reliable database for the expected changes in abundance for each of these identified proteins, against which blind testing may be conducted. The proteins HSPB6, S100A6, and TNNI1 indicated a slight decline in abundance over the early, middle, and late PMI stages. Comparison of these proteins to ADD did not result in any clear trends. Whilst these proteins may still be informative, they did not show as clearly interpretable trends as some of the other identified proteins. Following this, a number of proteins have been identified in this chapter, which show promise for correlation with PMI.

Many proteins explored previously in literature were not identified as potential biomarkers through the exclusion criteria in this study, as they did not remain stable across BM, season, sex, or donor. However, comparison of abundance for those commonly detected in samples found similar results to literature. Comparison was only made with proteins from literature that were found in this study to be common across all samples and that changed in abundance with a two-fold change cut off. Other proteins outlined in literature were identified in samples within this study, however, were not investigated. Following this, it is possible that some of the proteins not investigated may still be informative.

The functions of many of the proteins identified in this study are not completely understood. As such, determination of the underlying processes occurring through the decomposition process is difficult. In addition, much of the previous research into the functions and pathway involvements of these proteins is centred around disease processes and the consideration of upregulation/downregulation. As homeostasis is not able to be maintained post-mortem, regulation of proteins in a taphonomic setting is not expected. The documented functions of proteins in living cells does not necessarily indicate or suggest their abundance in decaying tissue. Whilst the information surrounding the involvement of these proteins is beneficial for indicating possible involvement in a particular process, the actual underlying mechanism is not necessarily applicable, as homeostasis and many metabolic processes cease upon death. Specific research into mechanisms involved in the stability or decline in abundance of a taphonomic proteomic biomarker would aid in both the interpretation of results and potentially identifying new biomarkers that could be measured in conjunction.

The exclusion criteria utilised in this study to identify proteomic biomarkers aimed to exclude proteins that are highly influenced by intrinsic factors. Considerations were made as to sex, body mass and inter-donor variability. The identification of proteins

that remain stable across these conditions ideally would lead to biomarkers that are independent of these intrinsic factors. From this, it would be possible to use these biomarkers in a forensic context where knowledge about the individual may not be known prior to forensic analysis. Additionally, identification of proteomic biomarkers relevant to these conditions may aid in providing information to investigators about a particular individual. The ability to simultaneously ascertain time of death, sex, and predicted body mass range would be extremely beneficial for forensic investigations. It should be noted that age and disease are also likely to impact the proteome of an individual. The nature of human taphonomic research and body donation programs lends toward aged individuals who die from natural causes and is a limitation intrinsic to taphonomic research. Whilst consideration to stability of protein biomarker candidates across seasonal placement was also considered, the effect extrinsic conditions have on the relative abundance of proteins is not yet clear. The relative abundance for proteins in this study were looked at through classification of both decomposition timeline and ADD brackets. When plotted against decomposition timeline, a better linearity for decline in mean abundance was observed for all proteins. Further, when plotting against ADD instances of fluctuation in mean abundance could be seen. As it is unlikely these proteins are gaining in abundance post-mortem, a better explanation for these results is that ADD is an insufficient chronological measure for the assessment of protein degradation. Following this, it is possible that ADD is not having a great effect on the relative abundance of these proteins. Further investigation is required to determine if other extrinsic factors are influencing the trends observed with protein degradation. From the results of this study, it is not yet possible to develop a predictive model for PMI, however there is clear support for several identified proteins to be applicable to the development of a method in the future.

8.3.4 Limitations and future research

It is understood that there is extensive investigation that could be completed with the current dataset from this study. Future comparison of all detected proteins with those previously identified in literature may indicate other potential proteomic biomarkers. Additionally, analysis of post translational modifications (PTM) of proteins could be informative to highlight specific chemical modifications that occur post-mortem. Calculation of a ratio comparing peptides with PTMs to those without may provide another informative measure with applications for PMI estimation. Due to the number of contributing samples, temporal assessment was made through grouping of the samples into stages relative to their decomposition timeline or brackets based on ADD. Future analysis with direct correlation to ADD or further separation of the early,

middle, and late stages will aid with comparisons to results obtained through DNA analysis and may elucidate further trends. As mentioned in the previous chapter, consideration must be taken to the sample population in this study and that it may not be representative of the general population due to age and disease bias. Whilst this limitation may not be entirely surmountable, increasing the sample population size will inevitably contribute samples of both a wider age range and varying medical history. From what can be ascertained from literature, this experimental work is the first to identify human proteomic biomarkers from a chronologically continuous taphonomic study and the field of taphonomic proteomics in general is in its infancy. Subsequently, the results provided here should be further validated before implementation into a PMI estimation method is possible.

8.4 Conclusions

The data presented in this study investigated 23 proteomic biomarker candidates, of which 14 were identified from this study and nine from literature. Of these, two proteins appear to remain stable across all investigated time points in this study. Seven of the identified proteins showed to be informative for the early post-mortem period, and one for the late post-mortem period. A gradual decline in abundance was determined for 9 of the identified proteins. Only three of the identified proteins showed inconclusive results. Similar results were found when comparing the results of this study with those previously reported in literature. Ultimately the results of this study provide a foundation for PMI estimation through the application of proteomic biomarkers, however validation of the identified biomarker candidates is still required.

Chapter 9: Estimating the time of human decomposition based on skeletal muscle biopsy samples utilizing an untargeted LC–MS/MS-based proteomics approach

9.1 Statement of contribution

This chapter contains includes a co-first author publication in Analytical and Bioanalytical Chemistry. With contribution to the paper as follows: Samara Garrett-Rickman; Study conception and design, data collection, preliminary analysis, manuscript review. Lana Brockbals; analysis and interpretation of results, draft manuscript preparation. Shanlin Fu, Maiken Ueland, Dennis McNevin; manuscript review. Matthew P Padula; interpretation of results and manuscript review.

Estimating the time of human decomposition based on skeletal muscle biopsy samples utilizing an untargeted LC–MS/MS-based proteomics approach

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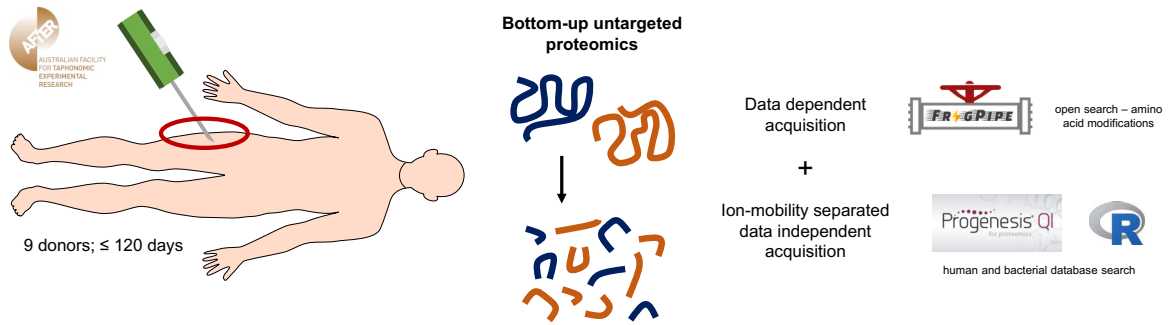
9.2 Abstract

Accurate estimation of the postmortem interval (PMI) is crucial in forensic medico-legal investigations to understand case circumstances (e.g. narrowing down list of missing persons or include/exclude suspects). Due to the complex decomposition chemistry, estimation of PMI remains challenging and currently often relies on the subjective visual assessment of gross morphological/taphonomic changes of a body during decomposition or entomological data. The aim of the current study was to investigate the human decomposition process up to 3 months after death and propose novel time-dependent biomarkers (peptide ratios) for the estimation of decomposition time. An untargeted liquid-chromatography tandem mass spectrometry-based bottom-up proteomics workflow (ion mobility separated) was utilized to analyse skeletal muscle, collected repeatedly from nine body donors decomposing in an open eucalypt woodland environment in Australia. Additionally, general analytical considerations for large-scale proteomics studies for PMI determination are raised and discussed. Multiple peptide ratios (human origin) were successfully proposed (subgroups <200 accumulated degree days (ADD), <655 ADD and <1535 ADD) as a first step towards generalised, objective biochemical estimation of decomposition time. Further, peptide ratios for donor-specific intrinsic factors (sex and body mass) were found. Search of peptide data against a bacterial database did not yield any results most likely due to the low abundance of bacterial proteins within the collected human biopsy samples. For comprehensive time-dependent modelling, increased donor number would be necessary along with targeted confirmation of proposed peptides. Overall, the presented results provide valuable information that aid in the understanding and estimation of the human decomposition processes.

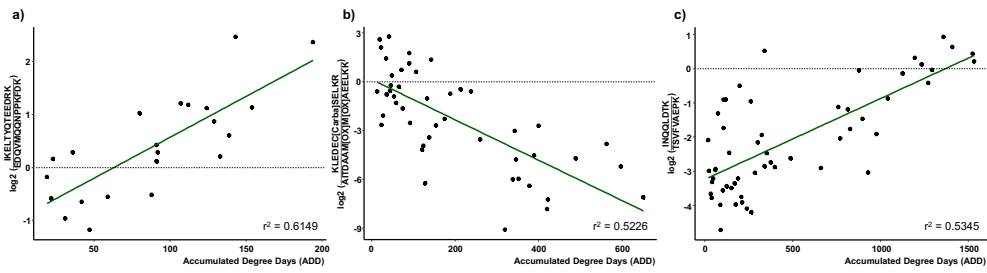
Keywords

Postmortem interval, human decomposition, proteomics, ion mobility separation, data independent acquisition, peptide ratios

Graphical abstract



Peptide ratios for estimation of time of decomposition:



9.3 Introduction

Estimation of the time since death is an integral part of forensic medico-legal investigations, particularly in relation to unidentified human remains. Accurate determination of the postmortem interval (PMI) would assist to narrow down an extensive list of missing persons to facilitate positive identification or help to include/exclude an individual from a pool of suspects. Despite its importance, estimation of the PMI remains challenging, due to the complex decomposition chemistry and the variability of extrinsic environmental (e.g. temperature and humidity) and intrinsic factors (e.g. sex, body mass index (BMI) and disease state at time of death) [361-363]. Current methods for PMI estimation often rely on the visual assessment of gross morphological/taphonomic changes of a body during decomposition or entomological data, both of which are known to be highly variable and/or subjective [364, 365]. The use of biochemical techniques in recent years has shown great potential for more objective approaches. Postmortem decomposition is characterised by the chemical breakdown of macromolecules like proteins, lipids and carbohydrates into their structural components [366, 367]. Attempts to identify specific decomposition products for PMI estimation have been made. Examples include (but are not limited to) the analysis of volatile organic compounds (VOC's) [368-371], endogenous metabolites [372-378] and lipids [129, 362]. VOC analyses are crucial to understand the odour profile during soft tissue decomposition to aid in the detection of human remains, but lack a clear correlation with specific PMI [370]. While the potential of endogenous metabolites and lipids to be used for PMI estimation has been shown, studies were based on animal models [373-378] or a small number of human cases [129, 362, 372], which requires further validation before implementation in routine forensic investigations.

Based on the high abundance of muscle tissue within the human body, and its minimally-invasive and continuous and easy postmortem accessibility, the use of skeletal muscle for decomposition studies and detection of breakdown products seems advantageous [379]. Indeed, studies investigating protein degradation patterns in skeletal muscle (pig/rat/mouse model and human autopsy cases) in the first few days after death have recently been carried out [379-382]. There is evidence that skeletal muscle protein decay during decomposition is correlated with PMI. However, the studied PMI time-frame is currently limited to the first few days after death and requires additional validation for routine application. For skeletonised human remains, protein biomarkers for PMI and age-at-death estimation have also been proposed, including the assessment of intrinsic and extrinsic variables on the variety and abundance of the bone proteome [383, 384]. While these studies cover the early (fresh and bloated stage) and late (skeletonisation) stages of decomposition, biochemical markers to investigate the active and advanced decay stages are still missing.

Characterisation of the proteome is usually conducted using targeted gel-based (e.g. SDS-PAGE or western blotting) or (un)targeted mass spectrometry-based techniques, with the latter being generally considered as the most sensitive, reliable and high-throughput method [385]. In particular, untargeted liquid chromatography tandem mass spectrometry (LC-

MS/MS)-based bottom-up proteomics methods are widely used in exploratory clinical studies for novel biomarker detection, but are currently only sparsely applied to forensically relevant questions [386].

The aim of the current study was to investigate the human decomposition process up to 3 months after death and propose novel time-dependent biomarkers (peptide ratios) for the estimation of decomposition time. An untargeted LC-MS/MS-based bottom-up proteomics workflow was utilized to analyse skeletal muscle collected repeatedly from nine body donors decomposing in an open eucalypt woodland environment in Australia. In addition, general analytical considerations for large-scale proteomics studies for PMI determination are raised and discussed.

9.4 Materials and Methods

9.4.1 Chemical and Reagents

Sodium dodecyl sulfate (SDS), Tris-HCl buffer, tris(2-carboxyethyl)phosphine (TCEP), iodoacetamide (IAA), ammonium bicarbonate and LC-MS-grade formic acid were supplied by Sigma Aldrich (Macquarie Park, NSW, AU). Analytical-grade acetone and ethanol were purchased from ChemSupply (Gillman, SA, AU). Trypsin (gold, mass spectrometry grade) from Promega (Madison, WI, US) and LC-MS-grade acetonitrile from Honeywell Burdick & Jackson™ (Charlotte, NC, US) were used. Water was purified to 18.2 MΩ-cm using an Arium® water purification system from Sartorius (Goettingen, DE).

9.4.2 Sample collection

Sample collection was carried out at the Australian Facility for Taphonomic Experimental Research (AFTER; Sydney, Australia), in an open eucalypt woodland environment [371]. Human donors were obtained through the University of Technology Sydney (UTS) Body Donation Program, giving consent in accordance with the New South Wales Anatomy Act (1997). The study was approved by the UTS Human Research Ethics Committee (ETH15-0029 and ETH18-2999). Nine donors (specific donor information listed in Table 1) were placed on the soil surface between July 2018 and March 2020 and allowed to decompose naturally (median processing time between time of death and placement: 3 days (min.: 1 days, max: 4 days)). Mimicking forensically relevant scenarios, above-ground placement of the bodies allowed for systematic and continuous collection of minimally-invasive thigh muscle tissue biopsy samples over the course of 3 months of each donor using a BARD® Magnum™ reusable core biopsy instrument (14-/18-gauge x 10 cm needles; Covington, GA, US) and puncture wounds were re-sealed with surgical glue after sampling. Where possible, sample collection was carried out every day for the first 7 days after placement, every second day up to 1 month after placement and every fifth day thereafter. Collection was stopped once no soft tissue was retrieved anymore or after 120 days (detailed sample collection time-points per donor are listed in Table S1 within the supplementary material; Day 0 refers to day of placement). Individual muscle biopsy samples were lyophilised under negative pressure and stored at -20 °C until analysis.

Table 1: Donor information including sex, body mass, age, season in which decomposition began and the last sample collection time-point in days (with corresponding accumulated degree days (ADD) in brackets; ADD was calculated by addition of average daily temperatures ((minimal daily temperature + maximum daily temperature) / 2)).

| Donor | Sex | Body mass | Age at death | Season in which decomposition began | Last sample collection day (ADD) |
|---------|--------|-----------|--------------|-------------------------------------|----------------------------------|
| Donor 1 | Male | Large | 85 | Winter | 110 (1513) |
| Donor 2 | Male | Slim | 69 | Summer | 29 (896) |
| Donor 3 | Male | Slim | 87 | Summer | 13 (337) |
| Donor 4 | Female | Medium | 88 | Autumn | 120 (1533) |
| Donor 5 | Female | Medium | 63 | Autumn | 118 (1492) |
| Donor 6 | Male | Slim | 74 | Winter | 117 (1525) |
| Donor 7 | Female | Slim | 82 | Spring | 24 (539) |
| Donor 8 | Female | Slim | 97 | Spring | 10 (240) |
| Donor 9 | Female | Large | 75 | Autumn | 75 (1167) |

9.4.3 Sample preparation

Lyophilised samples were manually homogenised on dry ice and powdered tissue re-suspended in 500 μ L of 1 % SDS in 100 mM Tris-HCl (pH 8.8) for protein extraction. Samples were sonicated (10 s at 70 % intensity), boiled (10 min at 95 $^{\circ}$ C) and centrifuged (5 min at 20,000 g). TCEP and IAA were added to a final concentration of 5 mM and 10 mM, respectively, to the supernatant and incubated at room temperature for 1 h. Proteins were precipitated by addition of 2.5 mL ice-cold acetone and stored at -20 $^{\circ}$ C overnight. After centrifugation (5 min at 20,000 \times g), the supernatant was discarded and the resulting pellet re-suspended in 250 μ L of 1 % SDS in 100 mM Tris-HCl (pH 8.8). Samples were normalised to 40 μ g of protein (quantification using Pierce™ BCA Protein Assay Kit) and purified using single-pot solid-phase-enhanced sample preparation (SP3) adapted from Hughes *et al.* [387]. In short, a paramagnetic bead suspension was added to all samples (SpeedBeads™ magnetic carboxylate modified particles, Merck, Germany; bead concentration 0.5 μ g/ μ L) along with an equal volume of 100 % ethanol, and incubated at 24 $^{\circ}$ C for 5 min with shaking. In a magnetic rack, beads were aggregated on the tube wall and the supernatant was discarded. Magnetic beads were washed with 180 μ L of 80 % ethanol three times (5 min incubation and supernatant discarded each time) before re-suspension in 100 μ L ammonium bicarbonate (100 mM) and subsequent digestion with trypsin (1:40 ratio) at 37 $^{\circ}$ C over night. Samples were then centrifuged and transferred into glass inserts for LC-MS/MS analysis.

9.4.4 Liquid chromatography-high resolution mass spectrometry

For full scan analysis with data independent acquisition (DIA), an Acquity M-class nanoLC system (Waters, Milford, MA, US) was used, coupled to a Synapt XS time-of-flight (TOF) MS (Waters, Milford, MA, US). One microliter of sample material was loaded onto a nanoEase Symmetry C18 trapping column (180 μ m \times 20 mm) with eluent A (0.1 % formic acid in water; 10 μ L/min, 1 min), before being washed onto an HSS T3 column (75 μ m \times 150 mm) heated at

50 °C with a flow rate of 0.5 µL/min. Gradient elution was achieved with eluent A and eluent B (ACN), starting at 1 % B, increased to 40 % B within 46 min, further increased to 85 % B after 48 min, held for 2 min and equilibrated at the starting conditions (1 % B) for the remainder of the acquisition time. The total run time per sample was 55 min. The MS was operated with an electrospray ion source in positive mode with an ionization voltage of 3 kV at a fixed cone voltage of 20 V. Within the performed ultra-definition MS^E (UDMS^E) experiment, peptide ions were first separated by travelling wave ion mobility spectrometry (TWIMS) at a transfer wave velocity of 155 m/s, applying a charge state/drift time stripping rule file to remove 1+ ions prior to collision induced dissociation (CID) energy scan. After mobility separation, peptides were subjected to alternating low energy (6 eV; no fragmentation) and high energy CID with an accumulation time of 0.4 seconds for each scan type. High energy CID was performed in the transfer cell using a look-up table adapted from Distler *et al.* [388]. TOF scans were performed over the mass range of 50-1500 m/z. All samples were analysed in triplicates in a randomised order to increase robustness.

In addition, a single injection of all samples was run in data dependent acquisition (DDA) mode on an Acquity M-class nanoLC system (Waters, Milford, MA, US) coupled to a Thermo Scientific Q Exactive Plus orbitrap MS (Bremen, Germany). Five microliters of the sample were first loaded onto a nanoEase Symmetry C18 trapping column (180 mm x 20 mm; at 15 µL/min for 3 min) before being washed onto a nanobore column with an integrated emitter manufactured with a laser puller (75 mmID x 350 mm) packed in-house with SP-120-1.7-ODS-BIO resin (1.7 mm, Osaka Soda Co, Osaka, JP). The column was heated to 45 °C during peptide separation. The following elution gradient was run using eluent A (0.1 % formic acid in water) and B (ACN): 5-30 % eluent B over 90 min, increased to 30-80 % eluent B over 3 min, held for 2 min and equilibrated at the starting conditions (5 % B) for the remainder of the acquisition time. The total run time per sample was 150 min. Eluted peptides were ionised in positive electrospray ionisation mode at 2.4 kV. A survey scan was performed between 350 – 1500 Da at 70,000 resolution for peptides of charge state 2+ or higher with an AGC target of 3e⁶ (max injection time: 50 ms). The top-12 peptides were selected for fragmentation in the HCD cell using an isolation window of 1.4 m/z, an AGC target of 1e⁵ and maximum injection time of 100 ms. Fragments were scanned in the orbitrap analyser at 17,500 resolution and the product ion fragment masses measured over a mass range of 120 - 2000 Da. The mass of the precursor peptide was then excluded for 30 s. All samples were analysed in randomised order.

9.4.5 Data processing

DDA data was processed using the open search algorithm of FragPipe (default processing parameters) [389, 390]. The aim was to identify amino acid modifications within the dataset to be included in the subsequent ion-mobility DIA data search to improve proteome coverage. Progenesis Qi for proteomics (Nonlinear Dynamics, Milford, MA, US) was used for ion-mobility DIA data processing and peptide/protein identification. The current dataset consisted of triplicate analyses of 171 sampling time-points. In summary, data was lockmass corrected

(m/z 785.8426), peak picked (max charge: 7), retention time (RT)-aligned (RT limits: 10 – 53 min) and searched against the reviewed human database allowing for 2 missed cleavages and the following variable modifications: Carbamidomethyl (C), Deamidation (N), Deamidation (Q), Oxidation (M) and Oxidation (P). Relative protein quantification was achieved using top-3 peptides. Normalised peptide abundances (normalised to all proteins) and identifications were exported for further processing using R (version 4.2.1, package: tidyverse) [391, 392]. Mean peptide abundances over technical replicates were calculated and filtered out if < 1000 as these were suspected background noise. Additionally, peptides/proteins without positive identification were excluded. All possible peak area ratios (normalised) between peptide features originating from the same protein (ordered by peptide sequence length) were calculated and linear regression of each individual log₂ transformed ratio against decomposition time was performed as adapted from Schneider *et al.* [393]. For this purpose, all sample collection time-points [days] were converted to accumulated degree days (ADD) by addition of average daily temperatures ((minimal daily temperature + maximum daily temperature) / 2) [394]. This allowed comparability between donors placed in different seasons/temperatures across a two-year period (July 2018 to June 2020) and decreased variability. Database matches of peptide ratios were manually confirmed within Progenesis Qi for proteomics if during linear regression, ratios showed a coefficient of determination (r^2) of ≥ 0.5 , a slope ≥ 0.001 or ≤ -0.001 and if within each subgroup, a ratio was able to be calculated for more than 40 % of the collection time-points (i.e. not excluded by previous filter criteria). Subgroups studied were decomposition < 200 ADD (n = 61 collection time-points), decomposition < 655 ADD (n = 122 collection time-points), decomposition < 1535 ADD (n = 171 collection time-points), donors with a body mass classified as slim (n = 5 donors), donors with a body mass classified as medium/large (n = 4 donors), female donors (n = 5 donors), male donors (n = 4 donors). Time-dependent subgroups were chosen to represent short (≤ 15 days of decomposition), medium (≤ 52 days) to long-term (≤ 120 days) decomposition ranges. Body mass at time of death was approximated by mortuary staff prior to arrival at AFTER. In a second phase, the ion-mobility DIA dataset was re-processed using the same parameters as detailed above, but searched for bacterial peptide identifications. For this, a database was created that included bacteria strains involved in postmortem processes (postmortem gut microbiome and adipocere formation) according to previous literature [395, 396]. In total, reviewed protein identifications for 26 bacterial strains were included (complete list of bacterial strains can be found within the supplementary material Table S2).

9.5 Results and Discussion

9.5.1 Analytical considerations

One of the initial key decisions that must be made when designing a proteomics experiment is the choice of acquisition method. While DDA used to be most commonly utilized for bottom-up proteomics, limitations, such as stochastic precursor ion selection and length of cycle times, led to the development of DIA strategies that result in complex but comprehensive product ion data [388, 397]. Classically, DIA data is searched against a spectral library, created from DDA data, for peptide/protein identification. Advances in software algorithms, however, also allow library-free searches using conventional databases of the studied organism for identification (e.g. DIA-NN or FragPipe) [398, 399]. In combination with ion mobility separation, DIA offers reproducibility of data and extensive proteome coverage, making it more suitable as the main mode of analysis within the current study. One of the main challenges that was encountered, however, was the availability of software solutions that would allow processing of ion-mobility separated DIA data in a Waters.raw file format using library-free searches. For the current study, a commercially available software (Progenesis Qi for proteomics, Nonlinear Dynamics, Milford, MA, US) had to be used for initial data processing (e.g. peak picking, RT alignment and peptide/protein identification using a database search) instead of an open-source workflow. Based on the complex nature of postmortem data and the unpredictability of postmortem processes, an open search for amino acid modifications would have been more ideal to identify unconventional time-dependent postmortem modifications. It was not possible, however, to use the open search algorithm of FragPipe with the acquired ion-mobility DIA dataset (neither in Waters.raw file format nor converted to an open file format) [389, 390]. Hence, it was decided to additionally analyse all samples with a DDA method to be able to perform this processing step. Based on the extended run-time (150 min), it was only feasible to run a single injection of all samples in DDA mode. Ion-mobility DIA data from other vendors e.g. Thermo Scientific or Bruker seem to be more widely supported in this context. In general, the open search processing step using the DDA dataset did not yield any unexpected findings. As detailed in Table 2, 80 % of peptide spectrum matches did not show any modifications. Mass shifts for deamidation, oxidation/hydroxylation and dihydroxylation occurred in at least 1 % of the peptide spectra. Combined with their presumed localisation (in addition to their commonly observed localisation), it was decided to include deamidation (asparagine and glutamine) and oxidation (proline and methionine) along with sample preparation-induced carbamidomethyl (cysteine) as variable modifications for the database search of ion-mobility DIA data. A dihydroxylation mass shift for peptides did not show a strong localisation to a specific amino acid and was therefore most likely the result of two individual oxidation events.

Table 2: Results of the open search for modifications occurring within the peptide spectrum matches of the DDA dataset.

| Modification | % of peptide-spectrum matches within the dataset | Δ mass (monoisotopic) | Amino acid localisation |
|----------------------------|--|------------------------------|-------------------------|
| None | 80 | - | - |
| Deamidation | 4.7 | 0.9840 | N (Asparagine) |
| Oxidation or Hydroxylation | 1.2 | 15.9949 | P (Proline) |
| Dihydroxylation | 1.0 | 31.9898 | No strong localisation |

Another aspect that should be considered, particularly when conducting a large-scale untargeted proteomics study with complex (ion-mobility) DIA data, is the availability of a powerful processing computer. The total dataset consisted of triplicate analyses of 171 sampling time-points, resulting in more than 500 samples to be processed within the same batch to achieve RT alignment. Progenesis Qi for proteomics required 256 GB random-access memory (RAM) to be able to process the dataset. Additionally, it was found that the use of a powerful graphics card could help improve the speed of specific processing tasks. Data post-processing and statistical analyses were performed outside the core processing software using R or Python to allow full customisation.

9.5.2 Generalised time-dependent peptide ratios

Within the complete dataset, comprised of 171 sample collection time-points across 9 donors, a total of 161,026 features were detected, of which 21,153 could be positively identified as peptides that had a normalised abundance greater than 1000. Utilizing the post-processing workflow detailed above, 1,874,191 ratios between peptides that originate from the same protein were calculated. This concept was adapted from Schneider *et al.* and can be classified as a pseudo internal standard normalisation strategy [393]. Of these calculated peptide ratios only a very small number of ratios also satisfied the filter criteria after linear regression ($r^2 \geq 0.5$, slope ≥ 0.001 or ≤ -0.001 , occurrence in more than 40 % of the collection time-points per subgroup, database match positively confirmed manually). As listed in Table 3, six peptide ratios show promising linear regression correlation for the time-frame smaller than 200 ADD; a further 4 peptide ratios for the time-frame smaller than 655 ADD. No peptide ratio satisfied the applied filter criteria for the time-frame smaller than 1535 ADD. As the subgroup < 1535 ADD included the complete dataset with all 171-sample collection time-points across all 9 donors, it was decided to also include peptide ratios that only occur in more than 30 % of all possible time-points. Following this, two promising peptide ratios were identified that had more than 51 datapoints across all nine studied donors. While these two peptide ratios

(INQQLDTK / LYDQHLGK and INQQLDTK / TSVFVAEPK) seemed promising for a generalised application in PMI estimation, the underlying peptides were found to have multiple possible protein origins, hence are not unique for a single protein. This could have an influence on the repeatability of results, as the intended pseudo internal standard normalisation that was the basis for the ratio calculation (described above) could be compromised by this. However, looking at the suggested protein origin, the presumed origin is myosin-2 with myosin-1, myosin-3, myosin-4, myosin-8, and myosin-13, listed as alternative origins. Indeed, myosin-2 seems to be the most likely origin for the listed peptides, as after myosin-7, myosin-2 is the most abundant myosin isoform present within human skeletal muscle tissue (regional and muscle-specific differences exist) [400, 401]. Based on this, both peptide ratios INQQLDTK / LYDQHLGK and INQQLDTK / TSVFVAEPK were retained as promising indicators for time of death estimation. The same holds true for the peptide ratios TIHELEK / LTGAIMHFGNMK (subgroup < 200 ADD) and KLEDEC[Carba]SELKR / AITDAAM[OX]M[OX]AEELKK (subgroup < 655 ADD), with myosin-7 being the most likely protein origin, compared to alternative myosin isoforms.

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Table 3: Peptide ratios suggested for estimation of three different postmortem periods (< 200 accumulated degree days (ADD), < 655 ADD and < 1535 ADD; listed are the mass-to-charge ratios (m/z) and retention times (RT) of each peptide along with the amino acid sequence, protein origin (with alternative possible origin listed in brackets) and the results of the linear regression (coefficient of determination (r^2) and slope); [Carba]: carbamidomethyl modification; [OX]: oxidation modification.

| | Feature [m/z_RT] | ratio | Peptide ratio | Protein origin | r² | Slope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|-----------------------------|--------------------------|-----------------------------------|--|----------------------|---------------|----------------|---------------|----------------------|--|--|---------|---------------|---------------|------------------------------|------------------------|----------------|-----------------|-----------------------------------|--|--------|---------------|---------------|---------------------------|--------------------------|--------------------------|-----------------|-----------------------------------|----------------------|--|---------------|---------------|---------------------------|--------------------------|--------------------------|-----------------|-----------------------------------|----------------------|--|---------------|---------------|----------------|---------------|--------------------------|---------------|-----------------------------------|----------------------|--|---------------|---------------|---------------|---------|--------------------------|---------------|----------------------|----------------------|--|---------|---------------|---------------|--------------------------|--------------------------|---------------|----------------------|--|----------|---------|---------------|---------------|------------------------|--------------------------|---|--------------|----------|--------|---------|
| 200 ADD | 413.9671_19.8 | / | IKELTYQTEEDRK / | Myosin-7 | 0.5739 | 0.0154 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 979.5045_30.8 | | KALQEAHQALDDLQAEEDKVNTLTK | | | | 667.8613_33.9 | / | M[OX]QLLEIITTEK | Trifunctional enzyme subunit alpha, mitochondrial | 0.5425 | -0.0087 | 946.1713_44.7 | | KLDSLTTSGFVPVGAATLVDEVGVDVAK | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5095 | 0.0157 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5023 | 0.0152 | 979.5045_30.8 | | KALQEAHQALDDLQAEEDKVNTLTK | 826.9289_20.0 | / | IKELTYQTEEDRK / | Myosin-7 | 0.6149 | 0.0154 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | 660.3376_30.4 | | LTGAIMHFGNMK | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 |
| | 667.8613_33.9 | / | M[OX]QLLEIITTEK | Trifunctional enzyme subunit alpha, mitochondrial | 0.5425 | -0.0087 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 946.1713_44.7 | | KLDSLTTSGFVPVGAATLVDEVGVDVAK | | | | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5095 | 0.0157 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5023 | 0.0152 | 979.5045_30.8 | | KALQEAHQALDDLQAEEDKVNTLTK | 826.9289_20.0 | / | IKELTYQTEEDRK / | Myosin-7 | 0.6149 | 0.0154 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | 660.3376_30.4 | | LTGAIMHFGNMK | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | | LTQESIM[OX]DLENDKQQQLDER | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | |
| | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5095 | 0.0157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 568.6068_22.7 | | EDQVMQQNPPKFDK | | | | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5023 | 0.0152 | 979.5045_30.8 | | KALQEAHQALDDLQAEEDKVNTLTK | 826.9289_20.0 | / | IKELTYQTEEDRK / | Myosin-7 | 0.6149 | 0.0154 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | 660.3376_30.4 | | LTGAIMHFGNMK | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | | LTQESIM[OX]DLENDKQQQLDER | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | |
| | 762.8820_21.7 | / | IKELTYQTEEDR / | Myosin-7 | 0.5023 | 0.0152 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 979.5045_30.8 | | KALQEAHQALDDLQAEEDKVNTLTK | | | | 826.9289_20.0 | / | IKELTYQTEEDRK / | Myosin-7 | 0.6149 | 0.0154 | 568.6068_22.7 | | EDQVMQQNPPKFDK | 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | 660.3376_30.4 | | LTGAIMHFGNMK | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | | LTQESIM[OX]DLENDKQQQLDER | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | |
| | 826.9289_20.0 | / | IKELTYQTEEDRK / | Myosin-7 | 0.6149 | 0.0154 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 568.6068_22.7 | | EDQVMQQNPPKFDK | | | | 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | 660.3376_30.4 | | LTGAIMHFGNMK | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | | LTQESIM[OX]DLENDKQQQLDER | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 869.4724_17.1 | / | TIHELEK / | Myosin-7 (myosin-3, myosin-15) | 0.5557 | 0.0128 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 660.3376_30.4 | | LTGAIMHFGNMK | | | | 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | -0.0079 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 655 ADD | 1153.0520_30.3 | / | LTQESIMDLENDKQQQLDER | Myosin-7 | 0.5139 | | -0.0079 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | -0.0124 | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 469.5694_18.3 | / | KLEDEC[Carba]SELKR / | (myosin-2, myosin-1, myosin-6, myosin-4, myosin-8, myosin-3, myosin-13, myosin-7b) | 0.5226 | | -0.0124 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 518.5909_23.8 | | AITDAAM[OX]M[OX]AEELKK | | | 636.7858_19.4 | | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 636.7858_19.4 | / | TLEDQMNEHR / | Myosin-7 | 0.5007 | -0.0087 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 774.3700_28.0 | | LTQESIM[OX]DLENDKQQQLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | 709.8910_24.7 | / | KKDFELNALNAR | / | | | | |
| | 736.8491_40.1 | | QLEAEKM[OX]ELQSALEEEAEASLEHEEGK | | Myosin-7 | | 0.5035 | -0.0072 |
| | 959.5157_17.4 | / | INQQLDTK / | | Myosin-2 | | | |
| 1535 | 487.2571_18.5 | | LYDQHLGK | | (myosin-1, myosin-4, myosin-8, myosin-3, myosin-13) | | 0.5266 | 0.0016 |
| ADD | 959.5157_17.4 | / | INQQLDTK / | | Myosin-2 | | | |
| | 489.2682_24.3 | | TSVFVAEPK | | (myosin-1, myosin-4, myosin-8, myosin-3, myosin-13) | | 0.5345 | 0.0024 |

Overall, 12 time-dependent peptide ratios for estimation of three different postmortem periods were identified as listed in Table 3. All but one peptide ratio pair originated from myosin isoforms. In striated muscle, myosin filaments overlap with thin, actin-containing filaments that make up the sarcomeres (basic unit for contraction) [402]. As the basis for this study was the analysis of thigh muscle tissue samples, this result is not surprising and in fact underlines the suitability of the study design. Additionally, one promising peptide ratio (M[OX]QLLEIITTEK / KLDLTTSGFPPVGAATLVDEVGVDVAK, subgroup < 200 ADD) was calculated using two peptides from the protein P40939 (Trifunctional enzyme subunit alpha, mitochondrial). Again, its occurrence in muscle tissue is expected, as the mitochondrial trifunctional enzyme catalyses the last three of the four enzymatic reactions during the beta-oxidation pathway, the major energy production process in tissues during which fatty acids are broken down to acetyl-CoA [403].

An interesting promising peptide ratio within the < 655 ADD subgroup, is LTQESIMDLENDKQQLDER / LTQESIM[OX]DLENDKQQLDER. Here, a ratio between the non-oxidised peptide and the peptide with an oxidised methionine was calculated. As displayed in Figure 1, the normalised abundance of LTQESIMDLENDKQQLDER does not seem to significantly change over time. In contrast, the oxidised form (LTQESIM[OX]DLENDKQQLDER) shows higher normalised abundances over time and the increased occurrence of oxidation reactions could be used as a marker for ongoing decomposition processes. Previous studies also found amino acid modifications, including the oxidation of methionine, as potential markers for the determination of the time since deposition of a blood spot [393]. Additionally, deamidation processes of asparagine and glutamine residues in archaeological samples have been proposed as an indicator of thermal age and for relative dating [404].

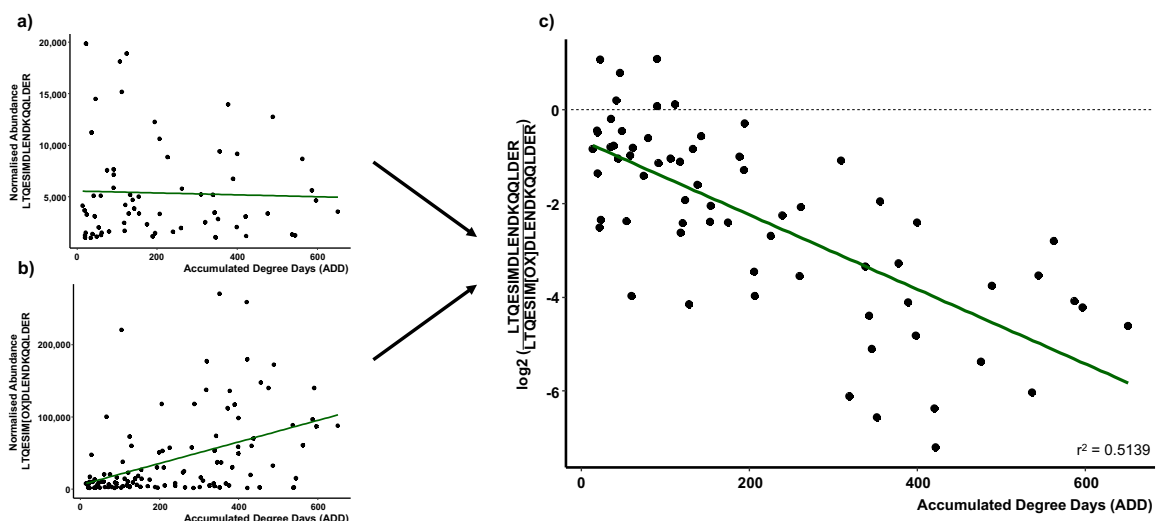
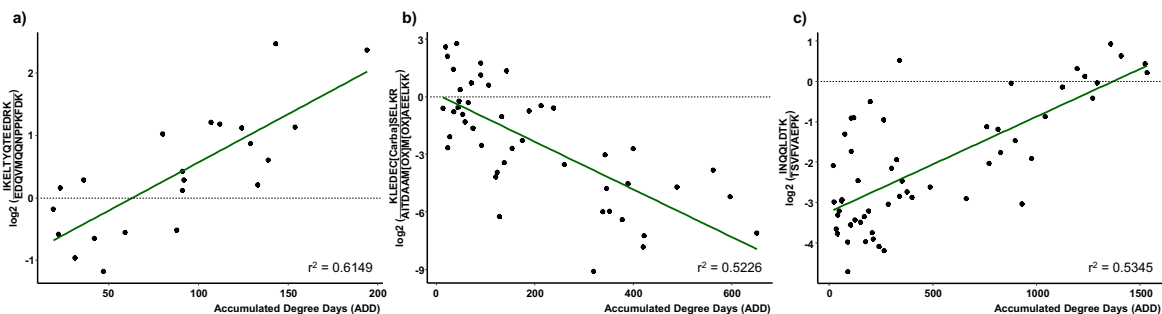


Figure 1: Normalised abundances of peptides LTQESIMDLENDKQQLDER (a) and LTQESIM[OX]DLENDKQQLDER (b) over time as well as log₂ transformed peptide ratio LTQESIMDLENDKQQLDER / LTQESIM[OX]DLENDKQQLDER (c) over 655 accumulated degree days (ADD); displayed trendlines represent linear regression results; [OX]: oxidation modification.

The ratios with the strongest coefficient of determination (r^2) per subgroup, a statistical measure of how well the regression line approximates the actual data, are shown in Figure 2. For sample collection time-points smaller than 200 ADD, the peptide ratio IKELTYQTEEDRK / EDQVMQQNPPKFDK seems to be best suited to distinguish between early PMIs with $r^2 = 0.6149$. Within the current dataset, 200 ADD was reached at least after day 15 of sample collection and as early as after day 5 (depending on the season of decomposition), making this ratio a potential biomarker for the first few days of decomposition. The peptide ratio KLEDEC[Carba]SELKR / AITDAAM[OX]M[OX]AEELKK, showed a negative slope with an r^2 of 0.5226 for subgroup < 655 ADD, while the peptide ratio INQQLDTK / TSVFVAEPK ($r^2 = 0.5345$, subgroup < 1535 ADD), exhibited a positive slope. Both peptide ratios exhibited promising exponential postmortem time-dependent behaviour that could be used for estimating



decomposition time in the medium (< 52 days of decomposition) to long-term range (< 120 days of decomposition). To extend the postmortem time-frame beyond 120 days, a longer study would need to be designed. However, the basis for the current method is the collectability of muscle tissue samples, which is often not available past three months of decomposition, particularly with warmer environmental temperatures. In general, to distinguish between the use of the proposed overall peptide ratios (subgroup < 1535 ADD) and the proposed subgroups ratios (< 200 ADD/ < 655 ADD) within a forensic investigation, previous temperature data for the region where the body was found, would be required. This can be achieved retrospectively, but in addition, a rough estimation of the decomposition time would be needed to place a deceased with an unknown time of death into one of the three proposed postmortem time-frames (< 200 ADD, < 655 ADD or < 1535 ADD). This could be accomplished by evaluation of the morphological changes of decomposition. This, however, is highly subjective and error prone, particularly due to differential decomposition [371, 405]. Therefore, if muscle tissue samples can be collected from a deceased, it may be prudent to use the two peptide ratios derived from myosin-2 (subgroup < 1535 ADD). Knowledge of case circumstances could still warrant the use of the shorter postmortem time-frame ratios.

Figure 2: Peptide ratios with the strongest coefficient of determination (r^2) per subgroup; (a) peptide ratio IKELTYQTEEDRK / EDQVMQQNPPKFDK for < 200 accumulated degree days

(ADD), (b) peptide ratio KLEDEC[Carba]SELKR / AITDAAM[OX]M[OX]AEELKK for samples < 655 ADD, (c) peptide ratio INQQLDTK / TSVFVAEPK for the complete dataset (< 1535 ADD); displayed trendlines represent linear regression results; [Carba]: carbamidomethyl modification; [OX]: oxidation modification.

9.5.3 Time-dependent peptide ratios separated by intrinsic factors (sex, body mass)

For applicability in routine forensic investigations, the aim should be to find generalised peptide ratio markers that can be used equally in all case circumstances. The number of donors in the current study, however, is limited and might not be statistically large enough to account for all intrinsic confounding factors (e.g. sex, body mass and disease state at time of death). Indeed, while temperature is a major extrinsic environmental factor that significantly impacts decomposition rates, it is also suggested that intrinsic factors may impact microbial activity and lead to inter-individual variability in decomposition patterns [406, 407]. Hence, the current dataset was divided according to the intrinsic factors sex (female and male) and body mass (slim and medium/large) and the subsets discussed individually. For simplicity, only peptide ratios with a unique protein of origin were considered.

9.5.3.1 Female vs. Male

The current dataset included five female donors, three of which started decomposition in autumn (sampled for 75, 118 and 120 days respectively). The other two donors exhibited rapid decomposition starting in spring, leading to sample collection being stopped after 10 and 24 days, respectively. Peptide ratios were calculated and linear regression analysis performed across the entire postmortem period studied (i.e. < 1535 ADD). Listed in Table 4 are the two promising peptide ratios found within the female subgroup. Both peptide ratios originate from myoglobin, a protein that facilitates movement of oxygen within the muscle and serves as a reserve supply of oxygen [408]. Additionally, four male donors were included in the current study. Two started to decompose in the Australian winter months (sample collection carried out until days 110 and 117, respectively), whereas the other two donors were placed for decomposition in summer (last sample collection days were days 13 and 29, respectively). Identical to the female subgroup, ratio calculation and regression analysis was carried out over the complete postmortem time-frame of the study (< 1535 ADD). Thirteen peptide ratios were identified that satisfied all specified filter criteria (see Table 4). Similar to the generalised time-dependent peptide ratios, 11 of these have a myosin isoform as their unique protein origin (myosin-1 and myosin-2) and included oxidative amino acid modifications (e.g. peptide KLETDISMQMGEMEDILQEAR with two different oxidation modifications methionine 1 [OX] and methionine 2 [OX]). This supports the points raised within the previous section that the increased occurrence of oxidation reactions could potentially be used as a marker for ongoing decomposition processes. Additionally, the peptide ratio QKYDITTLR / ELWETLHQLEIDKFEFGEK ($r^2 = 0.5644$) originates from the protein

troponin T (fast skeletal muscle; P45378). This is a striated muscle-specific protein and serves as the tropomyosin-binding subunit of troponin [409]. Previous studies showed that cardiac troponin T started to degrade after a few days after death in pig muscle tissue [379, 381]. Following this, observing postmortem time-dependent changes on the peptide level in the current study also supports the potential of troponin T as an indicator for decomposition time. Further, one peptide ratio with a promising exponential postmortem behaviour ($r^2 = 0.6221$) originated from glycogen phosphorylase (muscle form; P11217; TIFKDFYELEPHK / VHINPNSLFDIQVK). This enzyme plays a crucial role in facilitating rapid energy delivery for contraction in the muscle, by breaking down the glycogen polymer bonds to release glucose molecules [410]. Overall, it is not surprising that sex-specific peptide ratios were identified, as sexual dimorphism of skeletal muscle is well known. Differences in gene expression, presumably mediated by hormone levels, for example, lead to a larger muscle mass in men compared to women [411]. Hence, for applicability of these peptide ratios during forensic investigations, the sex of the deceased would need to be determined. While in the early decomposition stages this might seem achievable but ongoing decomposition and medical gender-affirming surgery may complicate this process and may lead to wrong classifications. Use of generalised time-dependent, sex-independent peptide ratios are therefore advised, unless knowledge of case circumstances warrant the use of sex-specific peptide ratios.

9.5.3.2 *Body mass slim vs. medium/large*

Within the current dataset, four donors were classified as medium/large (all decomposing in winter/autumn), the remaining five donors were classified as slim. Of the slim donors, only one started decomposition in winter (last sample collection after 117 days), whereas four donors were placed in summer/spring (sample collection possible until days 10, 13, 24 and 29 respectively). Following this, the dataset of the subgroup “body mass slim” could be skewed towards very rapid decomposition. However, it was still investigated over the complete studied postmortem time-frame (< 1535 ADD) for greatest possible comparability. Indeed, two promising body mass-specific peptide ratios could be identified for slim donors (see Table 4). These originated from the tropomyosin beta chain (P07951; which modulates actin-myosin interaction and regulates contractility in striated muscle [412]) and histone (H4; P62805; core component of nucleosomes). In contrast, no peptide ratio could be found for the subgroup “body mass medium/large” that satisfied all defined filter criteria (see material and methods section). The BMI was previously highlighted as a potential intrinsic factor for inter-individual differences in the postmortem microbiome and decomposition patterns [406, 407]. It was therefore surprising to not be able to identify more body mass-specific peptide ratios within the current dataset. Regardless, routine applicability of body mass-specific peptide ratios for estimation of time of decomposition would be challenging. With ongoing decomposition, the body mass at time of death would be difficult to estimate retrospectively and would be prone to errors.

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Table 4: Peptide ratios suggested for estimation of decomposition time based on the intrinsic factors sex (female and male) and body mass (slim and medium/large); listed are the mass-to-charge ratios (m/z) and retention times (RT) of each peptide along with the amino acid sequence, protein or origin and the results of the linear regression (coefficient of determination (r^2) and slope); [OX]: oxidation modification.

| | Feature [m/z_RT] | ratio | Peptide ratio | Protein origin | r^2 | Slope |
|---------------|-----------------------------|---------------------------|---------------------------|------------------------------------|-------------------------|--------------|
| Female | 374.7219_30.6 | / | ALELFR / | Myoglobin | 0.5564 | -0.0032 |
| | 900.9550_38.6 | | GLSDGEWQLVLNVWGK | | | |
| | 650.3148_25.8 | / | ELGFQG / | Myoglobin | 0.5206 | -0.0031 |
| | 900.9550_38.6 | | GLSDGEWQLVLNVWGK | | | |
| Male | 379.8810_23.5 | / | QKYDITTLR / | Troponin T, fast skeletal muscle | 0.5644 | 0.0032 |
| | 797.7348_39.9 | | ELWETLHQLEIDKFEFGEK | | | |
| | 394.2364_18.9 | / | NTQAILK / | Myosin-1 | 0.5465 | 0.0035 |
| | 585.2761_17.6 | | LQTESGEYSR | | | |
| | 509.7801_26.9 | / | DTLVSQLSR / | Myosin-1 | 0.5223 | -0.0028 |
| | 749.0445_30.0 | | TEAGATVTVKDDQVFPMPNPPK | | | |
| | 556.2885_32.5 | / | TIFKDFYELEPHK / | Glycogen phosphorylase muscle form | 0.6221 | -0.0013 |
| | 812.4450_35.1 | | VHINPNSLFDIQVK | | | |
| | 577.2793_20.4 | / | LQTESGEFSR / | Myosin-2 | 0.5260 | -0.0023 |
| | 440.5622_21.7 | | LTGAVM[OX]HYGNLK | | | |
| | 577.2793_20.4 | / | LQTESGEFSR | Myosin-2 | 0.5233 | -0.0038 |
| | 827.3936_32.7 | | KLETDISQMQGEM[OX]EDILQEAR | | | |
| 585.2761_17.6 | / | LQTESGEYSR / | Myosin-1 | 0.5042 | -0.0033 | |
| 759.8777_24.7 | | IEDEQALGM[OX]QLQK | | | | |
| 585.2761_17.6 | / | LQTESGEYSR | Myosin-1 | 0.6312 | -0.0050 | |
| 821.4081_33.5 | | KLETDISQIQGEM[OX]EDIIQEAR | | | | |

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| | 644.8354_19.5 | / IEAQNRPFDK | / | Myosin-2 | 0.6111 | -0.0035 |
| | 827.3942_34.5 | KLETDISQM[OX]QGEMEDILQEAR | | | | |
| | 787.4676_18.9 | / NTQAILK / | | Myosin-1 | 0.5184 | 0.0020 |
| | 573.3061_27.8 | ALEDQLSEIK | | | | |
| | 787.4676_18.9 | / NTQAILK / | | Myosin-1 | 0.5277 | 0.0036 |
| | 585.2761_17.6 | LQTESGEYSR | | | | |
| | 825.8991_32.2 | / MEIDDLASNVETVSK | / | Myosin-2 | 0.5593 | -0.0036 |
| | 827.3936_32.7 | KLETDISMQGEM[OX]EDILQEAR | | | | |
| | 849.8828_29.7 | / MEIDDLASNMETVSK | / | Myosin-1 | 0.5364 | -0.0027 |
| | 821.4081_33.5 | KLETDISQIQGEM[OX]EDIIQEAR | | | | |
| Slim | 356.6818_16.1 | / YSESVK / | | Tropomyosin beta chain | 0.5756 | 0.0038 |
| | 859.4289_45.4 | AISEELDNALNDITSL | | | | |
| | 714.3460_30.6 | / TLYGFGG / | | Histone H4 | 0.5234 | -0.0080 |
| | 590.8140_27.6 | ISGLIYEETR | | | | |

9.5.4 Bacterial search

The analysed data were re-processed in a second step to identify bacterial peptides present in the muscle tissue samples. The hypothesis was that with ongoing decomposition, bacterial processes become dominant and their time-dependent changes could also be used to estimate decomposition time. From the total number of features (161,026) only 1061 were successfully identified as bacterial peptides originating from the defined strains. From these, 10,252 peptide ratios (a combination of 355 different peptides) were calculated and linear regression analysis performed. Unfortunately, the identity of only 10 peptides could be successfully confirmed during manual checking of the database matches. Following this, only one out of 10,252 peptide ratios remained that satisfied all filter criteria: AQIEEIASDIER / AQIEEIASDIER; m/z_RT 1373.6896_27.3 / 687.3497_27.3. Upon closer inspection, it was found that this ratio was calculated from the same peptide in two different charge states (1+ / 2+), and was only present in 6 samples out of 171, so this was discarded as a possible peptide ratio. Overall, the search against a bacterial database did not yield any supportive results for the estimation of decomposition time. A potential explanation was recently highlighted by Aziz *et al.*, who searched for viral proteins in human gastric biopsy samples [413]. Similarly to the current study, they found a low number of viral proteins successfully being assigned, almost half of which also had sequence homology to human proteins and should therefore be used with caution. They reasoned that viral proteins as a minor species do not dominate the human biopsy sample proteome which analytically leads to poor spectral quality for the derived peptides. This in turn leads to weak database matches, as the matching algorithm has difficulties with low signal-to-noise ratios. Although the current study used DIA data, which should lead to a broad coverage of the proteome, this is a very likely explanation and underlines the difficulty for future studies to use LC-MS/MS-based proteomics approaches to detect bacterial decomposition marker in human tissue samples.

9.6 Limitations and Conclusions

The current study proposes peptide ratios as a first step towards biochemical estimation of the decomposition time within the first 120 days after death (< 1535 ADD, < 655 ADD, < 200 ADD, female donors, male donors and slim donors). This is crucial to aid in an objective estimation of the time of death in forensic investigations, particularly in the context of finding unknown human remains. One of the main limitations of the current study is the fact that the time and storage/transport conditions between death and first sampling time-point after placement of the donor could not be controlled and varies between donors (max. 4 days). This could not be circumvented as this study relied on voluntary donations to the UTS Body Donation Program. Therefore, sample collection time-point 0 within this study always refers to the time of placement of the donor and not to time of death. Hence, time-interval of decomposition is discussed rather than actual postmortem interval. Before the proposed peptide ratios can be applied to forensic case work, it is necessary to significantly increase the number of donors to confirm robustness of the peptide ratios across a multitude of extrinsic and intrinsic conditions. This would also help to draw more generalised conclusions and conduct a comprehensive modelling approach. Additionally, targeted method development for the proposed promising peptides is required to confirm the results of this untargeted, shotgun proteomics workflow, including the confirmation of the proposed peptides using synthetically produced reference materials (e.g. matching fragmentation patterns and RT). Once this is achieved, targeted peptide analysis can be validated according to international guidelines. Available RAM is a limiting factor for proteomic analysis and 64 GB RAM were not sufficient for the dataset in the current study. When conducting large scale untargeted proteomics with complex (ion mobility separated) DIA data, powerful computation is required and data processing strategies should be thoroughly considered before data acquisition to ensure the availability of suitable processing software and computer systems. Overall, the results of this study provide valuable information that can aid in the understanding and estimation of the human decomposition processes.

9.7 Declarations

Competing interests: The authors declare that they have no conflict of interest.

Ethics approval: The study was approved by the UTS Human Research Ethics Committee (ETH15-0029 and ETH18-2999).

Source of biological material: Minimally-invasive muscle biopsy sample collection was carried out at the Australian Facility for Taphonomic Experimental Research (AFTER; Sydney, Australia). Human donors were obtained through the University of Technology

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Sydney (UTS) Body Donation Program, giving consent in accordance with the New South Wales Anatomy Act (1997).

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Chapter 10: Overall discussion and conclusions

Currently, many research strategies are being employed to better understand the decomposition process for the purpose of PMI estimation. For any scientific field, a comprehensive foundation of knowledge is required as a basis for testing hypotheses and improving current methods [414]. For the processes involved in human decomposition, this foundation is still being built due to the multidisciplinary nature of the field, previous research not being transferable across different geographic regions, and limitations arising from a lack of available facilities and ethical constraints. This project focussed on visual assessment, DNA degradation, and protein degradation in an Australian context. Whilst the results of this study are only applicable to and representative of decomposition in an Australian environment, comparison of results to those obtained in other geographic climates may still be beneficial to understand the underlying processes affecting decomposition. Questions arise as to the benefit of multiple studies from a single geographic region versus comparative studies from many different regions. Comprehensive decomposition data for a single geographic region could provide an in-depth understanding as to the underlying processes involved in human decomposition, which in turn may aid the planning and interpretation of results for studies conducted in different regions. Alternatively, if the influencing factors between regions differ at a fundamental level, comparison of studies across regions would have no benefit. The use of decomposition data from geographic regions that are not equivalent to the one in question has been strongly discouraged [415], and at present there is not enough knowledge to definitively determine the benefit of comparison between regions. Following this, the best course of action for the progression of decomposition research is to generate comprehensive knowledge bases in multiple geographic regions, a task which requires time and substantial research.

10.1 Visual assessment of decomposition

The visual assessment of decomposition in this study was conducted with TBS, using an adapted version of a method proposed by Megyesi *et al.* [46]. General trends were able to be discerned with bodies decomposing in warmer seasons visually progressing faster than bodies decomposing in cooler seasons. Separation in decomposition progression between summer and spring was not possible, however bodies decomposing in autumn appeared to visually decompose faster than those in winter. These results accounted for ADD and showed that allowing for temperature differences did not result in decomposition progression across seasons that were sufficiently

comparable. The use of TBS instead of the five traditional stages of decomposition attempts to account for differential decomposition and attribute a quantitative value to visual assessment [7]. The ability to define the decomposition characteristics being observed and assign a score still requires a level of relevant experience, and as such visual assessment methods remain largely subjective [112]. Additionally, the simultaneous occurrence of multiple characteristics of a single stage or score, and the variation observed between individuals, make definition difficult regardless of experience level. In this study, bloat was observed to occur after the onset of active decay for some donors. This has also been observed in a previous study in the same environment, in addition to bloat not being observed at all in some cases [7]. These observations contradict both the previously defined traditional stages of decomposition, where bloat follows the fresh stage and precedes active decomposition, in addition to the scoring definitions of TBS methods, where a higher score is attributed to signs of active decay compared to bloat, thus implying that active decay occurs at greater PMIs (Appendix A). It is suggested that bloat not be viewed as an individual stage of decomposition, but rather that it falls under active decomposition as a possible characteristic of this stage. Following this, it is proposed that TBS methods be adapted to employ compilatory values for each region. This may be produced by the summation of scores attributed to individual characteristics observed within a region, rather than a single score for each region. Whilst the incorporation of this would add extra complexity to visual assessment methods, subsequently requiring more time, it would also allow for the removal of some of the subjectivity of TBS methods, due to the assessor not needing to attribute a stage to body regions of remains and instead state observed characteristics. Further, as these methods are observation based rather than measurement based, issues arise with the application of these methods to judicial proceedings. In Australia, admissibility of expert opinion is subject to section 79 of the Evidence Act 1995 [416] which states that an expert may offer an opinion if it is based on their experience or training, however, does not define criteria for what experience or training is acceptable. Whilst reference is regularly made in the field of forensic science to the *Daubert* and *Frye* standards for the validity of expert opinion [417], these standards are relevant to the United States and are currently not explicitly applied in Australian jurisdictions [418]. This raises issues with the current state of visual assessment evidence in an Australian context, as an expert may have sufficient specialised knowledge to meet legal requirements, but the scientific basis for this knowledge is highly subjective and unreliable. Comments on this issue have previously been provided by Grivas *et al.* [417] who suggested that PMI estimation methods reliant on measurement rather than observation are more likely to meet the *Daubert* standard. Although use of expert opinion with regard to visual assessment of remains should not be discounted, the probative value of this evidence may be called into question more readily than non-empirical methods.

10.2 Correlation of nuclear DNA with PMI

Generally, there has been a shift towards less empirical methods, using quantitative measures of DNA, RNA and other potential biomarkers [126, 128, 131]. In this study, DNA degradation was found to have a linear relationship with time. Variations in the rate of degradation were observed between donors, which could be partly explained by intrinsic and extrinsic influencing factors. The incorporation of ADD into the assessment of nDNA degradation, as a measure of thermal energy, reduced the variation in rate of degradation. Although thermal energy explained some of the variance, some differences between donors decomposing in different seasons was still evident.

Thermal energy as measured by ADD has been used in many previous taphonomic studies in order to compare decomposition occurring in different seasons [67, 69, 238], and temperature has previously been determined to be the factor with the largest influence on rate of decomposition [6, 28]. The underlying mechanism for the influence of ADD on decomposition is reportedly due to the relative impact on entomological activity and development [68], in addition to the effect of thermal energy on the chemical and biological reactions occurring in soft tissue decomposition [67]. The result of this study supports these findings in that variation in decomposition was reduced by accounting for ADD. Consideration of other influencing factors suggested body mass to be a second explanatory factor for the variation observed: the nDNA of larger BM individuals degraded at a slower rate than smaller BM individuals, irrespective of the season in which decomposition occurred. The potential for a single regression formula for the estimation of PMI through the analysis of nDNA DI in relation to ADD was shown in Chapter 5, however the assessment of body mass is likely to be integral to future implementation, as two donors classified as “large” and placed in Winter showed to be outliers to the observed convergence that would enable a single regression formula. Previously, the impact of body mass on the rate of decomposition has been largely discounted as negligible, or alternatively acknowledged but not measured or incorporated into subsequent analyses [7, 61, 270]. It is likely that BM has not been appropriately accounted for in the past due to previous studies reporting no relationship between BM and decomposition, with both anecdotal and experimental support [48, 85]. It should be noted that these studies are only reflective of the environment in which they were conducted and are derived from visual assessment which is subjective in nature. Studies involving pigs of different BMs have found similar to the results of the present study, where smaller sized carcasses decomposed faster than larger ones [68, 88, 419]. This observation could be explained in relation to the surface to volume ratio of different mass individuals, where the access for entomological activity is restricted by the surface area, regardless of amount of biomass available [87]. Larger body mass individuals have a larger ratio of soft tissue

mass to surface area than smaller body mass individuals. This leads to a faster breakdown of soft tissue for smaller body mass individuals, due to the increased access for scavenging activity [68].

The influence that body mass has on DNA degradation rates demonstrates a reliance on knowing an individual's BM for the application of PMI estimation methods involving the measurement of DNA. This has implications as to the feasibility of a more accurate PMI estimation method than those currently employed. In a forensic context, the BM of a decomposed body is not likely to be known [1]. It has been previously suggested that clothing found alongside a body is the best indicator of BM [69]. However, such clothing may not always be recovered. Further, the validity of this assumption is questionable, as it is possible to wear clothing that is not representative of true body size, therefore any inferences based on clothing may result in incorrect conclusions. It is recommended that future taphonomic research incorporate measures of BM and factor this into the analysis of PMI, particularly in an Australian environment.

10.3 Correlation of mitochondrial DNA with PMI

Comparison with mtDNA degradation provided comparative results, however experimental issues with the assessment of mtDNA degradation prevent definitive conclusions. Incorporation of BM into the assessment of mtDNA degradation did not provide any additional insights into the observed variations in degradation. Unreliable amplification of the samples and standard mtDNA used to produce calibration curves was observed with the mtDNA qPCR method in this study. Potential areas of error were identified with isolation and purification of the mtDNA standard, primer sequences, primer reconstitution and carry over of inhibitors from the extraction process. Further validation of the method and subsequent repeat analysis of the samples in this study could not be conducted due to funding and repeat analysis of the assessment of mtDNA degradation is required to form reliable conclusions.

10.4 Correlation of relative protein abundances with PMI

A possible solution to the issues arising from the lack of peri-mortem information in a forensic setting is to identify biomarkers which are influenced less by these intrinsic factors. Recently, proteomic biomarkers for PMI estimation have been explored [131, 207, 234], and the advent of sensitive methods using LC-MS/MS techniques has allowed for the collection of comprehensive proteomic data. Although this technology allows for non-targeted assessment of the proteins within samples, it also brings a complexity to the analysis of the data obtained. Subsequently, the determination of which proteins are informative under which conditions, and the influence of intrinsic variables on the native proteins, is convoluted. This study attempted to identify potential human protein biomarkers for PMI estimation by defining specific exclusion

criteria. One such criterion required no significant change in abundance across donors of different body masses. From this it can be inferred that the apparent influence that body mass has on the rate of decomposition is not applicable to the identified proteins. As such, proteomic biomarkers may be a more applicable and realistic avenue of investigation for establishing reliable PMI estimation methods. Additionally, the variety in chemical structure, hydrophobicity, and polarity of available proteins may provide a more informative data landscape than solely targeting nucleic acid based molecules. Of the investigated proteins identified in this study, 13 showed a significant correlation between abundance and PMI, where 12 decreased and 1 increased in abundance over time. Assessment of the previously identified proteomic biomarkers also showed a clear correlation with a decrease in abundance, as PMI increased.

Proteomic analysis for PMI estimation may simultaneously provide biomarkers indicative of individual peri-mortem intrinsic characteristics (*e.g.*, age, sex, disease) which could be synthesised in conjunction with degradation analysis. One benefit of DNA analysis that may one day be obtained through proteomic methods is the identification of an individual. Commonly, nDNA and mtDNA are utilised to produce a profile for matching with a sample of known origin or next of kin for identification of unknown remains [1]. Genetically variant peptides have been shown to be informative of the encoding DNA, where single amino acid polymorphisms (SAP) can signify the genotype of an allelic single nucleotide polymorphisms [420]. Whilst this is not currently employed in forensic practices, with further research it may one day be implemented. The application of a DNA based estimation method would allow for streamlined implementation into current forensic analysis protocols and would not require any additional instrumentation. Comparatively, protein based methods using discovery based LC-MS/MS techniques require specialised instrumentation that may not be readily available in forensic laboratories, however are the most employed for protein identification and characterisation [204, 228]. Application of analytical instruments regularly found in clinical and forensic toxicology laboratories (*i.e.*, triple quadrupole mass spectrometers) is possible, however these instruments are used to perform targeted proteomics, and as such the identification of informative proteins for targeting is required [204].

10.5 Recommendations for future work

It has been widely acknowledged that the estimation of PMI is a complex task that requires a significant amount of research in order to provide a reliable understanding [50]. More specifically, before the overarching question regarding time since death can be answered, the specific effects of the numerous intrinsic and extrinsic variables must be understood, and significant databases are essential for the employment of these principles. The present study focussed on the quantitative assessment of degradation and the impact of measurable extrinsic environmental factors. Whilst appropriate for

preliminary research to focus on extrinsic factors, due to the relative ease of measurement and comparison as opposed to intrinsic factors, the assessment of intrinsic factors is essential to a holistic view of decomposition. Future studies should attempt to understand the impact cause of death, pre-mortem medications, pre- and peri-mortem wounds, and individual microbiomes may have on the decomposition process. It is likely this research will be a long on-going process, requiring collaboration and multiple studies. The nature of body donation programs and taphonomic research lends difficulty in controlling these factors for experimental and statistical comparison. Whilst prediction calculations have been proposed in the past, the inaccuracy of these models suggests the current understanding of the underlying processes is not adequate [5, 49, 80, 112]. Technological advancements in the analysis of datasets using machine learning and artificial intelligence may mitigate against the complexity of PMI estimation. Preliminary research into the application of machine learning to PMI estimation has recently emerged in literature, indicating promising results [244, 421]. Future application, however, would need substantial input from researchers with computer science expertise, alongside large datasets as required for machine learning algorithms.

Placement of replicate donors at the same time, for exposure to the same environmental conditions, would be preferable in terms of scientific evaluation of measured changes through decomposition. However, the nature of studies reliant on whole human cadavers means this is rarely possible. Future research in this field should aim to be more collaborative in both experimental design and establishment of data sets for investigation, to allow for better comparison. Successive studies at AFTER following the sample collection methods of the present study may build upon the current dataset, strengthening the observed trends and allowing for the future establishment of a prediction model for the temperate Australian environment. Consistency in the execution of experimentation will allow for replication of studies both in specific environments and comparison to studies in different geographic regions. Additionally, collection of multiple samples within a study, and the establishment of a sample library, will allow for future experimentation as technologies advance in the fields of both biology and analytical chemistry. Ultimately, the establishment of a robust dataset will allow for the creation of environmentally specific prediction models in line with previous recommendations [50]. Following the proposal of any PMI estimation model, review and validation is essential before forensic application. Finally, a question still remains as to the feasibility of establishing and subsequently implementing a single formula for PMI estimation. Any prediction model that demands prior information related to an individual, unlikely to be known in a forensic context, is not practicable. As previous attempts to establish a single prediction model have been largely unsuccessful, and given the current knowledge base, there is a necessity for a significant amount of further research before it can be

determined if the establishment of a reliable and robust PMI estimation method is possible.

10.6 Concluding remarks

Three studies were presented here, looking at the potential for use of nDNA, mtDNA and proteins as biomarkers for the estimation of PMI. Assessment of nDNA degradation provided a linear relationship with ADD, and evaluation of the observed trends with respect to body mass indicated that BM largely influenced the rate of nDNA degradation. Correlation with ADD appeared to account for the influence of ASR, as both measures are closely related. ARH and ATR appeared to have no additional influence on nDNA degradation. Assessment of the trends observed with mtDNA were inconclusive due to the likelihood of experimental error.

Preliminary characterisation of the taphonomic skeletal muscle proteome was conducted, identifying 1360 proteins. Following this, assessment of the change in abundance for a number of proteins was conducted. Similar trends were observed with respect to previously investigated proteomic biomarkers with those quantified in this study. Additionally, 13 novel proteomic biomarkers were proposed to be informative for the estimation of PMI. Application of these biomarkers for PMI estimation was outlined, however further research is required before implementation is possible. Future taphonomic studies should attempt to place donors in each of the four meteorological seasons, as differences in degradation within each season can be observed, even when thermal energy is accounted for by the use of ADD as a proxy chronological metric. Additionally, evaluation of body mass with respect to results obtained in taphonomic studies should be performed, as body mass was shown to be a major influencing factor for DNA degradation. Biopsy needle sampling provided a simple and minimally invasive technique for the continuous sampling of muscle tissues, and should also be employed in future taphonomic studies where possible. Furthermore, additional studies at AFTER following the methods outlined in this thesis will build on the current data set to make observed trends more robust.

Finally, significant consideration into the feasibility of improvement of PMI estimation techniques with current technologies needs to be undertaken. The nature of forensic cases often entails a lack of prior knowledge which at present appears necessary for more accurate PMI estimation. Ultimately this research provided a greater understanding of taphonomic processes with potential to help inform more accurate and reliable PMI estimation methods in the future.

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Appendices

APPENDIX A: Total Body Scoring Guide

AFTER

Decomposition Scoring System

Field Guide

Date: ___ / ___ / ___

Donor ID: _____

PMI (days): _____

Assessor: _____

Appendices

Ver. 2018.1

Region 1: Head & Neck

| | |
|----|---|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage and some hair loss; Skin retains elasticity |
| 2 | Grey to Green; Some flesh still fresh; Skin retains elasticity |
| 3 | Discolouration and/or browning; drying of nose, ears and lips |
| 4 | Purging of decomposition fluids; Black discolouration typical around eyes, nose and mouth |
| 5 | Brown to Black discolouration of the cheeks, forehead and neck |
| 6 | Caving in of the flesh and tissues of the eyes and throat; Distending of the areas surrounding the eyes, nose and mouth |
| 7 | Mummification/desiccation with no skeletonisation |
| 8 | Moist decomposition with < 25% skeletonisation |
| 9 | Mummification/desiccation with < 25% skeletonisation |
| 10 | Moist decomposition with < 50 % skeletonisation |
| 11 | Mummification/desiccation with < 50% skeletonisation |
| 12 | Moist decomposition with > 50% skeletonisation |
| 13 | Mummification/desiccation with > 50% skeletonisation |
| 14 | Predominantly skeletonised with greasy substances |
| 15 | Total skeletonisation with dry bones |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |

Appendices

Ver. 2018.1

Region 2: Upper Torso

| | |
|----|--|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage and marbling; Skin retains elasticity |
| 2 | Discolouration (typically green, yellow and/or brown) around the neckline; Some flesh still fresh; Skin retains elasticity |
| 3 | Bloat may occur; skin begins to desiccate in discoloured areas |
| 4 | Post-bloat deflation may occur; increase in proportion of discolouration |
| 5 | Mummification/desiccation with no skeletonisation |
| 6 | Moist decomposition with < 25% skeletonisation |
| 7 | Mummification/desiccation with < 25% skeletonisation |
| 8 | Moist decomposition with < 50 % skeletonisation |
| 9 | Mummification/desiccation with < 50% skeletonisation |
| 10 | Moist decomposition with > 50% skeletonisation |
| 11 | Mummification/desiccation with > 50% skeletonisation |
| 12 | Predominantly skeletonised with greasy substances |
| 13 | Total skeletonisation with dry bones |
| | |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |

Appendices

Ver. 2018.1

Region 3: Abdomen

| | |
|----|--|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage and marbling; Skin retains elasticity |
| 2 | Discolouration (typically green, yellow and/or brown) around the sides of the abdomen where it makes contact with the surface; Some flesh still fresh; Skin retains elasticity |
| 3 | Bloat may occur; skin begins to develop fluid filled blisters in discoloured areas |
| 4 | Post-bloat deflation may occur; increase in proportion of discolouration (typically extending from the sides in an upwards direction) |
| 5 | Mummification/desiccation predominates with no skeletonisation |
| 6 | Moist decomposition with < 25% skeletonisation |
| 7 | Mummification/desiccation with < 25% skeletonisation |
| 8 | Moist decomposition with < 50 % skeletonisation |
| 9 | Mummification/desiccation with < 50% skeletonisation |
| 10 | Moist decomposition with > 50% skeletonisation |
| 11 | Mummification/desiccation with > 50% skeletonisation |
| 12 | Predominantly skeletonised with greasy substances |
| 13 | Total skeletonisation with dry bones |
| | |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |

Appendices

Ver. 2018.1

Region 4: Posterior Torso

| | |
|----|---|
| 0 | Fresh, no discolouration |
| 1 | Redness due to livor mortis; elasticity remains |
| 2 | Red to purple; skin retains elasticity |
| 3 | Skin slippage begins to occur; may have patches of dark red flesh with 'raw appearance' |
| 4 | Exposed underlying tissue becomes dark and begins to degrade |
| 5 | Perforated 'melting' appearance around the surface contact areas as tissue is lost |
| 6 | Mummification/desiccation predominates with no skeletonisation |
| 7 | Moist decomposition with < 25% skeletonisation |
| 8 | Mummification/desiccation with < 25% skeletonisation |
| 9 | Moist decomposition with < 50 % skeletonisation |
| 10 | Mummification/desiccation with < 50% skeletonisation |
| 11 | Moist decomposition with > 50% skeletonisation |
| 12 | Mummification/desiccation with > 50% skeletonisation |
| 13 | Predominantly skeletonised (> 75%) with greasy substances |
| 14 | Total skeletonisation with dry bones |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |

Appendices

Ver. 2018.1

Region 5: Upper Limbs

| | |
|----|--|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage; Marbling |
| 2 | Some flesh still fresh; Increase in discolouration |
| 3 | Increased discolouration (typically browning or blackening (esp. at edges, drying of fingers)); Tissue is still predominately soft |
| 4 | Mummification/desiccation predominates with no skeletonisation |
| 5 | Moist decomposition with < 25% skeletonisation |
| 6 | Mummification/desiccation with < 25% skeletonisation |
| 7 | Moist decomposition with < 50 % skeletonisation |
| 8 | Mummification/desiccation with < 50% skeletonisation |
| 9 | Moist decomposition with > 50% skeletonisation |
| 10 | Mummification/desiccation with > 50% skeletonisation |
| 11 | Predominantly skeletonised (> 75%) with greasy substances |
| 12 | Total skeletonisation with dry bones |
| | |
| | |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |

Appendices

Ver. 2018.1

Region 6: Lower Limbs (Proximal)

| | |
|----|---|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage; Marbling |
| 2 | Some flesh still fresh; Increase in discolouration |
| 3 | Increased discolouration (typically browning or blackening); Tissue is still predominately soft |
| 4 | Mummification/desiccation predominates with no skeletonisation |
| 5 | Moist decomposition with < 25% skeletonisation |
| 6 | Mummification/desiccation with < 25% skeletonisation |
| 7 | Moist decomposition with < 50% skeletonisation |
| 8 | Mummification/desiccation with < 50% skeletonisation |
| 9 | Moist decomposition with > 50% skeletonisation |
| 10 | Mummification/desiccation with > 50% skeletonisation |
| 11 | Predominantly skeletonised (> 75%) with greasy substances |
| 12 | Total skeletonisation with dry bones |
| | |
| | |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |
| | |

Appendices

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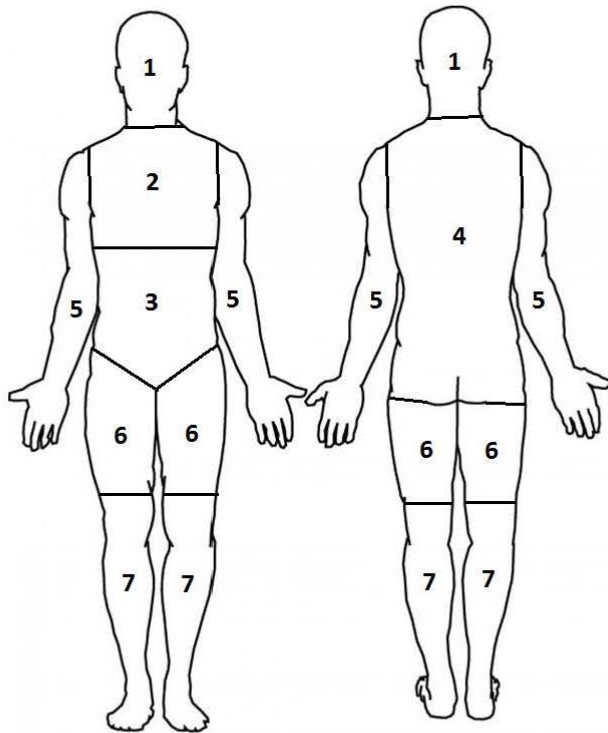
Region 7: Lower Limbs (Distal)

| | |
|----|---|
| 0 | Fresh, no discolouration |
| 1 | Pink-white; skin slippage; Marbling |
| 2 | Some flesh still fresh; Increase in discolouration |
| 3 | Increased discolouration (typically browning or blackening (esp. at edges, drying of toes)); Tissue is still predominately soft |
| 4 | Mummification/desiccation predominates with no skeletonisation |
| 5 | Moist decomposition with < 25% skeletonisation |
| 6 | Mummification/desiccation with < 25% skeletonisation |
| 7 | Moist decomposition with < 50 % skeletonisation |
| 8 | Mummification/desiccation with < 50% skeletonisation |
| 9 | Moist decomposition with > 50% skeletonisation |
| 10 | Mummification/desiccation with > 50% skeletonisation |
| 11 | Predominantly skeletonised (> 75%) with greasy substances |
| 12 | Total skeletonsation with dry bones |
| | |
| | |

| | |
|--------|----------------------|
| Score | <input type="text"/> |
| NOTES: | |
| | |

Ver. 2018.1

VISUAL REFERENCE GUIDE:



Frequently Asked Questions (FAQs):

- **What if the remains show features of two scores in the same region?**

It is recommended that the higher of the two scores be documented. This will result in an estimation that is more likely to include the true value.

- **How should I discern the border between regions 2 and 3, with 4?**

Region 4 describes the surface of the remains in direct contact with deposition surface. Anything above the area in contact with the surface (i.e. the sides of the abdomen, the armpits) should be considered as part of the upper regions (2 and 3).

- **[Insert further questions]**

Glossary:

Bloat – A phenomena where areas of the body expand due to build up of gases, giving a ‘bloated’ appearance.

Desiccation – Drying of the soft tissues causing them to become dark and leathery in appearance.

Distending – expanding or outward stretching of a surface or orifice.

Fresh – Describes remains which have undergone no decomposition and therefore closely resemble the appearance of living tissues.

Marbling – A pattern of discolouration that makes the skin resemble marble.

Mummification – Preservation of tissue through mechanisms such as desiccation, halting the degradation of the soft tissue.

Purging – Release of decomposition materials (typically fluids and gases).

Skeletonisation – Process involving the exposure of the underlying skeletal structures.

Skin Slippage – Phenomena where the outermost layers of skin begin to separate from the underlying tissue.

Appendices

APPENDIX B: MaxQuant Parameters

| Parameter | Value |
|--|--|
| Version | 1.6.14.0 |
| User name | 11414253 |
| Machine name | SCI0407346005 |
| Date of writing | 4/08/2022 9:18 |
| Include contaminants | TRUE |
| PSM FDR | 0.01 |
| PSM FDR Crosslink | 0.01 |
| Protein FDR | 0.01 |
| Site FDR | 0.01 |
| Use Normalized Ratios For Occupancy | TRUE |
| Min. peptide Length | 7 |
| Min. score for unmodified peptides | 0 |
| Min. score for modified peptides | 40 |
| Min. delta score for unmodified peptides | 0 |
| Min. delta score for modified peptides | 6 |
| Min. unique peptides | 0 |
| Min. razor peptides | 1 |
| Min. peptides | 1 |
| Use only unmodified peptides and | TRUE |
| Modifications included in protein quantification | Oxidation (M);Acetyl (Protein N-term) |
| Peptides used for protein quantification | Razor |
| Discard unmodified counterpart peptides | TRUE |
| Label min. ratio count | 2 |
| Use delta score | FALSE |
| iBAQ | FALSE |
| iBAQ log fit | FALSE |
| Match between runs | TRUE |
| Matching time window [min] | 0.7 |
| Match ion mobility window [indices] | 0.05 |
| Alignment time window [min] | 20 |
| Alignment ion mobility window [indices] | 1 |
| Find dependent peptides | FALSE |
| Fasta file | D:\RS Human SwissProt Jun2020 iRT.fasta |
| Decoy mode | revert |
| Include contaminants | TRUE |

Appendices

| | |
|---|--------|
| Advanced ratios | TRUE |
| Fixed andromeda index folder | |
| Combined folder location | |
| Second peptides | TRUE |
| Stabilize large LFQ ratios | TRUE |
| Separate LFQ in parameter groups | FALSE |
| Require MS/MS for LFQ comparisons | TRUE |
| Calculate peak properties | FALSE |
| Main search max. combinations | 200 |
| Advanced site intensities | TRUE |
| Write msScans table | FALSE |
| Write msmsScans table | TRUE |
| Write ms3Scans table | FALSE |
| Write allPeptides table | TRUE |
| Write mzRange table | TRUE |
| Write DIA fragments table | FALSE |
| Write pasefMsmsScans table | FALSE |
| Write accumulatedPasefMsmsScans table | TRUE |
| Max. peptide mass [Da] | 4600 |
| Min. peptide length for unspecific search | 8 |
| Max. peptide length for unspecific search | 25 |
| Razor protein FDR | TRUE |
| Disable MD5 | FALSE |
| Max mods in site table | 3 |
| Match unidentified features | FALSE |
| Epsilon score for mutations | |
| Evaluate variant peptides separately | TRUE |
| Variation mode | None |
| MS/MS tol. (FTMS) | 20 ppm |
| Top MS/MS peaks per Da interval. (FTMS) | 12 |
| Da interval. (FTMS) | 100 |
| MS/MS deisotoping (FTMS) | TRUE |
| MS/MS deisotoping tolerance (FTMS) | 7 |
| MS/MS deisotoping tolerance unit (FTMS) | ppm |
| MS/MS higher charges (FTMS) | TRUE |
| MS/MS water loss (FTMS) | TRUE |
| MS/MS ammonia loss (FTMS) | TRUE |
| MS/MS dependent losses (FTMS) | TRUE |
| MS/MS recalibration (FTMS) | FALSE |
| MS/MS tol. (ITMS) | 0.5 Da |

Appendices

| | |
|--|------------------------|
| Top MS/MS peaks per Da interval. (ITMS) | 8 |
| Da interval. (ITMS) | 100 |
| MS/MS deisotoping (ITMS) | FALSE |
| MS/MS deisotoping tolerance (ITMS) | 0.15 |
| MS/MS deisotoping tolerance unit (ITMS) | Da |
| MS/MS higher charges (ITMS) | TRUE |
| MS/MS water loss (ITMS) | TRUE |
| MS/MS ammonia loss (ITMS) | TRUE |
| MS/MS dependent losses (ITMS) | TRUE |
| MS/MS recalibration (ITMS) | FALSE |
| MS/MS tol. (TOF) | 40 ppm |
| Top MS/MS peaks per Da interval. (TOF) | 10 |
| Da interval. (TOF) | 100 |
| MS/MS deisotoping (TOF) | TRUE |
| MS/MS deisotoping tolerance (TOF) | 0.01 |
| MS/MS deisotoping tolerance unit (TOF) | Da |
| MS/MS higher charges (TOF) | TRUE |
| MS/MS water loss (TOF) | TRUE |
| MS/MS ammonia loss (TOF) | TRUE |
| MS/MS dependent losses (TOF) | TRUE |
| MS/MS recalibration (TOF) | FALSE |
| MS/MS tol. (Unknown) | 20 ppm |
| Top MS/MS peaks per Da interval. (Unknown) | 12 |
| Da interval. (Unknown) | 100 |
| MS/MS deisotoping (Unknown) | TRUE |
| MS/MS deisotoping tolerance (Unknown) | 7 |
| MS/MS deisotoping tolerance unit (Unknown) | ppm |
| MS/MS higher charges (Unknown) | TRUE |
| MS/MS water loss (Unknown) | TRUE |
| MS/MS ammonia loss (Unknown) | TRUE |
| MS/MS dependent losses (Unknown) | TRUE |
| MS/MS recalibration (Unknown) | FALSE |
| Site tables | Oxidation (M)Sites.txt |

Appendices

APPENDIX C: TBS assessment

| Donor | Day | Region 1 | Region 2 | Region 3 | Region 5 | Region 6 | Region 7 | Total |
|---------|-----|----------|----------|----------|----------|----------|----------|-------|
| Donor 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 1 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 1 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 1 | 5 | 1 | 0 | 0 | 1 | 1 | 0 | 3 |
| Donor 1 | 6 | 1 | 0 | 0 | 1 | 1 | 0 | 3 |
| Donor 1 | 8 | 1 | 0 | 1 | 1 | 1 | 1 | 5 |
| Donor 1 | 10 | 1 | 0 | 1 | 1 | 1 | 1 | 5 |
| Donor 1 | 12 | 1 | 0 | 2 | 1 | 1 | 1 | 6 |
| Donor 1 | 14 | 2 | 0 | 2 | 1 | 1 | 1 | 7 |
| Donor 1 | 16 | 2 | 0 | 2 | 1 | 1 | 1 | 7 |
| Donor 1 | 18 | 2 | 0 | 2 | 1 | 1 | 1 | 7 |
| Donor 1 | 20 | 2 | 1 | 2 | 1 | 1 | 1 | 8 |
| Donor 1 | 22 | 3 | 1 | 2 | 1 | 1 | 1 | 9 |
| Donor 1 | 24 | 3 | 1 | 2 | 1 | 2 | 1 | 10 |
| Donor 1 | 26 | 3 | 1 | 2 | 1 | 2 | 1 | 10 |
| Donor 1 | 28 | 3 | 1 | 2 | 2 | 2 | 1 | 11 |
| Donor 1 | 30 | 3 | 1 | 2 | 2 | 2 | 1 | 11 |
| Donor 1 | 34 | 6 | 3 | 2 | 3 | 2 | 1 | 17 |
| Donor 1 | 41 | 6 | 5 | 2 | 3 | 2 | 1 | 19 |
| Donor 1 | 45 | 11 | 5 | 2 | 3 | 2 | 2 | 25 |
| Donor 1 | 50 | 11 | 5 | 2 | 3 | 2 | 2 | 25 |
| Donor 1 | 55 | 11 | 5 | 3 | 3 | 2 | 2 | 26 |
| Donor 1 | 60 | 11 | 5 | 3 | 3 | 2 | 2 | 26 |
| Donor 1 | 68 | 11 | 5 | 3 | 3 | 2 | 3 | 27 |
| Donor 1 | 76 | 11 | 5 | 3 | 3 | 2 | 3 | 27 |
| Donor 1 | 80 | 11 | 5 | 3 | 3 | 3 | 3 | 28 |
| Donor 1 | 86 | 11 | 5 | 3 | 3 | 3 | 3 | 28 |
| Donor 1 | 90 | 11 | 5 | 3 | 3 | 3 | 3 | 28 |
| Donor 1 | 95 | 11 | 5 | 3 | 3 | 3 | 3 | 28 |
| Donor 1 | 99 | 11 | 5 | 3 | 3 | 3 | 3 | 28 |
| Donor 1 | 104 | 11 | 5 | 5 | 3 | 3 | 3 | 30 |
| Donor 1 | 109 | 11 | 5 | 5 | 4 | 3 | 3 | 31 |
| Donor 1 | 114 | 11 | 5 | 5 | 4 | 4 | 4 | 33 |
| Donor 1 | 120 | 11 | 5 | 5 | 4 | 4 | 4 | 33 |
| Donor 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Appendices

| | | | | | | | | |
|---------|-----|---|---|---|---|---|---|----|
| Donor 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 2 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 2 | 6 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 2 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 2 | 10 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 2 | 12 | 4 | 1 | 1 | 1 | 1 | 1 | 9 |
| Donor 2 | 14 | 4 | 2 | 1 | 1 | 1 | 1 | 10 |
| Donor 2 | 16 | 4 | 2 | 1 | 1 | 1 | 1 | 10 |
| Donor 2 | 18 | 4 | 2 | 1 | 1 | 1 | 1 | 10 |
| Donor 2 | 20 | 4 | 2 | 1 | 1 | 1 | 1 | 10 |
| Donor 2 | 22 | 4 | 2 | 1 | 1 | 1 | 1 | 10 |
| Donor 2 | 24 | 5 | 3 | 1 | 2 | 1 | 1 | 13 |
| Donor 2 | 26 | 6 | 5 | 1 | 2 | 1 | 1 | 16 |
| Donor 2 | 28 | 6 | 5 | 1 | 2 | 1 | 1 | 16 |
| Donor 2 | 30 | 6 | 5 | 1 | 2 | 1 | 1 | 16 |
| Donor 2 | 34 | 6 | 5 | 2 | 2 | 1 | 1 | 17 |
| Donor 2 | 41 | 6 | 5 | 2 | 3 | 2 | 2 | 20 |
| Donor 2 | 45 | 6 | 5 | 2 | 3 | 2 | 2 | 20 |
| Donor 2 | 50 | 6 | 5 | 2 | 3 | 2 | 2 | 20 |
| Donor 2 | 55 | 6 | 5 | 3 | 3 | 3 | 3 | 23 |
| Donor 2 | 60 | 6 | 5 | 3 | 3 | 3 | 3 | 23 |
| Donor 2 | 68 | 6 | 5 | 3 | 3 | 3 | 3 | 23 |
| Donor 2 | 70 | 6 | 5 | 3 | 3 | 3 | 3 | 23 |
| Donor 2 | 76 | 6 | 5 | 3 | 3 | 3 | 3 | 23 |
| Donor 2 | 80 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 86 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 90 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 95 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 99 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 104 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 109 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 114 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 2 | 120 | 6 | 5 | 3 | 3 | 3 | 4 | 24 |
| Donor 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Donor 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Donor 3 | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 3 |
| Donor 3 | 3 | 1 | 1 | 0 | 2 | 0 | 1 | 5 |
| Donor 3 | 4 | 1 | 1 | 1 | 2 | 0 | 1 | 6 |

Appendices

| | | | | | | | | |
|---------|-----|---|---|---|---|---|---|----|
| Donor 3 | 5 | 1 | 1 | 1 | 2 | 0 | 1 | 6 |
| Donor 3 | 7 | 1 | 1 | 1 | 2 | 0 | 1 | 6 |
| Donor 3 | 9 | 1 | 1 | 1 | 2 | 1 | 2 | 8 |
| Donor 3 | 14 | 3 | 1 | 1 | 2 | 1 | 2 | 10 |
| Donor 3 | 16 | 3 | 1 | 1 | 2 | 1 | 2 | 10 |
| Donor 3 | 19 | 3 | 1 | 1 | 2 | 2 | 2 | 11 |
| Donor 3 | 21 | 5 | 1 | 2 | 2 | 2 | 2 | 14 |
| Donor 3 | 23 | 5 | 1 | 2 | 3 | 2 | 2 | 15 |
| Donor 3 | 26 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 30 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 31 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 32 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 33 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 34 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 35 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 3 | 36 | 5 | 3 | 2 | 3 | 2 | 3 | 18 |
| Donor 3 | 37 | 5 | 3 | 2 | 3 | 3 | 3 | 19 |
| Donor 3 | 38 | 5 | 3 | 2 | 3 | 3 | 3 | 19 |
| Donor 3 | 40 | 5 | 3 | 2 | 3 | 3 | 4 | 20 |
| Donor 3 | 42 | 5 | 3 | 2 | 3 | 3 | 4 | 20 |
| Donor 3 | 44 | 5 | 3 | 2 | 3 | 3 | 4 | 20 |
| Donor 3 | 46 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 48 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 50 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 52 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 54 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 56 | 5 | 3 | 3 | 3 | 3 | 4 | 21 |
| Donor 3 | 58 | 5 | 3 | 3 | 4 | 3 | 4 | 22 |
| Donor 3 | 60 | 5 | 3 | 3 | 4 | 3 | 4 | 22 |
| Donor 3 | 65 | 5 | 3 | 3 | 4 | 3 | 4 | 22 |
| Donor 3 | 70 | 5 | 3 | 3 | 4 | 3 | 4 | 22 |
| Donor 3 | 75 | 5 | 3 | 3 | 4 | 3 | 4 | 22 |
| Donor 3 | 80 | 5 | 3 | 3 | 4 | 4 | 4 | 23 |
| Donor 3 | 85 | 5 | 3 | 3 | 4 | 4 | 4 | 23 |
| Donor 3 | 91 | 5 | 3 | 3 | 4 | 4 | 4 | 23 |
| Donor 3 | 96 | 5 | 3 | 3 | 4 | 4 | 4 | 23 |
| Donor 3 | 100 | 5 | 4 | 4 | 4 | 4 | 4 | 25 |
| Donor 3 | 105 | 5 | 4 | 4 | 4 | 4 | 4 | 25 |
| Donor 3 | 110 | 5 | 4 | 4 | 4 | 4 | 4 | 25 |
| Donor 3 | 115 | 5 | 4 | 4 | 4 | 4 | 4 | 25 |

Appendices

| | | | | | | | | |
|---------|-----|---|---|---|---|---|---|----|
| Donor 3 | 120 | 5 | 4 | 4 | 4 | 4 | 4 | 25 |
| Donor 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 4 | 3 | 4 | 2 | 2 | 2 | 1 | 1 | 12 |
| Donor 4 | 7 | 6 | 3 | 3 | 3 | 2 | 3 | 20 |
| Donor 4 | 8 | 6 | 3 | 3 | 3 | 3 | 5 | 23 |
| Donor 4 | 11 | 6 | 4 | 4 | 4 | 3 | 5 | 26 |
| Donor 4 | 14 | 6 | 4 | 4 | 4 | 3 | 5 | 26 |
| Donor 4 | 17 | 7 | 4 | 4 | 4 | 3 | 5 | 27 |
| Donor 4 | 21 | 7 | 5 | 5 | 4 | 4 | 4 | 29 |
| Donor 4 | 24 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 4 | 29 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 5 | 2 | 3 | 1 | 2 | 2 | 1 | 1 | 10 |
| Donor 5 | 3 | 3 | 1 | 2 | 2 | 1 | 1 | 10 |
| Donor 5 | 4 | 5 | 2 | 2 | 3 | 2 | 2 | 16 |
| Donor 5 | 5 | 5 | 2 | 2 | 4 | 3 | 3 | 19 |
| Donor 5 | 6 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 5 | 7 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 5 | 9 | 7 | 5 | 5 | 4 | 3 | 3 | 27 |
| Donor 5 | 11 | 7 | 5 | 5 | 4 | 4 | 4 | 29 |
| Donor 6 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Donor 6 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 6 | 4 | 2 | 1 | 1 | 2 | 2 | 2 | 10 |
| Donor 6 | 7 | 5 | 1 | 1 | 2 | 2 | 2 | 13 |
| Donor 6 | 9 | 5 | 1 | 1 | 3 | 2 | 3 | 15 |
| Donor 6 | 12 | 5 | 1 | 1 | 3 | 2 | 3 | 15 |
| Donor 6 | 15 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 6 | 18 | 5 | 2 | 2 | 3 | 2 | 3 | 17 |
| Donor 6 | 21 | 7 | 2 | 2 | 4 | 3 | 3 | 21 |
| Donor 6 | 26 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 33 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 40 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 47 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 61 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 77 | 7 | 3 | 3 | 4 | 3 | 3 | 23 |
| Donor 6 | 91 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 6 | 104 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 7 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |

Appendices

| | | | | | | | | |
|---------|-----|---|---|---|---|---|---|----|
| Donor 7 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 3 |
| Donor 7 | 3 | 3 | 0 | 0 | 1 | 0 | 0 | 4 |
| Donor 7 | 4 | 3 | 0 | 0 | 1 | 0 | 0 | 4 |
| Donor 7 | 5 | 3 | 1 | 1 | 2 | 1 | 1 | 9 |
| Donor 7 | 6 | 5 | 1 | 1 | 2 | 1 | 1 | 11 |
| Donor 7 | 7 | 5 | 1 | 1 | 2 | 1 | 1 | 11 |
| Donor 7 | 9 | 5 | 1 | 1 | 2 | 2 | 2 | 13 |
| Donor 7 | 11 | 5 | 2 | 2 | 2 | 2 | 2 | 15 |
| Donor 7 | 13 | 5 | 2 | 2 | 2 | 2 | 2 | 15 |
| Donor 7 | 15 | 5 | 2 | 2 | 2 | 3 | 3 | 17 |
| Donor 7 | 18 | 6 | 2 | 2 | 3 | 3 | 3 | 19 |
| Donor 7 | 20 | 6 | 2 | 2 | 3 | 3 | 3 | 19 |
| Donor 7 | 23 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 25 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 27 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 29 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 31 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 36 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 41 | 6 | 3 | 3 | 3 | 3 | 3 | 21 |
| Donor 7 | 46 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 52 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 58 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 63 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 68 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 73 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 78 | 6 | 3 | 3 | 3 | 3 | 4 | 22 |
| Donor 7 | 83 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 88 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 93 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 98 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 104 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 109 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 114 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 7 | 119 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 8 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 8 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 8 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Donor 8 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Donor 8 | 5 | 2 | 0 | 0 | 1 | 0 | 0 | 3 |

Appendices

| | | | | | | | | |
|---------|-----|---|---|---|---|---|---|----|
| Donor 8 | 6 | 3 | 0 | 0 | 1 | 0 | 0 | 4 |
| Donor 8 | 7 | 3 | 1 | 1 | 1 | 0 | 0 | 6 |
| Donor 8 | 9 | 3 | 1 | 1 | 1 | 0 | 0 | 6 |
| Donor 8 | 10 | 3 | 1 | 1 | 1 | 0 | 0 | 6 |
| Donor 8 | 11 | 3 | 1 | 1 | 1 | 0 | 0 | 6 |
| Donor 8 | 13 | 5 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor 8 | 15 | 5 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor 8 | 17 | 5 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor 8 | 19 | 5 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor 8 | 21 | 6 | 1 | 2 | 2 | 1 | 1 | 13 |
| Donor 8 | 23 | 6 | 2 | 2 | 2 | 1 | 1 | 14 |
| Donor 8 | 25 | 6 | 2 | 2 | 2 | 1 | 1 | 14 |
| Donor 8 | 27 | 6 | 2 | 2 | 2 | 1 | 1 | 14 |
| Donor 8 | 29 | 6 | 2 | 2 | 2 | 1 | 1 | 14 |
| Donor 8 | 31 | 6 | 2 | 2 | 2 | 1 | 1 | 14 |
| Donor 8 | 33 | 7 | 2 | 2 | 2 | 1 | 2 | 16 |
| Donor 8 | 36 | 7 | 3 | 3 | 3 | 1 | 2 | 19 |
| Donor 8 | 41 | 7 | 3 | 3 | 3 | 2 | 2 | 20 |
| Donor 8 | 46 | 7 | 3 | 3 | 3 | 2 | 2 | 20 |
| Donor 8 | 51 | 7 | 4 | 3 | 3 | 2 | 2 | 21 |
| Donor 8 | 56 | 7 | 4 | 4 | 3 | 3 | 3 | 24 |
| Donor 8 | 61 | 7 | 4 | 4 | 3 | 3 | 3 | 24 |
| Donor 8 | 66 | 7 | 4 | 4 | 3 | 4 | 4 | 26 |
| Donor 8 | 71 | 7 | 4 | 4 | 3 | 4 | 4 | 26 |
| Donor 8 | 76 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 82 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 87 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 92 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 97 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 102 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 8 | 107 | 9 | 4 | 4 | 4 | 4 | 4 | 29 |
| Donor 8 | 112 | 9 | 4 | 4 | 4 | 4 | 4 | 29 |
| Donor 8 | 117 | 9 | 4 | 4 | 4 | 4 | 4 | 29 |
| Donor 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 9 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 8 |
| Donor 9 | 3 | 2 | 1 | 1 | 2 | 1 | 1 | 8 |
| Donor 9 | 4 | 3 | 2 | 2 | 2 | 2 | 2 | 13 |
| Donor 9 | 5 | 5 | 2 | 2 | 3 | 3 | 3 | 18 |
| Donor 9 | 6 | 6 | 4 | 3 | 3 | 3 | 3 | 22 |

Appendices

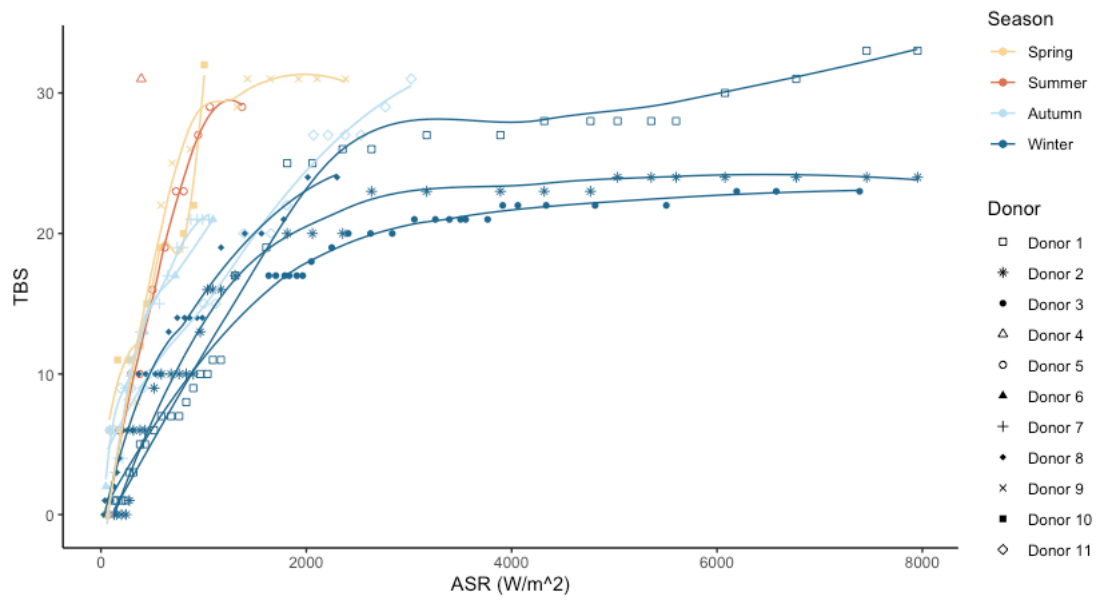
| | | | | | | | | |
|----------|----|---|---|---|---|---|---|----|
| Donor 9 | 7 | 7 | 4 | 3 | 3 | 4 | 4 | 25 |
| Donor 9 | 9 | 7 | 4 | 3 | 4 | 4 | 4 | 26 |
| Donor 9 | 11 | 7 | 4 | 4 | 4 | 4 | 4 | 27 |
| Donor 9 | 13 | 7 | 5 | 5 | 4 | 4 | 4 | 29 |
| Donor 9 | 15 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 9 | 18 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 9 | 20 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 9 | 22 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 9 | 24 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor 10 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 10 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 11 |
| Donor 10 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 11 |
| Donor 10 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 12 |
| Donor 10 | 4 | 4 | 2 | 2 | 3 | 2 | 2 | 15 |
| Donor 10 | 5 | 4 | 3 | 3 | 3 | 3 | 3 | 19 |
| Donor 10 | 6 | 4 | 3 | 3 | 3 | 3 | 3 | 19 |
| Donor 10 | 7 | 4 | 3 | 3 | 4 | 3 | 3 | 20 |
| Donor 10 | 8 | 4 | 4 | 4 | 4 | 3 | 3 | 22 |
| Donor 10 | 10 | 6 | 5 | 5 | 4 | 6 | 6 | 32 |
| Donor 10 | 13 | 6 | 9 | 9 | 6 | 8 | 8 | 46 |
| Donor 10 | 15 | 6 | 9 | 9 | 6 | 8 | 8 | 46 |
| Donor 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donor 11 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Donor 11 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |

Appendices

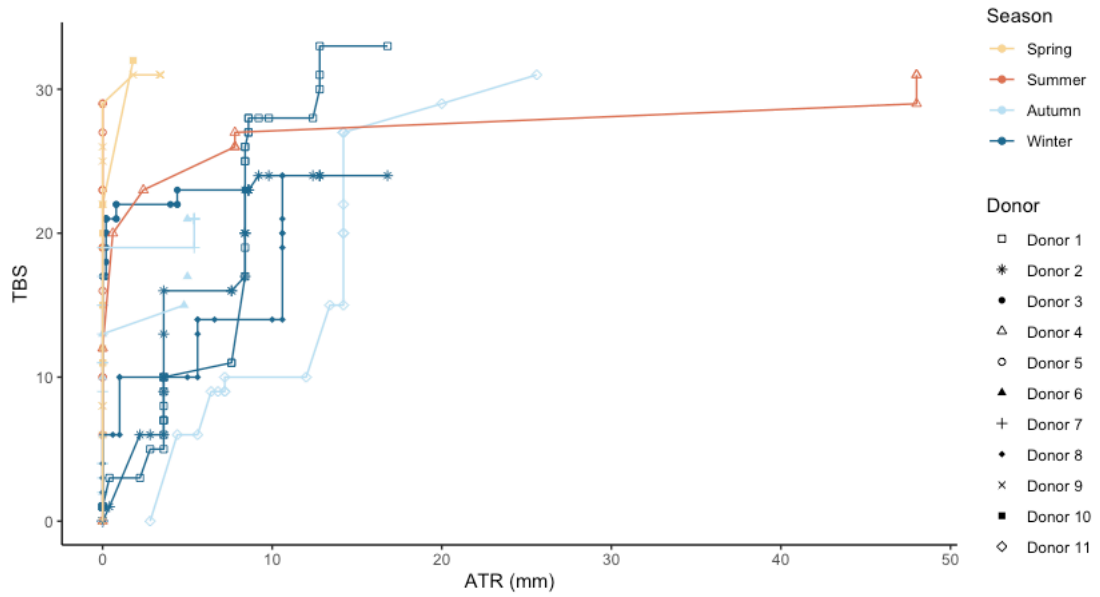
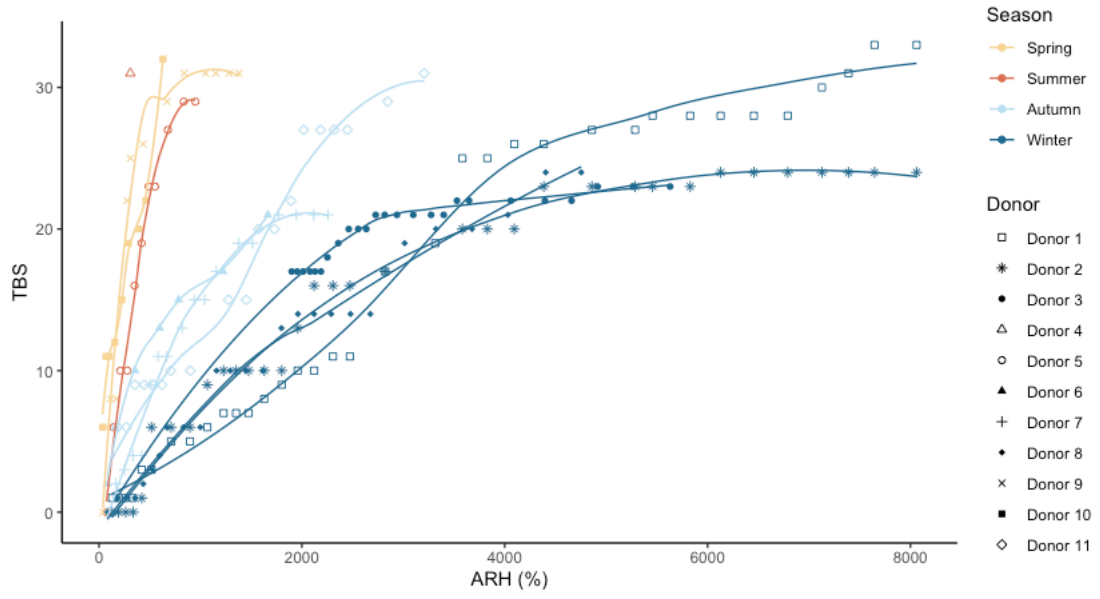
| | | | | | | | | | |
|-------|----|---|---|---|---|---|---|---|----|
| Donor | | | | | | | | | |
| 11 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| Donor | | | | | | | | | |
| 11 | 4 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| Donor | | | | | | | | | |
| 11 | 5 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| Donor | | | | | | | | | |
| 11 | 6 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| Donor | | | | | | | | | |
| 11 | 7 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor | | | | | | | | | |
| 11 | 10 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 10 |
| Donor | | | | | | | | | |
| 11 | 12 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 15 |
| Donor | | | | | | | | | |
| 11 | 14 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 15 |
| Donor | | | | | | | | | |
| 11 | 16 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 15 |
| Donor | | | | | | | | | |
| 11 | 18 | 7 | 3 | 3 | 3 | 2 | 2 | 2 | 20 |
| Donor | | | | | | | | | |
| 11 | 20 | 7 | 3 | 3 | 3 | 2 | 2 | 2 | 20 |
| Donor | | | | | | | | | |
| 11 | 22 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 22 |
| Donor | | | | | | | | | |
| 11 | 24 | 7 | 5 | 5 | 4 | 3 | 3 | 3 | 27 |
| Donor | | | | | | | | | |
| 11 | 26 | 7 | 5 | 5 | 4 | 3 | 3 | 3 | 27 |
| Donor | | | | | | | | | |
| 11 | 28 | 7 | 5 | 5 | 4 | 3 | 3 | 3 | 27 |
| Donor | | | | | | | | | |
| 11 | 30 | 7 | 5 | 5 | 4 | 3 | 3 | 3 | 27 |
| Donor | | | | | | | | | |
| 11 | 33 | 7 | 5 | 5 | 4 | 4 | 4 | 4 | 29 |
| Donor | | | | | | | | | |
| 11 | 35 | 7 | 5 | 5 | 4 | 4 | 4 | 4 | 29 |
| Donor | | | | | | | | | |
| 11 | 40 | 9 | 5 | 5 | 4 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | | |
| 11 | 45 | 9 | 5 | 5 | 4 | 4 | 4 | 4 | 31 |

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|-------|----|---|---|---|---|---|---|----|
| Donor | | | | | | | | |
| 11 | 50 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | |
| 11 | 55 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | |
| 11 | 60 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | |
| 11 | 65 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | |
| 11 | 70 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |
| Donor | | | | | | | | |
| 11 | 75 | 9 | 5 | 5 | 4 | 4 | 4 | 31 |



Appendices



Appendices

APPENDIX E: nDNA Quantities

| Sample Name | Date | Day | Donor | Sample no | Small amplification target (ng/uL) | Large amplification target (ng/uL) | DI (small/large) |
|-------------|-----------|-----|---------|-----------|------------------------------------|------------------------------------|------------------|
| SGR0001 | 1/6/2018 | 1 | Donor 1 | 1 | 0.208 | 0.198 | 0.952 |
| SGR0002 | 1/6/2018 | 1 | Donor 1 | 2 | 0.629 | 0.547 | 0.870 |
| SGR0004 | 2/6/2018 | 2 | Donor 1 | 1 | 0.466 | 0.470 | 1.009 |
| SGR0005 | 2/6/2018 | 2 | Donor 1 | 2 | 0.567 | 0.605 | 1.067 |
| SGR0007 | 3/6/2018 | 3 | Donor 1 | 1 | 1.735 | 1.683 | 0.970 |
| SGR0008 | 3/6/2018 | 3 | Donor 1 | 2 | 0.455 | 0.496 | 1.090 |
| SGR0010 | 4/6/2018 | 4 | Donor 1 | 1 | 0.531 | 0.554 | 1.043 |
| SGR0011 | 4/6/2018 | 4 | Donor 1 | 2 | 0.710 | 0.739 | 1.041 |
| SGR0013 | 5/6/2018 | 5 | Donor 1 | 1 | 1.547 | 1.386 | 0.896 |
| SGR0014 | 5/6/2018 | 5 | Donor 1 | 2 | 1.570 | 1.410 | 0.898 |
| SGR0016 | 6/6/2018 | 6 | Donor 1 | 1 | 0.670 | 0.671 | 1.001 |
| SGR0017 | 6/6/2018 | 6 | Donor 1 | 2 | 1.498 | 1.476 | 0.985 |
| SGR0019 | 8/6/2018 | 8 | Donor 1 | 1 | 4.518 | 4.531 | 1.003 |
| SGR0020 | 8/6/2018 | 8 | Donor 1 | 2 | 1.569 | 1.683 | 1.073 |
| SGR0043 | 10/6/2018 | 10 | Donor 1 | 1 | 4.442 | 4.485 | 1.010 |
| SGR0044 | 10/6/2018 | 10 | Donor 1 | 2 | 2.112 | 1.923 | 0.911 |
| SGR0046 | 12/6/2018 | 12 | Donor 1 | 1 | 3.038 | 2.498 | 0.822 |
| SGR0047 | 12/6/2018 | 12 | Donor 1 | 2 | 4.328 | 4.035 | 0.932 |
| SGR0049 | 14/6/2018 | 14 | Donor 1 | 1 | 4.866 | 4.017 | 0.826 |
| SGR0050 | 14/6/2018 | 14 | Donor 1 | 2 | 4.643 | 4.727 | 1.018 |
| SGR0052 | 16/6/2018 | 16 | Donor 1 | 1 | 3.765 | 3.600 | 0.956 |
| SGR0053 | 16/6/2018 | 16 | Donor 1 | 2 | 8.397 | 7.761 | 0.924 |
| SGR0055 | 18/6/2018 | 18 | Donor 1 | 1 | 2.901 | 2.109 | 0.727 |
| SGR0056 | 18/6/2018 | 18 | Donor 1 | 2 | 3.178 | 2.263 | 0.712 |
| SGR0058 | 20/6/2018 | 20 | Donor 1 | 1 | 5.448 | 4.475 | 0.821 |
| SGR0059 | 20/6/2018 | 20 | Donor 1 | 2 | 5.998 | 5.225 | 0.871 |
| SGR0061 | 22/6/2018 | 22 | Donor 1 | 1 | 5.017 | 4.480 | 0.893 |
| SGR0062 | 22/6/2018 | 22 | Donor 1 | 2 | 5.124 | 4.168 | 0.813 |
| SGR0064 | 24/6/2018 | 24 | Donor 1 | 1 | 3.997 | 3.614 | 0.904 |
| SGR0065 | 24/6/2018 | 24 | Donor 1 | 2 | 5.646 | 5.478 | 0.970 |
| SGR0067 | 26/6/2018 | 26 | Donor 1 | 1 | 1.365 | 0.875 | 0.641 |
| SGR0068 | 26/6/2018 | 26 | Donor 1 | 2 | 3.341 | 1.999 | 0.598 |

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|---------|-----------|-----|---------|---|-------|-------|-------|
| SGR0070 | 28/6/2018 | 28 | Donor 1 | 1 | 4.561 | 3.190 | 0.699 |
| SGR0071 | 28/6/2018 | 28 | Donor 1 | 2 | 4.966 | 3.930 | 0.791 |
| SGR0073 | 30/6/2018 | 30 | Donor 1 | 1 | 5.263 | 4.516 | 0.858 |
| SGR0074 | 30/6/2018 | 30 | Donor 1 | 2 | 1.898 | 1.851 | 0.975 |
| SGR0079 | 4/7/2018 | 34 | Donor 1 | 1 | 8.172 | 5.257 | 0.643 |
| SGR0080 | 4/7/2018 | 34 | Donor 1 | 2 | 3.243 | 1.791 | 0.552 |
| SGR0082 | 11/7/2018 | 41 | Donor 1 | 1 | 4.467 | 3.449 | 0.772 |
| SGR0083 | 11/7/2018 | 41 | Donor 1 | 2 | 3.449 | 2.836 | 0.822 |
| SGR0088 | 15/7/2018 | 45 | Donor 1 | 1 | 5.532 | 4.165 | 0.753 |
| SGR0089 | 15/7/2018 | 45 | Donor 1 | 2 | 4.008 | 1.824 | 0.455 |
| SGR0094 | 20/7/2018 | 50 | Donor 1 | 1 | 2.733 | 1.992 | 0.729 |
| SGR0095 | 20/7/2018 | 50 | Donor 1 | 2 | 4.099 | 2.801 | 0.683 |
| SGR0100 | 25/7/2018 | 55 | Donor 1 | 1 | 4.992 | 3.090 | 0.619 |
| SGR0101 | 25/7/2018 | 55 | Donor 1 | 2 | 3.946 | 2.087 | 0.529 |
| SGR0169 | 30/7/2018 | 60 | Donor 1 | 1 | 1.714 | 0.990 | 0.578 |
| SGR0170 | 30/7/2018 | 60 | Donor 1 | 2 | 1.643 | 1.073 | 0.653 |
| SGR0181 | 7/8/2018 | 68 | Donor 1 | 1 | 5.613 | 2.810 | 0.501 |
| SGR0182 | 7/8/2018 | 68 | Donor 1 | 2 | 4.326 | 2.677 | 0.619 |
| SGR0193 | 15/8/2018 | 76 | Donor 1 | 1 | 2.329 | 0.970 | 0.416 |
| SGR0194 | 15/8/2018 | 76 | Donor 1 | 2 | 3.068 | 1.361 | 0.444 |
| SGR0205 | 19/8/2018 | 80 | Donor 1 | 1 | 5.029 | 2.022 | 0.402 |
| SGR0206 | 19/8/2018 | 80 | Donor 1 | 2 | 1.788 | 0.540 | 0.302 |
| SGR0217 | 25/8/2018 | 86 | Donor 1 | 1 | 0.841 | 0.289 | 0.344 |
| SGR0218 | 25/8/2018 | 86 | Donor 1 | 2 | 0.517 | 0.257 | 0.497 |
| SGR0229 | 29/8/2018 | 90 | Donor 1 | 1 | 0.367 | 0.193 | 0.526 |
| SGR0230 | 29/8/2018 | 90 | Donor 1 | 2 | 0.287 | 0.107 | 0.373 |
| SGR0241 | 3/9/2018 | 95 | Donor 1 | 1 | 0.654 | 0.259 | 0.396 |
| SGR0242 | 3/9/2018 | 95 | Donor 1 | 2 | 1.571 | 0.803 | 0.511 |
| SGR0253 | 7/9/2018 | 99 | Donor 1 | 1 | 0.240 | 0.065 | 0.271 |
| SGR0254 | 7/9/2018 | 99 | Donor 1 | 2 | 0.445 | 0.100 | 0.225 |
| SGR0265 | 12/9/2018 | 104 | Donor 1 | 1 | 0.414 | 0.149 | 0.360 |
| SGR0266 | 12/9/2018 | 104 | Donor 1 | 2 | 0.066 | 0.010 | 0.152 |
| SGR0277 | 17/9/2018 | 109 | Donor 1 | 1 | 1.435 | 0.916 | 0.638 |
| SGR0278 | 17/9/2018 | 109 | Donor 1 | 2 | 0.296 | 0.095 | 0.321 |
| SGR0289 | 22/9/2018 | 114 | Donor 1 | 1 | 0.180 | 0.085 | 0.472 |

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|---------|-----------|---------|---------|---|-------|-------|-------|
| SGR0290 | 22/9/2018 | 11 4 | Donor 1 | 2 | 0.043 | 0.020 | 0.465 |
| SGR0301 | 28/9/2018 | 12 0 | Donor 1 | 1 | 0.022 | 0.011 | 0.500 |
| SGR0302 | 28/9/2018 | 12 0 | Donor 1 | 2 | 0.003 | 0.001 | 0.333 |
| SGR0022 | 1/6/2018 | 1 | Donor 2 | 1 | 0.701 | 0.785 | 1.120 |
| SGR0023 | 1/6/2018 | 1 | Donor 2 | 2 | 0.647 | 0.680 | 1.051 |
| SGR0025 | 2/6/2018 | 2 | Donor 2 | 1 | 0.505 | 0.498 | 0.986 |
| SGR0026 | 2/6/2018 | 2 | Donor 2 | 2 | 0.454 | 0.429 | 0.945 |
| SGR0028 | 3/6/2018 | 3 | Donor 2 | 1 | 2.455 | 2.502 | 1.019 |
| SGR0029 | 3/6/2018 | 3 | Donor 2 | 2 | 1.683 | 1.694 | 1.007 |
| SGR0031 | 4/6/2018 | 4 | Donor 2 | 1 | 0.928 | 0.913 | 0.984 |
| SGR0032 | 4/6/2018 | 4 | Donor 2 | 2 | 4.987 | 5.396 | 1.082 |
| SGR0034 | 5/6/2018 | 5 | Donor 2 | 1 | 2.040 | 2.067 | 1.013 |
| SGR0035 | 5/6/2018 | 5 | Donor 2 | 2 | 1.800 | 1.870 | 1.039 |
| SGR0037 | 6/6/2018 | 6 | Donor 2 | 1 | 2.296 | 2.194 | 0.956 |
| SGR0038 | 6/6/2018 | 6 | Donor 2 | 2 | 3.562 | 2.992 | 0.840 |
| SGR0040 | 8/6/2018 | 8 | Donor 2 | 1 | 1.337 | 1.279 | 0.957 |
| SGR0041 | 8/6/2018 | 8 | Donor 2 | 2 | 1.771 | 1.704 | 0.962 |
| SGR0106 | 10/6/2018 | 10 | Donor 2 | 1 | 2.741 | 2.143 | 0.782 |
| SGR0107 | 10/6/2018 | 10 | Donor 2 | 2 | 1.666 | 1.199 | 0.720 |
| SGR0109 | 12/6/2018 | 12 | Donor 2 | 1 | 3.368 | 2.255 | 0.670 |
| SGR0110 | 12/6/2018 | 12 | Donor 2 | 2 | 1.409 | 1.152 | 0.818 |
| SGR0112 | 14/6/2018 | 14 | Donor 2 | 1 | 0.633 | 0.491 | 0.776 |
| SGR0113 | 14/6/2018 | 14 | Donor 2 | 2 | 0.931 | 0.664 | 0.713 |
| SGR0115 | 16/6/2018 | 16 | Donor 2 | 1 | 1.746 | 1.273 | 0.729 |
| SGR0116 | 16/6/2018 | 16 | Donor 2 | 2 | 1.533 | 1.176 | 0.767 |
| SGR0118 | 18/6/2018 | 18 | Donor 2 | 1 | 2.006 | 1.536 | 0.766 |
| SGR0119 | 18/6/2018 | 18 | Donor 2 | 2 | 2.620 | 2.061 | 0.787 |
| SGR0121 | 20/6/2018 | 20 | Donor 2 | 1 | 1.273 | 0.612 | 0.481 |
| SGR0122 | 20/6/2018 | 20 | Donor 2 | 2 | 1.919 | 1.450 | 0.756 |
| SGR0124 | 22/6/2018 | 22 | Donor 2 | 1 | 6.888 | 2.903 | 0.421 |
| SGR0125 | 22/6/2018 | 22 | Donor 2 | 2 | 4.521 | 2.489 | 0.551 |
| SGR0127 | 24/6/2018 | 24 | Donor 2 | 1 | 2.201 | 0.699 | 0.318 |
| SGR0128 | 24/6/2018 | 24 | Donor 2 | 2 | 3.501 | 1.671 | 0.477 |
| SGR0130 | 26/6/2018 | 26 | Donor 2 | 1 | 0.169 | 0.028 | 0.166 |
| SGR0131 | 26/6/2018 | 26 | Donor 2 | 2 | 0.377 | 0.081 | 0.215 |
| SGR0133 | 28/6/2018 | 28 | Donor 2 | 1 | 0.158 | 0.020 | 0.127 |
| SGR0134 | 28/6/2018 | 28 | Donor 2 | 2 | 1.360 | 0.348 | 0.256 |

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|---------|-----------|---------|---------|---|-------|-------|---------|
| SGR0136 | 30/6/2018 | 30 | Donor 2 | 1 | 0.674 | 0.110 | 0.163 |
| SGR0137 | 30/6/2018 | 30 | Donor 2 | 2 | 0.573 | 0.075 | 0.131 |
| SGR0142 | 4/7/2018 | 34 | Donor 2 | 1 | 0.208 | 0.076 | 0.365 |
| SGR0143 | 4/7/2018 | 34 | Donor 2 | 2 | 0.039 | 0.004 | 0.103 |
| SGR0151 | 15/7/2018 | 45 | Donor 2 | 1 | 0.061 | 0.024 | 0.393 |
| SGR0152 | 15/7/2018 | 45 | Donor 2 | 2 | 0.089 | 0.033 | 0.371 |
| SGR0157 | 20/7/2018 | 50 | Donor 2 | 1 | 0.006 | 0.001 | 0.167 |
| SGR0158 | 20/7/2018 | 50 | Donor 2 | 2 | 0.014 | 0.001 | 0.071 |
| SGR0163 | 25/7/2018 | 55 | Donor 2 | 1 | 0.045 | 0.013 | 0.289 |
| SGR0164 | 25/7/2018 | 55 | Donor 2 | 2 | 0.020 | 0.002 | 0.100 |
| SGR0175 | 30/7/2018 | 60 | Donor 2 | 1 | 0.079 | 0.017 | 0.215 |
| SGR0176 | 30/7/2018 | 60 | Donor 2 | 2 | 0.081 | 0.026 | 0.321 |
| SGR0187 | 7/8/2018 | 68 | Donor 2 | 1 | 0.002 | 0.000 | 0.000 |
| SGR0188 | 7/8/2018 | 68 | Donor 2 | 2 | 0.002 | 0.000 | 0.000 |
| SGR0199 | 15/8/2018 | 76 | Donor 2 | 1 | 0.001 | NA | #VALUE! |
| SGR0200 | 15/8/2018 | 76 | Donor 2 | 2 | 0.000 | 0.000 | #DIV/0! |
| SGR0211 | 19/8/2018 | 80 | Donor 2 | 1 | 0.000 | NA | #VALUE! |
| SGR0212 | 19/8/2018 | 80 | Donor 2 | 2 | 0.000 | 0.000 | #DIV/0! |
| SGR0223 | 25/8/2018 | 86 | Donor 2 | 1 | 0.001 | 0.000 | 0.000 |
| SGR0224 | 25/8/2018 | 86 | Donor 2 | 2 | 0.009 | 0.002 | 0.222 |
| SGR0235 | 29/8/2018 | 90 | Donor 2 | 1 | 0.000 | NA | #VALUE! |
| SGR0236 | 29/8/2018 | 90 | Donor 2 | 2 | 0.000 | 0.000 | #DIV/0! |
| SGR0247 | 3/9/2018 | 95 | Donor 2 | 1 | 0.001 | NA | #VALUE! |
| SGR0248 | 3/9/2018 | 95 | Donor 2 | 2 | NA | NA | #VALUE! |
| SGR0259 | 7/9/2018 | 99 | Donor 2 | 1 | 0.000 | NA | #VALUE! |
| SGR0260 | 7/9/2018 | 99 | Donor 2 | 2 | 0.000 | NA | #VALUE! |
| SGR0271 | 12/9/2018 | 10 4 | Donor 2 | 1 | NA | NA | #VALUE! |
| SGR0272 | 12/9/2018 | 10 4 | Donor 2 | 2 | 0.000 | 0.000 | #DIV/0! |
| SGR0283 | 17/9/2018 | 10 9 | Donor 2 | 1 | NA | NA | #VALUE! |
| SGR0284 | 17/9/2018 | 10 9 | Donor 2 | 2 | NA | NA | #VALUE! |
| SGR0295 | 22/9/2018 | 11 4 | Donor 2 | 1 | NA | NA | #VALUE! |
| SGR0296 | 22/9/2018 | 11 4 | Donor 2 | 2 | 0.000 | NA | #VALUE! |
| SGR0307 | 28/9/2018 | 12 0 | Donor 2 | 1 | 0.000 | NA | #VALUE! |

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|---------|-----------|-----|---------|---|--------|--------|---------|
| SGR0308 | 28/9/2018 | 120 | Donor 2 | 2 | 0.000 | NA | #VALUE! |
| SGR0427 | 5/7/2018 | 1 | Donor 3 | 1 | 9.951 | 8.017 | 0.806 |
| SGR0428 | 5/7/2018 | 1 | Donor 3 | 2 | 12.498 | 10.422 | 0.834 |
| SGR0430 | 3/8/2018 | 30 | Donor 3 | 1 | 0.550 | 0.247 | 0.449 |
| SGR0431 | 3/8/2018 | 30 | Donor 3 | 2 | 0.061 | 0.023 | 0.385 |
| SGR0433 | 4/8/2018 | 31 | Donor 3 | 1 | 0.923 | 0.536 | 0.581 |
| SGR0434 | 4/8/2018 | 31 | Donor 3 | 2 | 0.105 | 0.065 | 0.620 |
| SGR0436 | 5/8/2018 | 32 | Donor 3 | 1 | 0.293 | 0.178 | 0.608 |
| SGR0437 | 5/8/2018 | 32 | Donor 3 | 2 | 0.030 | 0.016 | 0.524 |
| SGR0439 | 6/8/2018 | 33 | Donor 3 | 1 | 0.240 | 0.113 | 0.470 |
| SGR0440 | 6/8/2018 | 33 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0442 | 7/8/2018 | 34 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0443 | 7/8/2018 | 34 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0445 | 8/8/2018 | 35 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0446 | 8/8/2018 | 35 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0448 | 9/8/2018 | 36 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0449 | 9/8/2018 | 36 | Donor 3 | 2 | 0.156 | 0.065 | 0.416 |
| SGR0451 | 11/8/2018 | 38 | Donor 3 | 1 | 0.019 | 0.007 | 0.376 |
| SGR0452 | 11/8/2018 | 38 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0424 | 13/8/2018 | 40 | Donor 3 | 1 | 0.137 | 0.062 | 0.455 |
| SGR0425 | 13/8/2018 | 40 | Donor 3 | 2 | 0.053 | 0.035 | 0.651 |
| SGR0325 | 15/8/2018 | 42 | Donor 3 | 1 | 0.039 | 0.023 | 0.587 |
| SGR0326 | 15/8/2018 | 42 | Donor 3 | 2 | 0.011 | 0.004 | 0.368 |
| SGR0328 | 17/8/2018 | 44 | Donor 3 | 1 | 0.076 | 0.044 | 0.580 |
| SGR0329 | 17/8/2018 | 44 | Donor 3 | 2 | 0.036 | 0.009 | 0.247 |
| SGR0331 | 19/8/2018 | 46 | Donor 3 | 1 | 0.089 | 0.058 | 0.660 |
| SGR0332 | 19/8/2018 | 46 | Donor 3 | 2 | 0.019 | 0.011 | 0.601 |
| SGR0334 | 21/8/2018 | 48 | Donor 3 | 1 | 0.090 | 0.063 | 0.702 |
| SGR0335 | 21/8/2018 | 48 | Donor 3 | 2 | 0.003 | 0.001 | 0.168 |
| SGR0337 | 23/8/2018 | 50 | Donor 3 | 1 | 0.003 | 0.001 | 0.442 |
| SGR0338 | 23/8/2018 | 50 | Donor 3 | 2 | 0.005 | 0.002 | 0.419 |
| SGR0340 | 25/8/2018 | 52 | Donor 3 | 1 | 0.006 | 0.002 | 0.316 |
| SGR0341 | 25/8/2018 | 52 | Donor 3 | 2 | 0.002 | 0.001 | 0.252 |
| SGR0343 | 27/8/2018 | 54 | Donor 3 | 1 | 0.003 | 0.002 | 0.567 |
| SGR0344 | 27/8/2018 | 54 | Donor 3 | 2 | 0.004 | 0.002 | 0.598 |
| SGR0346 | 29/8/2018 | 56 | Donor 3 | 1 | 0.004 | 0.001 | 0.293 |
| SGR0347 | 29/8/2018 | 56 | Donor 3 | 2 | 0.001 | 0.000 | 0.322 |
| SGR0349 | 31/8/2018 | 58 | Donor 3 | 1 | 0.006 | 0.002 | 0.324 |
| SGR0350 | 31/8/2018 | 58 | Donor 3 | 2 | 0.006 | 0.001 | 0.170 |

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|---------|------------|-----|---------|---|--------|-------|---------|
| SGR0352 | 2/9/2018 | 60 | Donor 3 | 1 | 0.000 | 0.000 | 0.424 |
| SGR0353 | 2/9/2018 | 60 | Donor 3 | 2 | 0.004 | 0.001 | 0.345 |
| SGR0358 | 7/9/2018 | 65 | Donor 3 | 1 | 0.134 | 0.069 | 0.516 |
| SGR0359 | 7/9/2018 | 65 | Donor 3 | 2 | 0.001 | NA | #VALUE! |
| SGR0364 | 12/9/2018 | 70 | Donor 3 | 1 | 0.002 | 0.000 | 0.120 |
| SGR0365 | 12/9/2018 | 70 | Donor 3 | 2 | 0.001 | 0.000 | 0.109 |
| SGR0370 | 17/9/2018 | 75 | Donor 3 | 1 | 0.033 | 0.008 | 0.231 |
| SGR0371 | 17/9/2018 | 75 | Donor 3 | 2 | 0.000 | NA | #VALUE! |
| SGR0376 | 22/9/2018 | 80 | Donor 3 | 1 | 0.001 | NA | #VALUE! |
| SGR0377 | 22/9/2018 | 80 | Donor 3 | 2 | 0.001 | 0.000 | 0.162 |
| SGR0454 | 27/9/2018 | 85 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0455 | 27/9/2018 | 85 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0382 | 3/10/2018 | 91 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0383 | 3/10/2018 | 91 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0388 | 8/10/2018 | 96 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0389 | 8/10/2018 | 96 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0394 | 12/10/2018 | 100 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0395 | 12/10/2018 | 100 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0400 | 17/10/2018 | 105 | Donor 3 | 1 | NA | NA | #VALUE! |
| SGR0401 | 17/10/2018 | 105 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0406 | 22/10/2018 | 110 | Donor 3 | 1 | 0.000 | NA | #VALUE! |
| SGR0407 | 22/10/2018 | 110 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0412 | 26/10/2018 | 115 | Donor 3 | 1 | 0.001 | NA | #VALUE! |
| SGR0413 | 26/10/2018 | 115 | Donor 3 | 2 | 0.000 | 0.000 | 1.169 |
| SGR0418 | 1/11/2018 | 120 | Donor 3 | 1 | 0.000 | NA | #VALUE! |
| SGR0419 | 1/11/2018 | 120 | Donor 3 | 2 | NA | NA | #VALUE! |
| SGR0487 | 31/12/2018 | 0 | Donor 4 | 1 | 1.919 | 1.666 | 0.868 |
| SGR0488 | 31/12/2018 | 0 | Donor 4 | 2 | 3.151 | 2.553 | 0.810 |
| SGR0490 | 3/1/2019 | 3 | Donor 4 | 1 | 6.576 | 4.666 | 0.710 |
| SGR0491 | 3/1/2019 | 3 | Donor 4 | 2 | 11.105 | 7.326 | 0.660 |

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|---------|-----------|----|---------|---|--------|--------|---------|
| SGR0493 | 7/1/2019 | 7 | Donor 4 | 1 | 0.001 | 0.001 | 0.612 |
| SGR0494 | 7/1/2019 | 7 | Donor 4 | 2 | 0.001 | 0.001 | 0.705 |
| SGR0496 | 8/1/2019 | 8 | Donor 4 | 1 | 0.001 | 0.000 | 0.161 |
| SGR0497 | 8/1/2019 | 8 | Donor 4 | 2 | 0.001 | NA | #VALUE! |
| SGR0553 | 27/2/2019 | 0 | Donor 5 | 1 | 2.504 | 2.542 | 1.015 |
| SGR0554 | 27/2/2019 | 0 | Donor 5 | 2 | 5.621 | 5.401 | 0.961 |
| SGR0557 | 28/2/2019 | 1 | Donor 5 | 1 | 6.422 | 6.233 | 0.971 |
| SGR0559 | 28/2/2019 | 1 | Donor 5 | 3 | 16.828 | 16.498 | 0.980 |
| SGR0517 | 1/3/2019 | 2 | Donor 5 | 1 | 15.995 | 14.960 | 0.935 |
| SGR0518 | 1/3/2019 | 2 | Donor 5 | 2 | 23.283 | 21.665 | 0.931 |
| SGR0521 | 2/3/2019 | 3 | Donor 5 | 1 | 8.995 | 6.575 | 0.731 |
| SGR0523 | 2/3/2019 | 3 | Donor 5 | 3 | 12.936 | 9.375 | 0.725 |
| SGR0526 | 3/3/2019 | 4 | Donor 5 | 2 | 10.646 | 8.368 | 0.786 |
| SGR0527 | 3/3/2019 | 4 | Donor 5 | 3 | 15.413 | 12.599 | 0.817 |
| SGR0529 | 4/3/2019 | 5 | Donor 5 | 1 | 23.198 | 15.939 | 0.687 |
| SGR0530 | 4/3/2019 | 5 | Donor 5 | 2 | 5.315 | 3.172 | 0.597 |
| SGR0533 | 5/3/2019 | 6 | Donor 5 | 1 | 0.016 | 0.000 | 0.030 |
| SGR0535 | 5/3/2019 | 6 | Donor 5 | 3 | 0.006 | 0.001 | 0.180 |
| SGR0538 | 6/3/2019 | 7 | Donor 5 | 2 | 0.001 | NA | #VALUE! |
| SGR0539 | 6/3/2019 | 7 | Donor 5 | 3 | 0.004 | 0.001 | 0.256 |
| SGR0541 | 8/3/2019 | 9 | Donor 5 | 1 | 0.001 | NA | #VALUE! |
| SGR0542 | 8/3/2019 | 9 | Donor 5 | 2 | 0.001 | 0.000 | 0.226 |
| SGR0545 | 10/3/2019 | 11 | Donor 5 | 1 | 0.001 | NA | #VALUE! |
| SGR0547 | 10/3/2019 | 11 | Donor 5 | 3 | NA | NA | #VALUE! |
| SGR0550 | 12/3/2019 | 13 | Donor 5 | 2 | NA | NA | #VALUE! |
| SGR0549 | 12/3/2019 | 13 | Donor 5 | 1 | 0.001 | NA | #VALUE! |
| SGR0562 | 24/4/2019 | 0 | Donor 6 | 2 | 4.826 | 5.171 | 1.071 |
| SGR0561 | 24/4/2019 | 0 | Donor 6 | 1 | 21.611 | 20.218 | 0.936 |
| SGR0565 | 25/4/2019 | 1 | Donor 6 | 1 | 22.210 | 19.886 | 0.895 |
| SGR0566 | 25/4/2019 | 1 | Donor 6 | 2 | 9.702 | 8.601 | 0.887 |
| SGR0569 | 26/4/2019 | 2 | Donor 6 | 1 | 9.901 | 8.043 | 0.812 |
| SGR0571 | 26/4/2019 | 2 | Donor 6 | 3 | 8.759 | 7.380 | 0.843 |
| SGR0574 | 27/4/2019 | 3 | Donor 6 | 2 | 18.014 | 15.670 | 0.870 |
| SGR0573 | 27/4/2019 | 3 | Donor 6 | 1 | 9.967 | 9.358 | 0.939 |
| SGR0577 | 28/4/2019 | 4 | Donor 6 | 1 | 5.038 | 4.228 | 0.839 |
| SGR0578 | 28/4/2019 | 4 | Donor 6 | 2 | 8.364 | 7.681 | 0.918 |
| SGR0581 | 29/4/2019 | 5 | Donor 6 | 1 | 7.598 | 7.101 | 0.935 |
| SGR0583 | 29/4/2019 | 5 | Donor 6 | 3 | 7.357 | 6.903 | 0.938 |
| SGR0586 | 30/4/2019 | 6 | Donor 6 | 2 | 8.313 | 8.583 | 1.032 |
| SGR0588 | 30/4/2019 | 6 | Donor 6 | 4 | 21.495 | 19.112 | 0.889 |

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|---------|-----------|----|---------|---|--------|--------|---------|
| SGR0589 | 1/5/2019 | 7 | Donor 6 | 1 | 3.735 | 2.775 | 0.743 |
| SGR0590 | 1/5/2019 | 7 | Donor 6 | 2 | 3.483 | 2.785 | 0.800 |
| SGR0593 | 3/5/2019 | 9 | Donor 6 | 1 | 0.683 | 0.344 | 0.504 |
| SGR0595 | 3/5/2019 | 9 | Donor 6 | 3 | 0.601 | 0.206 | 0.342 |
| SGR0598 | 5/5/2019 | 11 | Donor 6 | 1 | 0.698 | 0.163 | 0.233 |
| SGR0599 | 5/5/2019 | 11 | Donor 6 | 2 | 0.093 | 0.004 | 0.048 |
| SGR0604 | 7/5/2019 | 13 | Donor 6 | 3 | 0.058 | 0.008 | 0.131 |
| SGR0605 | 7/5/2019 | 13 | Donor 6 | 4 | 0.013 | NA | #VALUE! |
| SGR0607 | 9/5/2019 | 15 | Donor 6 | 1 | 0.085 | 0.003 | 0.030 |
| SGR0610 | 9/5/2019 | 15 | Donor 6 | 4 | 0.062 | 0.001 | 0.011 |
| SGR0611 | 11/5/2019 | 17 | Donor 6 | 1 | 0.068 | 0.002 | 0.027 |
| SGR0613 | 11/5/2019 | 17 | Donor 6 | 3 | 0.115 | 0.016 | 0.140 |
| SGR0616 | 13/5/2019 | 19 | Donor 6 | 2 | 0.032 | 0.002 | 0.071 |
| SGR0617 | 13/5/2019 | 19 | Donor 6 | 3 | 0.046 | 0.002 | 0.033 |
| SGR0619 | 15/5/2019 | 21 | Donor 6 | 1 | 0.023 | 0.003 | 0.112 |
| SGR0620 | 15/5/2019 | 21 | Donor 6 | 2 | 0.203 | 0.037 | 0.183 |
| SGR0625 | 17/5/2019 | 23 | Donor 6 | 3 | 0.010 | NA | #VALUE! |
| SGR0626 | 17/5/2019 | 23 | Donor 6 | 4 | 0.016 | 0.001 | 0.081 |
| SGR0629 | 19/5/2019 | 25 | Donor 6 | 3 | 0.005 | NA | #VALUE! |
| SGR0630 | 19/5/2019 | 25 | Donor 6 | 4 | 0.037 | 0.000 | 0.009 |
| SGR0631 | 21/5/2019 | 27 | Donor 6 | 1 | 0.003 | NA | #VALUE! |
| SGR0634 | 21/5/2019 | 27 | Donor 6 | 4 | 0.002 | NA | #VALUE! |
| SGR0637 | 23/5/2019 | 29 | Donor 6 | 3 | 0.012 | NA | #VALUE! |
| SGR0638 | 23/5/2019 | 29 | Donor 6 | 4 | 0.124 | 0.017 | 0.140 |
| SGR0643 | 29/5/2019 | 35 | Donor 6 | 1 | 0.001 | NA | #VALUE! |
| SGR0644 | 29/5/2019 | 35 | Donor 6 | 2 | 0.001 | NA | #VALUE! |
| SGR0985 | 3/6/2019 | 40 | Donor 6 | 1 | 0.001 | NA | #VALUE! |
| SGR0986 | 3/6/2019 | 40 | Donor 6 | 2 | 0.001 | NA | #VALUE! |
| SGR0991 | 8/6/2019 | 45 | Donor 6 | 3 | 0.002 | NA | #VALUE! |
| SGR0992 | 8/6/2019 | 45 | Donor 6 | 4 | 0.002 | 0.001 | 0.300 |
| SGR0993 | 12/6/2019 | 49 | Donor 6 | 1 | 0.001 | NA | #VALUE! |
| SGR0995 | 12/6/2019 | 49 | Donor 6 | 3 | 0.052 | 0.003 | 0.066 |
| SGR0647 | 16/5/2019 | 0 | Donor 7 | 1 | 7.358 | 9.129 | 1.241 |
| SGR0649 | 16/5/2019 | 0 | Donor 7 | 3 | 5.758 | 6.852 | 1.190 |
| SGR0652 | 17/5/2019 | 1 | Donor 7 | 2 | 17.574 | 19.181 | 1.091 |
| SGR0653 | 17/5/2019 | 1 | Donor 7 | 3 | 18.353 | 20.457 | 1.115 |
| SGR0655 | 18/5/2019 | 2 | Donor 7 | 1 | 23.011 | 26.410 | 1.148 |
| SGR0656 | 18/5/2019 | 2 | Donor 7 | 2 | 21.502 | 26.371 | 1.226 |
| SGR0659 | 19/5/2019 | 3 | Donor 7 | 1 | 20.010 | 25.917 | 1.295 |
| SGR0661 | 19/5/2019 | 3 | Donor 7 | 3 | 12.797 | 15.162 | 1.185 |

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|---------|-----------|----|---------|---|--------|--------|---------|
| SGR0664 | 20/5/2019 | 4 | Donor 7 | 2 | 25.918 | 29.171 | 1.126 |
| SGR0663 | 20/5/2019 | 4 | Donor 7 | 1 | 30.029 | 32.230 | 1.073 |
| SGR0667 | 21/5/2019 | 5 | Donor 7 | 1 | 80.768 | 86.245 | 1.068 |
| SGR0668 | 21/5/2019 | 5 | Donor 7 | 2 | 24.737 | 26.646 | 1.077 |
| SGR0671 | 22/5/2019 | 6 | Donor 7 | 1 | 27.043 | 28.497 | 1.054 |
| SGR0673 | 22/5/2019 | 6 | Donor 7 | 3 | 26.871 | 27.786 | 1.034 |
| SGR0676 | 23/5/2019 | 7 | Donor 7 | 2 | 5.718 | 4.407 | 0.771 |
| SGR0675 | 23/5/2019 | 7 | Donor 7 | 1 | 63.231 | 45.366 | 0.717 |
| SGR0679 | 25/5/2019 | 9 | Donor 7 | 1 | 2.237 | 0.819 | 0.366 |
| SGR0680 | 25/5/2019 | 9 | Donor 7 | 2 | 2.189 | 0.879 | 0.402 |
| SGR0683 | 27/5/2019 | 11 | Donor 7 | 1 | 0.002 | NA | #VALUE! |
| SGR0685 | 27/5/2019 | 11 | Donor 7 | 3 | 0.091 | 0.011 | 0.116 |
| SGR0689 | 29/5/2019 | 13 | Donor 7 | 3 | 0.010 | 0.001 | 0.116 |
| SGR0688 | 29/5/2019 | 13 | Donor 7 | 2 | 0.010 | 0.001 | 0.109 |
| SGR0691 | 31/5/2019 | 15 | Donor 7 | 1 | 0.011 | 0.001 | 0.051 |
| SGR0692 | 31/5/2019 | 15 | Donor 7 | 2 | 0.013 | 0.002 | 0.127 |
| SGR0695 | 3/6/2019 | 18 | Donor 7 | 1 | 0.009 | 0.001 | 0.099 |
| SGR0697 | 3/6/2019 | 18 | Donor 7 | 3 | 0.005 | 0.000 | 0.073 |
| SGR0700 | 5/6/2019 | 20 | Donor 7 | 2 | 0.004 | NA | #VALUE! |
| SGR0701 | 5/6/2019 | 20 | Donor 7 | 3 | 0.002 | 0.000 | 0.092 |
| SGR0703 | 8/6/2019 | 23 | Donor 7 | 1 | 0.002 | NA | #VALUE! |
| SGR0704 | 8/6/2019 | 23 | Donor 7 | 2 | 0.002 | 0.000 | 0.177 |
| SGR0707 | 10/6/2019 | 25 | Donor 7 | 1 | 0.001 | NA | #VALUE! |
| SGR0708 | 10/6/2019 | 25 | Donor 7 | 2 | 0.002 | NA | #VALUE! |
| SGR0712 | 12/6/2019 | 27 | Donor 7 | 2 | 0.005 | 0.000 | 0.061 |
| SGR0713 | 12/6/2019 | 27 | Donor 7 | 3 | 0.027 | 0.003 | 0.103 |
| SGR0716 | 14/6/2019 | 29 | Donor 7 | 2 | 0.001 | NA | #VALUE! |
| SGR0715 | 14/6/2019 | 29 | Donor 7 | 1 | 0.008 | NA | #VALUE! |
| SGR0719 | 16/6/2019 | 31 | Donor 7 | 1 | 0.014 | 0.001 | 0.079 |
| SGR0720 | 16/6/2019 | 31 | Donor 7 | 2 | 0.003 | NA | #VALUE! |
| SGR0727 | 21/6/2019 | 36 | Donor 7 | 1 | 0.001 | NA | #VALUE! |
| SGR0730 | 21/6/2019 | 36 | Donor 7 | 4 | 0.001 | 0.000 | 0.541 |
| SGR0736 | 26/6/2019 | 41 | Donor 7 | 2 | 0.001 | NA | #VALUE! |
| SGR0737 | 26/6/2019 | 41 | Donor 7 | 3 | NA | NA | #VALUE! |
| SGR0744 | 1/7/2019 | 46 | Donor 7 | 3 | 0.002 | 0.001 | 0.240 |
| SGR0745 | 1/7/2019 | 46 | Donor 7 | 4 | 0.002 | 0.001 | 0.487 |
| SGR0751 | 7/7/2019 | 52 | Donor 7 | 2 | 0.002 | 0.000 | 0.233 |
| SGR0752 | 7/7/2019 | 52 | Donor 7 | 3 | 0.002 | NA | #VALUE! |
| SGR0758 | 13/7/2019 | 58 | Donor 7 | 1 | 0.002 | NA | #VALUE! |
| SGR0782 | 7/6/2019 | 0 | Donor 8 | 1 | 6.451 | 6.110 | 0.947 |

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|---------|-----------|----|---------|---|--------|--------|---------|
| SGR0783 | 7/6/2019 | 0 | Donor 8 | 2 | 3.711 | 3.356 | 0.904 |
| SGR0787 | 8/6/2019 | 1 | Donor 8 | 2 | 4.769 | 4.004 | 0.840 |
| SGR0786 | 8/6/2019 | 1 | Donor 8 | 1 | 5.162 | 4.845 | 0.939 |
| SGR0790 | 9/6/2019 | 2 | Donor 8 | 1 | 2.943 | 2.175 | 0.739 |
| SGR0791 | 9/6/2019 | 2 | Donor 8 | 2 | 2.577 | 1.904 | 0.739 |
| SGR0794 | 10/6/2019 | 3 | Donor 8 | 1 | 4.736 | 3.998 | 0.844 |
| SGR0796 | 10/6/2019 | 3 | Donor 8 | 3 | 2.859 | 2.370 | 0.829 |
| SGR0798 | 11/6/2019 | 4 | Donor 8 | 1 | 5.863 | 4.711 | 0.804 |
| SGR0799 | 11/6/2019 | 4 | Donor 8 | 2 | 6.539 | 5.317 | 0.813 |
| SGR0802 | 12/6/2019 | 5 | Donor 8 | 1 | 12.871 | 12.436 | 0.966 |
| SGR0803 | 12/6/2019 | 5 | Donor 8 | 2 | 11.101 | 11.054 | 0.996 |
| SGR0806 | 13/6/2019 | 6 | Donor 8 | 1 | 14.292 | 12.500 | 0.875 |
| SGR0807 | 13/6/2019 | 6 | Donor 8 | 2 | 13.535 | 13.672 | 1.010 |
| SGR0809 | 14/6/2019 | 7 | Donor 8 | 1 | 7.247 | 5.851 | 0.807 |
| SGR0811 | 14/6/2019 | 7 | Donor 8 | 3 | 7.839 | 6.786 | 0.866 |
| SGR0815 | 16/6/2019 | 9 | Donor 8 | 3 | 27.982 | 25.187 | 0.900 |
| SGR0813 | 16/6/2019 | 9 | Donor 8 | 1 | 21.942 | 21.000 | 0.957 |
| SGR0817 | 18/6/2019 | 11 | Donor 8 | 1 | 42.770 | 24.973 | 0.584 |
| SGR0818 | 18/6/2019 | 11 | Donor 8 | 2 | 78.491 | 68.417 | 0.872 |
| SGR0821 | 20/6/2019 | 13 | Donor 8 | 1 | 36.516 | 15.479 | 0.424 |
| SGR0823 | 20/6/2019 | 13 | Donor 8 | 3 | 21.087 | 6.180 | 0.293 |
| SGR0826 | 22/6/2019 | 15 | Donor 8 | 2 | 15.943 | 12.084 | 0.758 |
| SGR0827 | 22/6/2019 | 15 | Donor 8 | 3 | 15.271 | 11.609 | 0.760 |
| SGR0829 | 24/6/2019 | 17 | Donor 8 | 1 | 20.243 | 13.411 | 0.663 |
| SGR0830 | 24/6/2019 | 17 | Donor 8 | 2 | 21.723 | 11.068 | 0.510 |
| SGR0833 | 26/6/2019 | 19 | Donor 8 | 1 | 0.922 | 0.001 | 0.001 |
| SGR0835 | 26/6/2019 | 19 | Donor 8 | 3 | 0.946 | NA | #VALUE! |
| SGR0837 | 28/6/2019 | 21 | Donor 8 | 1 | 10.811 | 1.485 | 0.137 |
| SGR0838 | 28/6/2019 | 21 | Donor 8 | 2 | 10.590 | 1.672 | 0.158 |
| SGR0841 | 30/6/2019 | 23 | Donor 8 | 1 | 13.404 | 1.229 | 0.092 |
| SGR0842 | 30/6/2019 | 23 | Donor 8 | 2 | 4.655 | 0.237 | 0.051 |
| SGR0845 | 2/7/2019 | 25 | Donor 8 | 1 | 3.387 | 0.258 | 0.076 |
| SGR0847 | 2/7/2019 | 25 | Donor 8 | 3 | 0.816 | 0.000 | 0.000 |
| SGR0850 | 4/7/2019 | 27 | Donor 8 | 2 | 0.275 | 0.004 | 0.016 |
| SGR0851 | 4/7/2019 | 27 | Donor 8 | 3 | 0.021 | NA | #VALUE! |
| SGR0854 | 6/7/2019 | 29 | Donor 8 | 2 | 1.865 | 0.178 | 0.095 |
| SGR0856 | 6/7/2019 | 29 | Donor 8 | 4 | 0.672 | 0.009 | 0.014 |
| SGR0860 | 8/7/2019 | 31 | Donor 8 | 4 | 0.449 | 0.050 | 0.111 |
| SGR0857 | 8/7/2019 | 31 | Donor 8 | 1 | 0.181 | 0.014 | 0.076 |
| SGR0861 | 13/7/2019 | 36 | Donor 8 | 1 | 25.021 | 25.541 | 1.021 |

Appendices

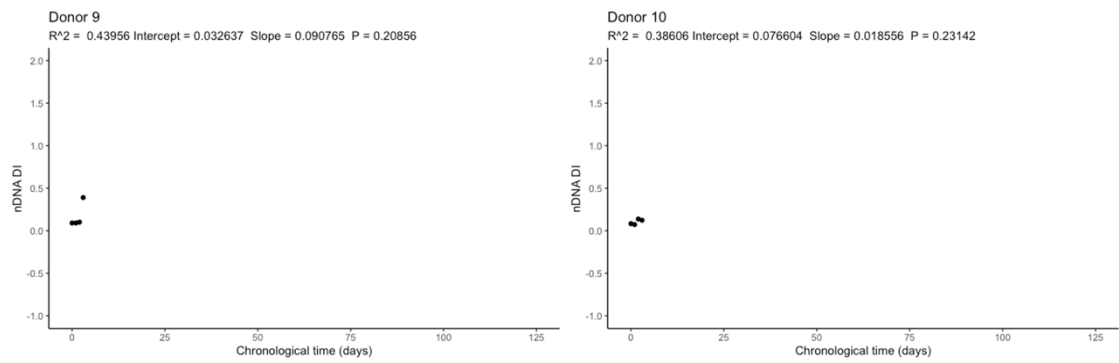
| | | | | | | | |
|---------|------------|----|----------|---|--------|---------|---------|
| SGR0863 | 13/7/2019 | 36 | Donor 8 | 3 | 0.437 | 0.048 | 0.110 |
| SGR0866 | 18/7/2019 | 41 | Donor 8 | 2 | 0.003 | NA | #VALUE! |
| SGR0868 | 18/7/2019 | 41 | Donor 8 | 4 | 0.000 | 0.000 | 0.916 |
| SGR0870 | 23/7/2019 | 46 | Donor 8 | 2 | NA | NA | #VALUE! |
| SGR0872 | 23/7/2019 | 46 | Donor 8 | 4 | 0.001 | NA | #VALUE! |
| SGR0874 | 28/7/2019 | 51 | Donor 8 | 2 | 0.059 | 0.014 | 0.235 |
| SGR0876 | 28/7/2019 | 51 | Donor 8 | 4 | 0.028 | 0.004 | 0.142 |
| SGR0879 | 2/8/2019 | 56 | Donor 8 | 3 | 0.051 | 0.007 | 0.138 |
| SGR0880 | 2/8/2019 | 56 | Donor 8 | 4 | 0.080 | 0.001 | 0.014 |
| SGR0882 | 7/8/2019 | 61 | Donor 8 | 2 | 0.016 | 0.000 | 0.023 |
| SGR0883 | 7/8/2019 | 61 | Donor 8 | 3 | 0.015 | 0.002 | 0.102 |
| SGR0886 | 12/8/2019 | 66 | Donor 8 | 2 | 0.018 | 0.001 | 0.031 |
| SGR0887 | 12/8/2019 | 66 | Donor 8 | 3 | 0.058 | 0.005 | 0.081 |
| SGR0890 | 17/8/2019 | 71 | Donor 8 | 2 | 0.033 | 0.004 | 0.110 |
| SGR0891 | 17/8/2019 | 71 | Donor 8 | 3 | 0.045 | 0.003 | 0.076 |
| SGR0894 | 22/8/2019 | 76 | Donor 8 | 2 | 0.065 | 0.012 | 0.182 |
| SGR0895 | 22/8/2019 | 76 | Donor 8 | 3 | 0.092 | 0.013 | 0.141 |
| SGR0899 | 28/8/2019 | 82 | Donor 8 | 3 | 0.018 | 0.002 | 0.115 |
| SGR0900 | 28/8/2019 | 82 | Donor 8 | 4 | 0.002 | 0.000 | 0.279 |
| SGR0902 | 2/9/2019 | 87 | Donor 8 | 2 | 0.019 | 0.001 | 0.052 |
| SGR0903 | 2/9/2019 | 87 | Donor 8 | 3 | 0.008 | 0.001 | 0.102 |
| SGR1203 | 8/11/2019 | 0 | Donor 9 | 1 | 31.524 | 344.718 | 10.935 |
| SGR1207 | 9/11/2019 | 1 | Donor 9 | 1 | 37.023 | 404.129 | 10.916 |
| SGR1211 | 10/11/2019 | 2 | Donor 9 | 1 | 51.468 | 507.974 | 9.870 |
| SGR1215 | 11/11/2019 | 3 | Donor 9 | 1 | 22.739 | 58.192 | 2.559 |
| SGR1219 | 13/11/2019 | 5 | Donor 9 | 1 | 0.136 | 0.000 | 0.000 |
| SGR1223 | 14/11/2019 | 6 | Donor 9 | 1 | 0.002 | NA | #VALUE! |
| SGR1227 | 15/11/2019 | 7 | Donor 9 | 1 | 0.007 | NA | #VALUE! |
| SGR1231 | 17/11/2019 | 9 | Donor 9 | 1 | 0.002 | NA | #VALUE! |
| SGR1235 | 21/11/2019 | 13 | Donor 9 | 1 | 0.000 | NA | #VALUE! |
| SGR1239 | 23/11/2019 | 15 | Donor 9 | 1 | 0.000 | NA | #VALUE! |
| SGR1243 | 26/11/2019 | 18 | Donor 9 | 1 | 0.000 | NA | #VALUE! |
| SGR1247 | 28/11/2019 | 20 | Donor 9 | 1 | NA | NA | #VALUE! |
| SGR1251 | 30/11/2019 | 22 | Donor 9 | 1 | NA | NA | #VALUE! |
| SGR1255 | 2/12/2019 | 24 | Donor 9 | 1 | NA | NA | #VALUE! |
| SGR1259 | 13/11/2019 | 0 | Donor 10 | 1 | 22.539 | 270.279 | 11.992 |
| SGR1263 | 14/11/2019 | 1 | Donor 10 | 1 | 35.524 | 486.985 | 13.709 |
| SGR1267 | 15/11/2019 | 2 | Donor 10 | 1 | 53.299 | 386.853 | 7.258 |
| SGR1271 | 16/11/2019 | 3 | Donor 10 | 1 | 23.199 | 187.639 | 8.088 |
| SGR1275 | 17/11/2019 | 4 | Donor 10 | 1 | 0.002 | 0.000 | 0.000 |

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| | | | | | | | |
|---------|------------|----|----------|---|--------|--------|---------|
| SGR1279 | 18/11/2019 | 5 | Donor 10 | 1 | NA | NA | #VALUE! |
| SGR1287 | 20/11/2019 | 7 | Donor 10 | 1 | NA | NA | #VALUE! |
| SGR1291 | 21/11/2019 | 8 | Donor 10 | 1 | NA | NA | #VALUE! |
| SGR1295 | 23/11/2019 | 10 | Donor 10 | 1 | NA | NA | #VALUE! |
| SGR1183 | 25/3/2020 | 0 | Donor 11 | 1 | 15.965 | 12.465 | 0.781 |
| SGR1187 | 26/3/2020 | 1 | Donor 11 | 1 | 20.098 | 18.888 | 0.940 |
| SGR1191 | 27/3/2020 | 2 | Donor 11 | 1 | 13.673 | 10.929 | 0.799 |
| SGR1195 | 28/3/2020 | 3 | Donor 11 | 1 | 43.184 | 36.361 | 0.842 |
| SGR1199 | 29/3/2020 | 4 | Donor 11 | 1 | 20.781 | 16.349 | 0.787 |
| SGR1094 | 30/3/2020 | 5 | Donor 11 | 1 | 35.774 | 31.147 | 0.871 |
| SGR1098 | 31/3/2020 | 6 | Donor 11 | 1 | 39.314 | 28.761 | 0.732 |
| SGR1102 | 1/4/2020 | 7 | Donor 11 | 1 | 54.294 | 54.924 | 1.012 |
| SGR1106 | 3/4/2020 | 9 | Donor 11 | 1 | 14.482 | 3.142 | 0.217 |
| SGR1110 | 8/4/2020 | 14 | Donor 11 | 1 | 10.447 | 1.305 | 0.125 |
| SGR1114 | 10/4/2020 | 16 | Donor 11 | 1 | 0.814 | 0.019 | 0.023 |
| SGR1118 | 12/4/2020 | 18 | Donor 11 | 1 | 0.541 | 0.035 | 0.065 |
| SGR1122 | 14/4/2020 | 20 | Donor 11 | 1 | 0.170 | 0.001 | 0.006 |
| SGR1126 | 16/4/2020 | 22 | Donor 11 | 1 | 0.073 | 0.000 | 0.000 |
| SGR1130 | 18/4/2020 | 24 | Donor 11 | 1 | 0.196 | 0.059 | 0.301 |
| SGR1134 | 20/4/2020 | 26 | Donor 11 | 1 | 0.004 | 0.000 | 0.000 |
| SGR1138 | 22/4/2020 | 28 | Donor 11 | 1 | 0.001 | 0.000 | 0.000 |
| SGR1142 | 24/4/2020 | 30 | Donor 11 | 1 | 0.001 | NA | #VALUE! |
| SGR1146 | 29/4/2020 | 35 | Donor 11 | 1 | 0.002 | 0.000 | 0.000 |
| SGR1150 | 4/5/2020 | 40 | Donor 11 | 1 | 0.000 | NA | #VALUE! |
| SGR1155 | 9/5/2020 | 45 | Donor 11 | 1 | 0.000 | 0.000 | #DIV/0! |
| SGR1159 | 14/5/2020 | 50 | Donor 11 | 1 | 0.001 | NA | #VALUE! |
| SGR1163 | 19/5/2020 | 55 | Donor 11 | 1 | NA | NA | #VALUE! |
| SGR1167 | 24/5/2020 | 60 | Donor 11 | 1 | 0.001 | 0.000 | 0.000 |
| SGR1171 | 29/5/2020 | 65 | Donor 11 | 1 | 0.000 | 0.000 | #DIV/0! |
| SGR1175 | 3/6/2020 | 70 | Donor 11 | 1 | 0.001 | 0.000 | 0.000 |
| SGR1179 | 8/6/2020 | 75 | Donor 11 | 1 | 0.000 | NA | #VALUE! |

Appendices

APPENDIX F: nDNA DI plots



Scatterplots of nDNA DI as a function of chronological time (days) for spring placed donors.

Appendices

APPENDIX G: nDNA Standard curve R² values

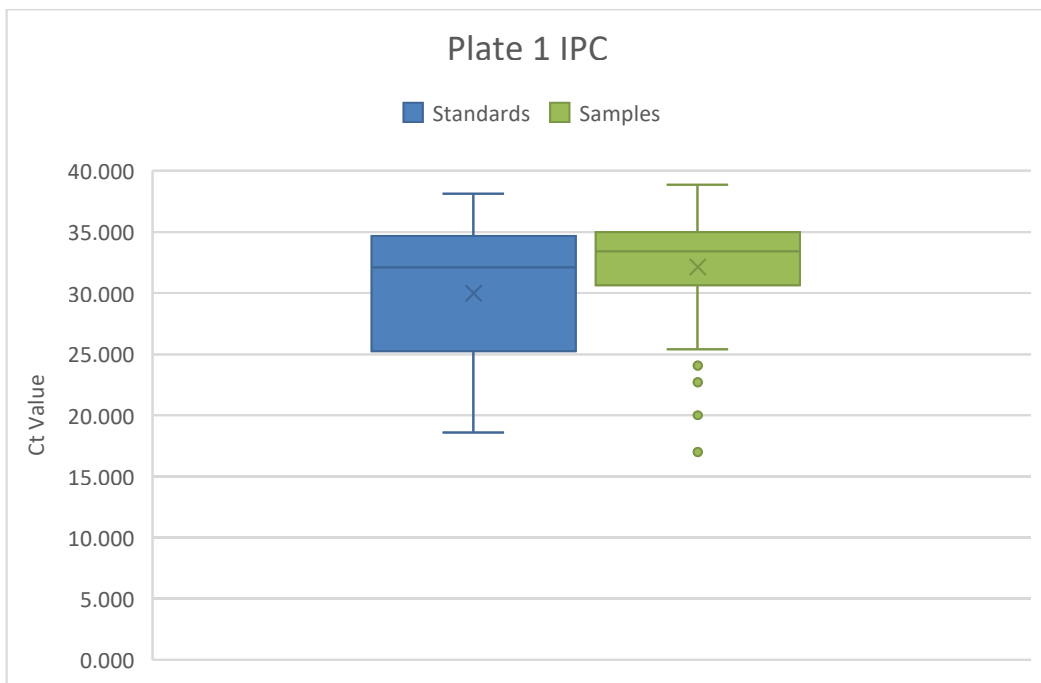
| Run no. | nDNA amplicon R ² | | |
|---------|------------------------------|----------------|--------------|
| | Small (91 bp) | Large (353 bp) | Male (81 bp) |
| 1 | 1.000 | 0.999 | 0.998 |
| 2 | 1.000 | 0.999 | 0.998 |
| 3 | 0.999 | 0.999 | 0.999 |
| 4 | 1.000 | 0.999 | 0.998 |
| 5 | 0.999 | 0.999 | 0.998 |
| 6 | 1.000 | 0.998 | 1.000 |
| 7 | 0.994 | 0.993 | 0.994 |
| 8 | 0.999 | 0.999 | 0.995 |
| 9 | 0.999 | 0.999 | 0.952 |
| 10 | 0.999 | 0.999 | 0.999 |
| 11 | 0.998 | 0.996 | 0.999 |
| 12 | 0.999 | 0.999 | 0.998 |
| 13 | 0.999 | 0.999 | 0.998 |
| 14 | 0.999 | 0.998 | 0.998 |
| 15 | 0.998 | 0.998 | 0.996 |
| 16 | 0.999 | 0.998 | 0.998 |
| 17 | 0.999 | 0.999 | 0.998 |
| 18 | 0.999 | 0.999 | 0.999 |

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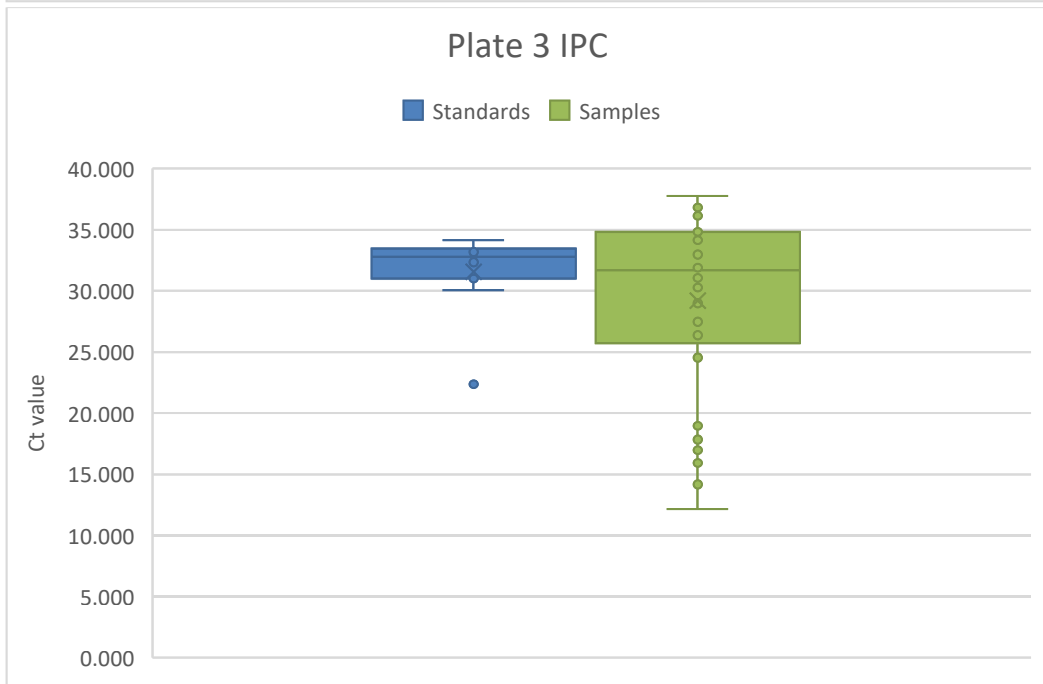
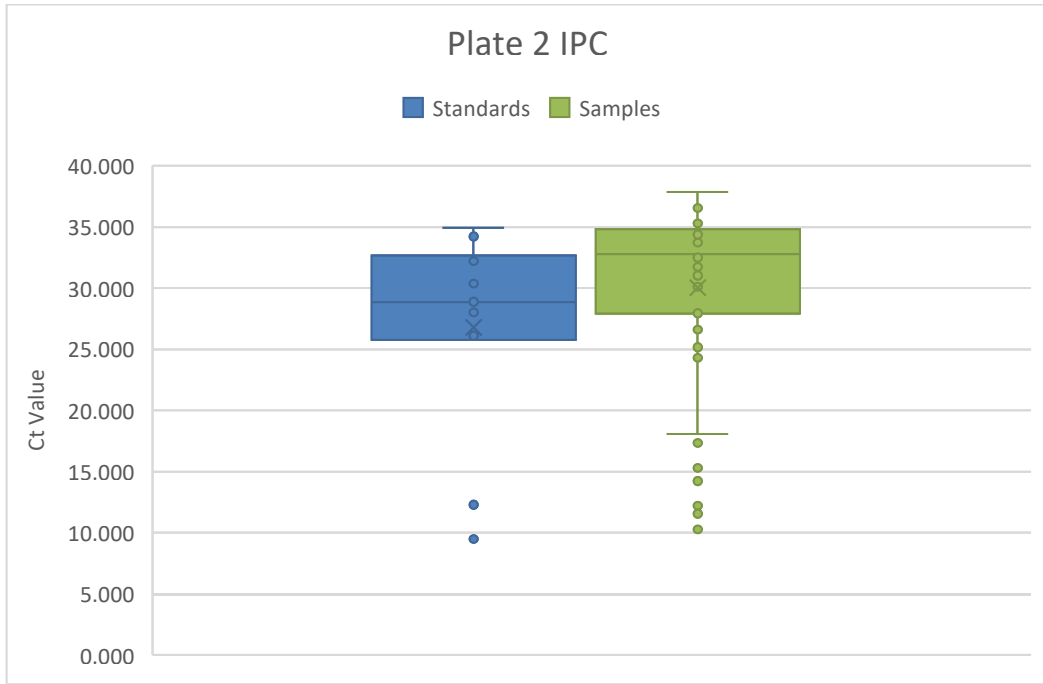
APPENDIX H: mtDNA standard curve R² values

| Run no. | mtDNA amplicon R ² | |
|---------|-------------------------------|--------------|
| | Small (86) | Medium (190) |
| 1 | 0.968 | 0.970 |
| 2 | 0.929 | 0.889 |
| 3 | 0.813 | 0.746 |
| 4 | 0.938 | 0.706 |
| 5 | 0.845 | 0.589 |

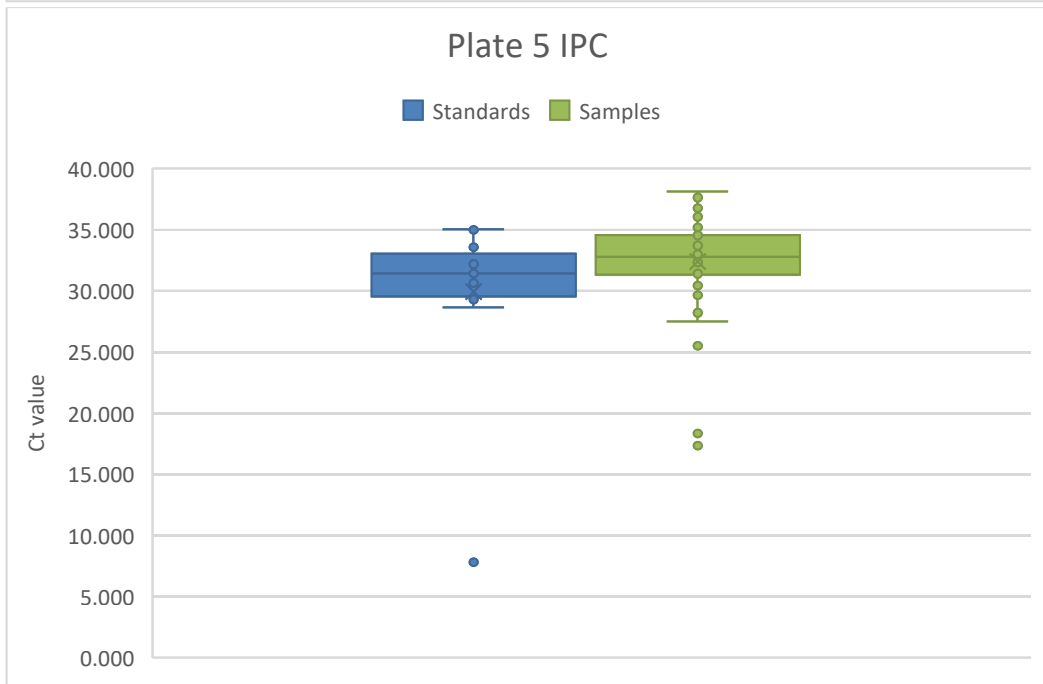
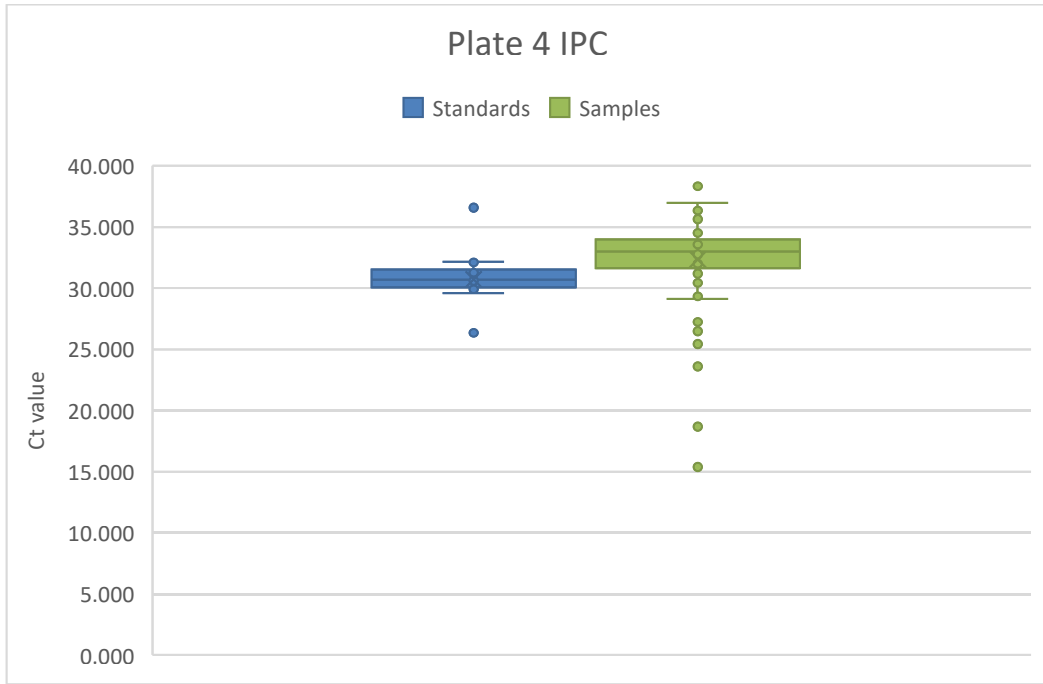
APPENDIX I: mtDNA IPC Ct value boxplots



Appendices



Appendices



APPENDIX J: List of identified proteins

| Gene Name | Protein IDs | Number of proteins | Number of peptides | Sequence coverage |
|-----------|-------------|--------------------|--------------------|-------------------|
| HBA1 | P69905 | 1 | 27 | 100 |
| HBB | P68871 | 1 | 24 | 97.3 |
| HBD | P02042 | 1 | 16 | 95.9 |
| MYLPF | Q96A32 | 1 | 21 | 92.9 |
| MYL1 | P05976 | 1 | 24 | 90.7 |
| ACTA1 | P68133 | 1 | 39 | 90.5 |
| ACTC1 | P68032 | 1 | 37 | 90.5 |
| MYL2 | P10916 | 2 | 19 | 89.8 |
| MB | P02144 | 1 | 22 | 89.6 |
| TNNC2 | P02585 | 1 | 14 | 88.8 |
| CRYAB | P02511 | 1 | 17 | 87.4 |
| HSPB1 | P04792 | 1 | 21 | 87.3 |
| GAPDH | P04406 | 1 | 24 | 86.9 |
| TNNC1 | P63316 | 1 | 12 | 85.7 |
| VDAC1 | P21796 | 1 | 20 | 85.5 |
| SOD2 | P04179 | 1 | 15 | 84.2 |
| TPM3 | P06753 | 1 | 47 | 83.5 |
| ACTN2 | P35609 | 1 | 77 | 83 |
| S100A9 | P06702 | 1 | 9 | 81.6 |
| TPM1 | P09493 | 1 | 42 | 81.3 |
| ALDOA | P04075 | 1 | 31 | 81.3 |
| PRDX6 | P30041 | 1 | 20 | 80.8 |
| MYOZ1 | Q9NP98 | 1 | 15 | 80.6 |
| IGKC | P01834 | 1 | 6 | 80.4 |
| MYL3 | P08590 | 1 | 21 | 80 |
| VIM | P08670 | 1 | 43 | 79.4 |
| CA3 | P07451 | 1 | 19 | 79.2 |
| TPM2 | P07951 | 1 | 45 | 77.5 |
| HSPB6 | O14558 | 1 | 7 | 76.9 |
| PEBP1 | P30086 | 1 | 13 | 75.9 |
| FABP3 | P05413 | 1 | 12 | 75.9 |
| TPI1 | P60174 | 1 | 19 | 75.5 |
| HBG1 | P69891 | 1 | 10 | 75.5 |
| CA1 | P00915 | 1 | 17 | 74.7 |
| PGK1 | P00558 | 2 | 30 | 74.6 |

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|----------|--------|---|-----|------|
| MYH7 | P12883 | 2 | 223 | 74.4 |
| DES | P17661 | 1 | 37 | 73 |
| ATP5B | P06576 | 1 | 26 | 72.8 |
| PGM1 | P36871 | 1 | 36 | 72.6 |
| CKM | P06732 | 1 | 32 | 72.2 |
| ATP5L | O75964 | 1 | 7 | 71.8 |
| MYH1 | P12882 | 1 | 211 | 71.4 |
| UQCRCQ | O14949 | 1 | 6 | 70.7 |
| AK1 | P00568 | 1 | 12 | 70.6 |
| ACTB | P60709 | 3 | 27 | 70.4 |
| PARK7 | Q99497 | 1 | 13 | 70.4 |
| MYH2 | Q9UKX2 | 1 | 206 | 70.3 |
| MRPS36 | P82909 | 1 | 6 | 69.9 |
| PGAM2 | P15259 | 1 | 18 | 69.6 |
| RPLP2 | P05387 | 1 | 5 | 69.6 |
| TTR | P02766 | 2 | 9 | 69.4 |
| PKM | P14618 | 1 | 39 | 69.3 |
| ANXA5 | P08758 | 1 | 19 | 69.1 |
| ENO3 | P13929 | 1 | 23 | 68.7 |
| MYL6B | P14649 | 1 | 21 | 68.3 |
| SERPINA1 | P01009 | 2 | 33 | 67.5 |
| PYGM | P11217 | 1 | 61 | 67.2 |
| ATP5H | O75947 | 1 | 9 | 67.1 |
| TAGLN | Q01995 | 1 | 15 | 66.7 |
| S100A6 | P06703 | 1 | 7 | 66.7 |
| CA2 | P00918 | 1 | 16 | 66.5 |
| CFL2 | Q9Y281 | 1 | 11 | 66.3 |
| FABP4 | P15090 | 1 | 8 | 65.9 |
| MYBPC1 | Q00872 | 1 | 88 | 65.6 |
| DBI | P07108 | 1 | 8 | 65.5 |
| GOT1 | P17174 | 1 | 23 | 65.4 |
| MDH1 | P40925 | 1 | 18 | 65.3 |
| HSPB7 | Q9UBY9 | 1 | 10 | 65.3 |
| FLNC | Q14315 | 1 | 146 | 65.2 |
| PFN1 | P07737 | 2 | 8 | 65 |
| MYOM2 | P54296 | 1 | 85 | 64.4 |
| APOA1 | P02647 | 2 | 21 | 64.4 |
| ACTN3 | Q08043 | 1 | 56 | 64.3 |
| PHB | P35232 | 1 | 14 | 64.3 |
| CASQ1 | P31415 | 1 | 20 | 64.1 |

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|-----------|--------|---|------|------|
| HSPE1 | P61604 | 1 | 7 | 63.7 |
| AKR1B1 | P15121 | 2 | 18 | 63.6 |
| HADH | Q16836 | 1 | 11 | 63.1 |
| PCMT1 | P22061 | 1 | 13 | 63 |
| PGAM1 | P18669 | 2 | 13 | 63 |
| AK3 | Q9UIJ7 | 1 | 13 | 62.6 |
| ATP5O | P48047 | 1 | 10 | 62.4 |
| S100A8 | P05109 | 1 | 5 | 62.4 |
| MYL9 | P24844 | 1 | 8 | 62.2 |
| MDH2 | P40926 | 1 | 16 | 61.5 |
| TMSB4X | P62328 | 1 | 3 | 61.4 |
| CYCS | P99999 | 2 | 10 | 61 |
| ATP5I | P56385 | 1 | 4 | 60.9 |
| CAT | P04040 | 1 | 28 | 60.5 |
| ANXA2 | P07355 | 2 | 23 | 60.5 |
| ATP5A1 | P25705 | 1 | 33 | 60.4 |
| MYBPC2 | Q14324 | 1 | 61 | 60.2 |
| HIST1H4A | P62805 | 1 | 10 | 60.2 |
| ENO1 | P06733 | 1 | 18 | 60.1 |
| HSPA1B | P0DMV9 | 2 | 28 | 59.9 |
| PMP2 | P02689 | 1 | 12 | 59.8 |
| GSTM2 | P28161 | 1 | 14 | 59.6 |
| TTN | Q8WZ42 | 3 | 1880 | 59.4 |
| PRDX1 | Q06830 | 1 | 13 | 59.3 |
| NME1 | P15531 | 1 | 7 | 59.2 |
| PODP25 | P0DP25 | 4 | 8 | 59.1 |
| ANXA6 | P08133 | 1 | 39 | 58.8 |
| SELENBP1 | Q13228 | 1 | 22 | 58.7 |
| UQCRC2 | P22695 | 1 | 19 | 58.7 |
| GPI | P06744 | 1 | 24 | 58.6 |
| HADHA | P40939 | 1 | 35 | 58.2 |
| HIST2H2AC | Q16777 | 2 | 5 | 58.1 |
| COX5A | P20674 | 1 | 8 | 58 |
| NEB | P20929 | 1 | 351 | 57.6 |
| HADHB | P55084 | 1 | 26 | 57.4 |
| ANKRD2 | Q9GZV1 | 1 | 18 | 57.2 |
| GSTP1 | P09211 | 1 | 10 | 57.1 |
| MYH8 | P13535 | 1 | 144 | 57 |
| ATP5F1 | P24539 | 1 | 16 | 57 |
| LDHA | P00338 | 1 | 22 | 56.9 |

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|-----------|--------|----|-----|------|
| APOBEC2 | Q9Y235 | 1 | 9 | 56.7 |
| UGP2 | Q16851 | 1 | 24 | 56.3 |
| PRDX2 | P32119 | 1 | 12 | 56.1 |
| MYOT | Q9UBF9 | 1 | 23 | 56 |
| CMBL | Q96DG6 | 1 | 13 | 55.9 |
| SLC25A4 | P12235 | 1 | 15 | 55.7 |
| IGLC6 | P0DOY3 | 4 | 4 | 55.7 |
| LMNA | P02545 | 1 | 41 | 55.6 |
| EHD2 | Q9NZN4 | 1 | 27 | 55.6 |
| HINT1 | P49773 | 1 | 6 | 55.6 |
| CS | O75390 | 1 | 18 | 55.4 |
| CYB5R1 | Q9UHQ9 | 1 | 18 | 55.4 |
| SLC25A11 | Q02978 | 1 | 16 | 55.4 |
| MYH4 | Q9Y623 | 1 | 141 | 55.3 |
| PHB2 | Q99623 | 1 | 15 | 55.2 |
| HSPA8 | P11142 | 1 | 30 | 55.1 |
| ACTN4 | O43707 | 2 | 44 | 54.7 |
| FKBP1A | P62942 | 1 | 3 | 54.6 |
| APOA4 | P06727 | 2 | 18 | 54.5 |
| CBR1 | P16152 | 1 | 10 | 54.5 |
| GPD1 | P21695 | 1 | 17 | 54.4 |
| ACAT1 | P24752 | 1 | 19 | 54.3 |
| UQCRB | P14927 | 1 | 7 | 54.1 |
| SAA1 | P0DJI8 | 1 | 6 | 54.1 |
| P4HB | P07237 | 1 | 24 | 53.9 |
| ADH1B | P00325 | 1 | 18 | 53.9 |
| H2AFV | Q71UI9 | 2 | 5 | 53.9 |
| MYOM1 | P52179 | 1 | 89 | 53.7 |
| P0DOX7 | P0DOX7 | 2 | 7 | 53.7 |
| FGB | P02675 | 1 | 22 | 53.6 |
| PDLIM3 | Q53GG5 | 1 | 13 | 53.6 |
| MYOZ2 | Q9NPC6 | 1 | 13 | 53.4 |
| HIST1H2BM | Q99879 | 10 | 8 | 53.2 |
| HIST2H2BE | Q16778 | 7 | 8 | 53.2 |
| NDUFA9 | Q16795 | 1 | 16 | 53.1 |
| NDUFA4 | O00483 | 1 | 3 | 53.1 |
| NDUFS3 | O75489 | 1 | 13 | 53 |
| ACTN1 | P12814 | 1 | 44 | 52.9 |
| YWHAE | P62258 | 1 | 14 | 52.9 |
| TAGLN2 | P37802 | 1 | 9 | 52.8 |

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| | | | | |
|----------|--------|---|-----|------|
| NDUFA5 | Q16718 | 1 | 5 | 52.6 |
| HSD17B10 | Q99714 | 1 | 9 | 52.5 |
| IDH1 | O75874 | 1 | 16 | 52.2 |
| UBE2L3 | P68036 | 2 | 5 | 51.9 |
| APOE | P02649 | 2 | 14 | 51.7 |
| LRRC20 | Q8TCA0 | 1 | 9 | 51.6 |
| NDUFA13 | Q9P0J0 | 1 | 8 | 51.4 |
| CFL1 | P23528 | 1 | 8 | 51.2 |
| C3 | P01024 | 2 | 70 | 51.1 |
| LGALS1 | P09382 | 1 | 6 | 51.1 |
| MYH11 | P35749 | 1 | 106 | 51 |
| HP | P00738 | 2 | 21 | 51 |
| ACO2 | Q99798 | 1 | 40 | 50.9 |
| MYL12A | P19105 | 2 | 7 | 50.9 |
| TF | P02787 | 1 | 32 | 50.7 |
| MYOM3 | Q5VTT5 | 1 | 57 | 50.4 |
| PLIN1 | O60240 | 1 | 21 | 50.4 |
| SLC25A12 | O75746 | 1 | 28 | 50.3 |
| PPIA | P62937 | 4 | 9 | 50.3 |
| A2M | P01023 | 3 | 54 | 50.2 |
| GOT2 | P00505 | 1 | 22 | 50.2 |
| TUFM | P49411 | 1 | 19 | 50.2 |
| ACAA2 | P42765 | 1 | 16 | 50.1 |
| STOM | P27105 | 1 | 11 | 50 |
| TMEM14C | Q9P0S9 | 1 | 3 | 50 |
| CKMT2 | P17540 | 2 | 18 | 49.9 |
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| TCP1 | P17987 | 1 | 7 | 12.9 |
| MURC | Q5BKX8 | 1 | 4 | 12.9 |
| MGLL | Q99685 | 1 | 3 | 12.9 |
| SIRT5 | Q9NXA8 | 1 | 3 | 12.9 |
| RPL11 | P62913 | 1 | 2 | 12.9 |
| EHD4 | Q9H223 | 1 | 6 | 12.8 |

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| NAP1L1 | P55209 | 1 | 4 | 12.8 |
| IQGAP1 | P46940 | 1 | 15 | 12.7 |
| AFG3L2 | Q9Y4W6 | 1 | 9 | 12.7 |
| EIF2S3 | P41091 | 2 | 6 | 12.7 |
| TRDN | Q13061 | 1 | 7 | 12.6 |
| GSR | P00390 | 1 | 5 | 12.6 |
| TIMM44 | O43615 | 1 | 5 | 12.6 |
| ASNA1 | O43681 | 1 | 4 | 12.6 |
| MACROD1 | Q9BQ69 | 1 | 3 | 12.6 |
| IGJ | P01591 | 1 | 2 | 12.6 |
| JPH2 | Q9BR39 | 1 | 8 | 12.5 |
| PSMC1 | P62191 | 1 | 4 | 12.5 |
| CACNB1 | Q02641 | 3 | 6 | 12.4 |
| PLTP | P55058 | 1 | 5 | 12.4 |
| ABAT | P80404 | 1 | 4 | 12.2 |
| TRIM63 | Q969Q1 | 3 | 4 | 12.2 |
| NT5C3A | Q9H0P0 | 1 | 3 | 12.2 |
| C1QA | P02745 | 1 | 2 | 12.2 |
| PAFAH1B2 | P68402 | 1 | 2 | 12.2 |
| ALDH5A1 | P51649 | 1 | 7 | 12.1 |
| PPP2R2A | P63151 | 3 | 5 | 12.1 |
| CAB39 | Q9Y376 | 1 | 4 | 12 |
| SSB | P05455 | 1 | 4 | 12 |
| BTF3L4 | Q96K17 | 1 | 2 | 12 |
| MYH14 | Q7Z406 | 1 | 20 | 11.9 |
| HLA-H | P01893 | 2 | 3 | 11.9 |
| MAPK1 | P28482 | 1 | 3 | 11.9 |
| PSMD10 | O75832 | 1 | 2 | 11.9 |
| CDH13 | P55290 | 1 | 6 | 11.8 |
| ANXA3 | P12429 | 1 | 4 | 11.8 |
| BCAP31 | P51572 | 1 | 3 | 11.8 |
| LMAN2 | Q12907 | 1 | 3 | 11.8 |
| SYNPO2L | Q9H987 | 1 | 8 | 11.6 |
| LMOD3 | Q0VAK6 | 1 | 6 | 11.6 |
| RAD23A | P54725 | 2 | 5 | 11.6 |
| PSMC3 | P17980 | 1 | 4 | 11.6 |
| TOM1 | O60784 | 1 | 4 | 11.6 |
| SAR1A | Q9NR31 | 1 | 2 | 11.6 |
| C14orf159 | Q7Z3D6 | 1 | 7 | 11.5 |
| DYNC1H1 | Q14204 | 1 | 44 | 11.4 |

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| FSCN1 | Q16658 | 1 | 5 | 11.4 |
| HNRNPL | P14866 | 1 | 5 | 11.4 |
| CORO6 | Q6QEF8 | 1 | 4 | 11.4 |
| DMTN | Q08495 | 1 | 4 | 11.4 |
| RPN2 | P04844 | 1 | 5 | 11.3 |
| CCT5 | P48643 | 1 | 4 | 11.3 |
| PLIN3 | O60664 | 1 | 3 | 11.3 |
| PRTN3 | P24158 | 1 | 3 | 11.3 |
| SYNPO | Q8N3V7 | 1 | 8 | 11.2 |
| ECHDC3 | Q96DC8 | 1 | 2 | 11.2 |
| PHKB | Q93100 | 1 | 10 | 11.1 |
| PSMC2 | P35998 | 1 | 4 | 11.1 |
| AMBP | P02760 | 1 | 3 | 11.1 |
| ARMT1 | Q9H993 | 1 | 3 | 11.1 |
| MPST | P25325 | 1 | 3 | 11.1 |
| GSTT2B | P0CG30 | 2 | 2 | 11.1 |
| LAMB1 | P07942 | 1 | 18 | 11 |
| KNG1 | P01042 | 1 | 7 | 11 |
| FLOT2 | Q14254 | 1 | 4 | 11 |
| HRG | P04196 | 1 | 4 | 11 |
| PARVA | Q9NVD7 | 2 | 3 | 11 |
| VPS26A | O75436 | 1 | 3 | 11 |
| SUN2 | Q9UH99 | 1 | 5 | 10.9 |
| MT-ND4 | P03905 | 1 | 4 | 10.9 |
| SCARB2 | Q14108 | 1 | 3 | 10.9 |
| NEFM | P07197 | 1 | 8 | 10.8 |
| TXNRD1 | Q16881 | 1 | 5 | 10.8 |
| LBP | P18428 | 1 | 4 | 10.8 |
| PPP1R7 | Q15435 | 1 | 4 | 10.8 |
| RPS6 | P62753 | 1 | 2 | 10.8 |
| C5 | P01031 | 2 | 13 | 10.7 |
| TMEM143 | Q96AN5 | 1 | 4 | 10.7 |
| SLMAP | Q14BN4 | 1 | 10 | 10.6 |
| SERPIND1 | P05546 | 1 | 5 | 10.6 |
| ARHGAP1 | Q07960 | 1 | 4 | 10.5 |
| DIABLO | Q9NR28 | 1 | 3 | 10.5 |
| PSMC6 | P62333 | 1 | 3 | 10.5 |
| BDH1 | Q02338 | 1 | 2 | 10.5 |
| CMA1 | P23946 | 1 | 2 | 10.5 |
| FARSB | Q9NSD9 | 1 | 6 | 10.4 |

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| RPL30 | P62888 | 1 | 2 | 10.4 |
| CCT7 | Q99832 | 1 | 5 | 10.3 |
| BZW2 | Q9Y6E2 | 1 | 3 | 10.3 |
| PSMD6 | Q15008 | 1 | 3 | 10.3 |
| GLUL | P15104 | 1 | 3 | 10.2 |
| TBCA | O75347 | 1 | 2 | 10.2 |
| DSC1 | Q08554 | 1 | 7 | 10.1 |
| PAICS | P22234 | 1 | 4 | 10.1 |
| AHSG | P02765 | 1 | 3 | 10.1 |
| APOH | P02749 | 2 | 3 | 10.1 |
| ACTR1A | P61163 | 1 | 2 | 10.1 |
| COL4A2 | P08572 | 1 | 12 | 10 |
| ITGB1 | P05556 | 1 | 7 | 10 |
| PFKL | P17858 | 1 | 6 | 10 |
| DARS | P14868 | 1 | 5 | 10 |
| DTNA | Q9Y4J8 | 2 | 5 | 10 |
| NAPRT | Q6XQN6 | 1 | 5 | 10 |
| LANCL1 | O43813 | 1 | 4 | 10 |
| MCU | Q8NE86 | 1 | 3 | 10 |
| SERPINF2 | P08697 | 2 | 3 | 10 |
| RBP4 | P02753 | 1 | 2 | 10 |
| TIMP3 | P35625 | 1 | 2 | 10 |
| ATP2A3 | Q93084 | 1 | 12 | 9.9 |
| VPS35 | Q96QK1 | 1 | 6 | 9.9 |
| EHD1 | Q9H4M9 | 1 | 5 | 9.9 |
| PHGDH | O43175 | 1 | 5 | 9.9 |
| CA4 | P22748 | 1 | 3 | 9.9 |
| CPPED1 | Q9BRF8 | 1 | 3 | 9.9 |
| ABI3BP | Q7Z7G0 | 1 | 8 | 9.7 |
| L2HGDH | Q9H9P8 | 1 | 4 | 9.7 |
| SEPTIN2 | Q15019 | 1 | 3 | 9.7 |
| RPL18A | Q02543 | 1 | 2 | 9.7 |
| TLN2 | Q9Y4G6 | 1 | 19 | 9.6 |
| C7 | P10643 | 1 | 6 | 9.6 |
| ZAK | Q9NYL2 | 1 | 6 | 9.6 |
| PRMT5 | O14744 | 1 | 5 | 9.6 |
| SFPQ | P23246 | 1 | 5 | 9.6 |
| PHKG1 | Q16816 | 1 | 4 | 9.6 |
| FHL3 | Q13643 | 1 | 3 | 9.6 |
| HIBCH | Q6NVY1 | 1 | 3 | 9.6 |

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| CAND2 | O75155 | 1 | 8 | 9.5 |
| ACADSB | P45954 | 1 | 3 | 9.5 |
| ILF2 | Q12905 | 1 | 3 | 9.5 |
| PPP2R4 | Q15257 | 1 | 3 | 9.5 |
| DPT | Q07507 | 1 | 2 | 9.5 |
| CFH | P08603 | 2 | 12 | 9.3 |
| MLYCD | O95822 | 1 | 3 | 9.3 |
| ATP5S | Q99766 | 1 | 2 | 9.3 |
| RNASE2 | P10153 | 1 | 2 | 9.3 |
| XIRP2 | A4UGR9 | 1 | 25 | 9.2 |
| DSG1 | Q02413 | 1 | 8 | 9.2 |
| OLFML1 | Q6UWY5 | 1 | 4 | 9.2 |
| EPRS | P07814 | 1 | 11 | 9.1 |
| DAG1 | Q14118 | 1 | 7 | 9.1 |
| METAP2 | P50579 | 1 | 3 | 9 |
| PCBP1 | Q15365 | 1 | 3 | 9 |
| SMTNL2 | Q2TAL5 | 1 | 4 | 8.9 |
| RNH1 | P13489 | 1 | 3 | 8.9 |
| TMED9 | Q9BVK6 | 1 | 2 | 8.9 |
| PSMD3 | O43242 | 1 | 4 | 8.8 |
| PCBP2 | Q15366 | 1 | 3 | 8.8 |
| RPL5 | P46777 | 1 | 2 | 8.8 |
| TNC | P24821 | 1 | 14 | 8.7 |
| C4BPA | P04003 | 1 | 4 | 8.7 |
| SHMT1 | P34896 | 1 | 3 | 8.7 |
| TYMP | P19971 | 1 | 3 | 8.7 |
| HMOX1 | P09601 | 1 | 2 | 8.7 |
| NAGK | Q9UJ70 | 1 | 2 | 8.7 |
| ACACB | O00763 | 2 | 16 | 8.6 |
| COL18A1 | P39060 | 1 | 10 | 8.6 |
| ITGA7 | Q13683 | 1 | 8 | 8.6 |
| USP5 | P45974 | 1 | 6 | 8.6 |
| ASL | P04424 | 1 | 4 | 8.6 |
| KPNA3 | O00505 | 1 | 4 | 8.6 |
| ILK | Q13418 | 1 | 3 | 8.6 |
| LAMP1 | P11279 | 1 | 3 | 8.6 |
| F2 | P00734 | 2 | 5 | 8.5 |
| CPT2 | P23786 | 1 | 4 | 8.5 |
| HEXB | P07686 | 1 | 4 | 8.5 |
| OXSRI | O95747 | 1 | 4 | 8.5 |

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| COPS3 | Q9UNS2 | 1 | 3 | 8.5 |
| LAMA4 | Q16363 | 1 | 12 | 8.4 |
| ACTR2 | P61160 | 1 | 3 | 8.4 |
| COPS4 | Q9BT78 | 1 | 3 | 8.4 |
| LRRC2 | Q9BYS8 | 1 | 2 | 8.4 |
| PDXP | Q96GD0 | 1 | 2 | 8.4 |
| LAMA5 | O15230 | 2 | 25 | 8.3 |
| PABPC1 | P11940 | 4 | 4 | 8.3 |
| C11orf54 | Q9H0W9 | 1 | 2 | 8.3 |
| FHOD1 | Q9Y613 | 1 | 8 | 8.2 |
| IARS2 | Q9NSE4 | 1 | 7 | 8.2 |
| ERAP1 | Q9NZ08 | 1 | 6 | 8.2 |
| APEX1 | P27695 | 1 | 2 | 8.2 |
| CAPNS1 | P04632 | 1 | 2 | 8.2 |
| CFI | P05156 | 1 | 4 | 8.1 |
| SAMHD1 | Q9Y3Z3 | 1 | 4 | 8.1 |
| SORD | Q00796 | 1 | 3 | 8.1 |
| BCAM | P50895 | 1 | 4 | 8 |
| TOLLIP | Q9H0E2 | 1 | 2 | 8 |
| CAST | P20810 | 1 | 3 | 7.9 |
| COQ6 | Q9Y2Z9 | 1 | 3 | 7.9 |
| CASP14 | P31944 | 1 | 2 | 7.9 |
| CLIC4 | Q9Y696 | 1 | 2 | 7.9 |
| COQ3 | Q9NZJ6 | 1 | 2 | 7.9 |
| OPA1 | O60313 | 1 | 7 | 7.8 |
| PLG | P00747 | 1 | 5 | 7.8 |
| MT-ND5 | P03915 | 1 | 3 | 7.8 |
| SCRN3 | Q0VDG4 | 1 | 2 | 7.8 |
| RRBP1 | Q9P2E9 | 1 | 10 | 7.7 |
| SORBS1 | Q9BX66 | 1 | 8 | 7.7 |
| MAP4 | P27816 | 1 | 7 | 7.7 |
| RPS6KA3 | P51812 | 4 | 5 | 7.7 |
| PPP3CA | Q08209 | 3 | 4 | 7.7 |
| KPNA4 | O00629 | 1 | 3 | 7.7 |
| PPP1CC | P36873 | 3 | 3 | 7.7 |
| ADPRHL2 | Q9NX46 | 1 | 2 | 7.7 |
| CD14 | P08571 | 1 | 2 | 7.7 |
| MYOF | Q9NZM1 | 1 | 13 | 7.6 |
| COL15A1 | P39059 | 1 | 7 | 7.6 |
| HSD17B4 | P51659 | 1 | 4 | 7.6 |

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| DDX1 | Q92499 | 1 | 3 | 7.6 |
| EEA1 | Q15075 | 1 | 9 | 7.5 |
| IGFN1 | Q86VF2 | 1 | 6 | 7.5 |
| IVD | P26440 | 1 | 3 | 7.5 |
| CD9 | P21926 | 1 | 2 | 7.5 |
| FITM1 | A5D6W6 | 1 | 2 | 7.5 |
| EIF3A | Q14152 | 1 | 9 | 7.4 |
| ATL3 | Q6DD88 | 1 | 4 | 7.4 |
| BCAT2 | O15382 | 1 | 2 | 7.4 |
| LMOD1 | P29536 | 1 | 4 | 7.3 |
| PDIA4 | P13667 | 1 | 4 | 7.3 |
| DBT | P11182 | 1 | 3 | 7.3 |
| CTSZ | Q9UBR2 | 1 | 2 | 7.3 |
| PTPN11 | Q06124 | 1 | 2 | 7.3 |
| UPB1 | Q9UBR1 | 1 | 2 | 7.3 |
| DHX9 | Q08211 | 1 | 8 | 7.2 |
| CAND1 | Q86VP6 | 1 | 7 | 7.2 |
| CUL5 | Q93034 | 1 | 5 | 7.2 |
| IMPDH2 | P12268 | 1 | 3 | 7.2 |
| PKP1 | Q13835 | 1 | 5 | 7.1 |
| SRPX | P78539 | 1 | 3 | 7.1 |
| DNAJC11 | Q9NVH1 | 1 | 3 | 7 |
| MYPN | Q86TC9 | 1 | 7 | 6.9 |
| EIF3B | P55884 | 1 | 5 | 6.9 |
| EIF3L | Q9Y262 | 1 | 3 | 6.9 |
| HTRA1 | Q92743 | 1 | 3 | 6.9 |
| NPLOC4 | Q8TAT6 | 1 | 3 | 6.9 |
| CSNK2A3 | Q8NEV1 | 2 | 2 | 6.9 |
| DDX3X | O00571 | 2 | 4 | 6.8 |
| PSMD12 | O00232 | 1 | 3 | 6.8 |
| SQSTM1 | Q13501 | 1 | 2 | 6.8 |
| HP1BP3 | Q5SSJ5 | 1 | 4 | 6.7 |
| GNA11 | P29992 | 3 | 2 | 6.7 |
| TXNDC5 | Q8NBS9 | 1 | 2 | 6.7 |
| ELN | P15502 | 1 | 3 | 6.6 |
| SVIL | O95425 | 1 | 11 | 6.5 |
| COL3A1 | P02461 | 1 | 8 | 6.5 |
| SLC2A1 | P11166 | 1 | 4 | 6.5 |
| ACSF2 | Q96CM8 | 1 | 3 | 6.5 |
| RNPEP | Q9H4A4 | 1 | 3 | 6.5 |

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| JPH1 | Q9HDC5 | 1 | 4 | 6.4 |
| C8B | P07358 | 1 | 3 | 6.4 |
| ELANE | P08246 | 1 | 2 | 6.4 |
| DDX17 | Q92841 | 2 | 4 | 6.3 |
| ARCN1 | P48444 | 1 | 3 | 6.3 |
| ATP6V1A | P38606 | 1 | 3 | 6.3 |
| CPNE3 | O75131 | 8 | 3 | 6.3 |
| C1R | P00736 | 1 | 4 | 6.2 |
| SARS | P49591 | 1 | 3 | 6.2 |
| SLC44A2 | Q8IWA5 | 1 | 4 | 6.1 |
| XPNPEP1 | Q9NQW7 | 1 | 3 | 6.1 |
| AP2B1 | P63010 | 2 | 4 | 6 |
| DNM1L | O00429 | 1 | 4 | 6 |
| HNRNPM | P52272 | 1 | 4 | 6 |
| AFM | P43652 | 1 | 2 | 6 |
| PREB | Q9HCU5 | 1 | 2 | 6 |
| PRG4 | Q92954 | 1 | 7 | 5.9 |
| SMC2 | O95347 | 1 | 5 | 5.9 |
| LMOD2 | Q6P5Q4 | 1 | 3 | 5.9 |
| TOMM70A | O94826 | 1 | 3 | 5.9 |
| MECR | Q9BV79 | 1 | 2 | 5.9 |
| NEXN | Q0ZGT2 | 1 | 4 | 5.8 |
| ATAD3C | Q5T2N8 | 1 | 3 | 5.8 |
| NARS | O43776 | 1 | 3 | 5.8 |
| PANK4 | Q9NVE7 | 1 | 3 | 5.8 |
| NRAP | Q86VF7 | 1 | 8 | 5.7 |
| CLIP1 | P30622 | 1 | 7 | 5.7 |
| ABLIM1 | O14639 | 1 | 4 | 5.7 |
| MCAM | P43121 | 1 | 3 | 5.7 |
| USO1 | O60763 | 1 | 5 | 5.6 |
| CACNA1S | Q13698 | 1 | 9 | 5.5 |
| COL28A1 | Q2UY09 | 1 | 6 | 5.5 |
| KARS | Q15046 | 1 | 3 | 5.5 |
| PIBF1 | Q8WXW3 | 1 | 3 | 5.5 |
| VWF | P04275 | 1 | 13 | 5.4 |
| COPG1 | Q9Y678 | 2 | 3 | 5.4 |
| SNX5 | Q9Y5X3 | 1 | 2 | 5.4 |
| PHKA1 | P46020 | 1 | 6 | 5.3 |
| RTN4 | Q9NQC3 | 1 | 5 | 5.3 |
| ABCF1 | Q8NE71 | 1 | 4 | 5.3 |

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| ETF1 | P62495 | 1 | 2 | 5.3 |
| PSIP1 | O75475 | 1 | 2 | 5.3 |
| MYO18A | Q92614 | 1 | 8 | 5.2 |
| NEFH | P12036 | 1 | 5 | 5.2 |
| ILF3 | Q12906 | 2 | 5 | 5.1 |
| ACSL3 | O95573 | 1 | 3 | 5.1 |
| PIGR | P01833 | 1 | 2 | 5.1 |
| TARDBP | Q13148 | 1 | 2 | 5.1 |
| KIF5B | P33176 | 3 | 4 | 5 |
| COL8A1 | P27658 | 1 | 3 | 5 |
| ATP6V1B2 | P21281 | 2 | 2 | 4.9 |
| DPP3 | Q9NY33 | 1 | 2 | 4.9 |
| FARSA | Q9Y285 | 1 | 2 | 4.9 |
| LAMP2 | P13473 | 1 | 2 | 4.9 |
| MT-CO1 | P00395 | 1 | 2 | 4.9 |
| UGGT1 | Q9NYU2 | 1 | 6 | 4.8 |
| IPO5 | O00410 | 1 | 4 | 4.8 |
| MVP | Q14764 | 1 | 3 | 4.8 |
| DHCR24 | Q15392 | 1 | 2 | 4.8 |
| COL4A1 | P02462 | 2 | 6 | 4.7 |
| AOX1 | Q06278 | 1 | 4 | 4.7 |
| STIM1 | Q13586 | 1 | 3 | 4.7 |
| ABLIM2 | Q6H8Q1 | 1 | 2 | 4.7 |
| BCL2L13 | Q9BXK5 | 1 | 2 | 4.7 |
| PSMD1 | Q99460 | 1 | 3 | 4.5 |
| CEP70 | Q8NHQ1 | 1 | 2 | 4.5 |
| FBLN5 | Q9UBX5 | 1 | 2 | 4.5 |
| VAR5 | P26640 | 1 | 4 | 4.4 |
| MAPT | P10636 | 1 | 3 | 4.4 |
| FUS | P35637 | 2 | 2 | 4.4 |
| SNX1 | Q13596 | 2 | 2 | 4.4 |
| MYLK | Q15746 | 1 | 8 | 4.3 |
| PLCD4 | Q9BRC7 | 1 | 3 | 4.3 |
| MYH16 | Q9H6N6 | 1 | 5 | 4.2 |
| QARS | P47897 | 1 | 3 | 4.1 |
| EMILIN1 | Q9Y6C2 | 1 | 3 | 3.9 |
| EIF3C | Q99613 | 2 | 3 | 3.8 |
| ITGA2B | P08514 | 1 | 3 | 3.8 |
| MRC1 | P22897 | 1 | 5 | 3.7 |
| CD163 | Q86VB7 | 1 | 4 | 3.7 |

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| ASPH | Q12797 | 1 | 2 | 3.7 |
| ECM1 | Q16610 | 1 | 2 | 3.7 |
| LNPEP | Q9UIQ6 | 1 | 3 | 3.5 |
| SND1 | Q7KZF4 | 1 | 3 | 3.5 |
| TRIM25 | Q14258 | 1 | 2 | 3.5 |
| RNF123 | Q5XPI4 | 1 | 4 | 3.4 |
| C8A | P07357 | 1 | 2 | 3.4 |
| COL5A2 | P05997 | 1 | 4 | 3.3 |
| AARS | P49588 | 1 | 3 | 3.3 |
| DYRK4 | Q9NR20 | 1 | 2 | 3.3 |
| FBLN2 | P98095 | 1 | 3 | 3.2 |
| DMGDH | Q9UI17 | 1 | 2 | 3.2 |
| COBL | O75128 | 1 | 3 | 3.1 |
| CUL1 | Q13616 | 1 | 2 | 3.1 |
| NLRX1 | Q86UT6 | 1 | 3 | 3 |
| CENPE | Q02224 | 1 | 5 | 2.9 |
| SPEG | Q15772 | 1 | 8 | 2.8 |
| EPB41L2 | O43491 | 1 | 2 | 2.8 |
| MLK4 | Q5TCX8 | 1 | 2 | 2.8 |
| PALLD | Q8WX93 | 1 | 3 | 2.6 |
| IPO7 | O95373 | 1 | 2 | 2.6 |
| FBN1 | P35555 | 2 | 9 | 2.5 |
| TNS1 | Q9HBL0 | 3 | 4 | 2.5 |
| VWA8 | A3KMH1 | 1 | 4 | 2.5 |
| DNM2 | P50570 | 1 | 2 | 2.5 |
| IDH3G | P51553 | 1 | 2 | 2.5 |
| ST6GALNAC1 | Q9NSC7 | 1 | 2 | 2.5 |
| VCAN | P13611 | 1 | 6 | 2.4 |
| AEBP1 | Q8IUX7 | 1 | 2 | 2.4 |
| PPP1R12B | O60237 | 1 | 2 | 2.3 |
| FMNL2 | Q96PY5 | 1 | 2 | 2.2 |
| LRP1 | Q07954 | 1 | 7 | 2.1 |
| COL5A1 | P20908 | 1 | 3 | 2.1 |
| PC | P11498 | 1 | 2 | 2.1 |
| SF3B3 | Q15393 | 1 | 2 | 2.1 |
| NOL6 | Q9H6R4 | 1 | 2 | 1.8 |
| ACAN | P16112 | 1 | 3 | 1.7 |
| COL11A1 | P12107 | 1 | 3 | 1.6 |
| CEP350 | Q5VT06 | 1 | 4 | 1.5 |
| MUC16 | Q8WXI7 | 1 | 5 | 1.2 |

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| FCGBP | Q9Y6R7 | 1 | 4 | 1.1 |
| ANK3 | Q12955 | 1 | 5 | 1 |
| CMYA5 | Q8N3K9 | 1 | 3 | 1 |
| COL5A3 | P25940 | 1 | 2 | 1 |
| SVEP1 | Q4LDE5 | 1 | 2 | 0.7 |

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APPENDIX K: Functional enrichment tables (p-value <0.05)

Molecular function

| GO molecular function complete | number | overUnder | pvalue | fdr |
|--|--------|-----------|----------|----------|
| structural constituent of muscle (GO:0008307) | 37 | + | 1.95E-09 | 3.85E-06 |
| structural molecule activity (GO:0005198) | 214 | + | 4.45E-07 | 4.38E-04 |
| catalytic activity, acting on RNA (GO:0140098) | 31 | - | 1.37E-05 | 9.01E-03 |
| extracellular matrix structural constituent (GO:0005201) | 63 | + | 1.44E-05 | 7.10E-03 |
| actin binding (GO:0003779) | 134 | + | 3.89E-05 | 1.54E-02 |
| calcium-dependent protein binding (GO:0048306) | 25 | + | 4.74E-05 | 1.56E-02 |
| catalytic activity, acting on a nucleic acid (GO:0140640) | 38 | - | 6.32E-05 | 1.78E-02 |
| catalytic activity, acting on a tRNA (GO:0140101) | 15 | - | 7.88E-05 | 1.94E-02 |
| microfilament motor activity (GO:0000146) | 16 | + | 1.07E-04 | 2.34E-02 |
| extracellular matrix structural constituent conferring tensile strength (GO:0030020) | 18 | + | 1.43E-04 | 2.82E-02 |
| antioxidant activity (GO:0016209) | 40 | + | 1.64E-04 | 2.95E-02 |

Biological process

| GO biological process complete | number | overUnder | pvalue | fdr |
|--|--------|-----------|----------|----------|
| muscle system process (GO:0003012) | 89 | + | 1.32E-11 | 1.01E-07 |
| muscle contraction (GO:0006936) | 76 | + | 5.11E-10 | 1.96E-06 |
| muscle structure development (GO:0061061) | 115 | + | 7.03E-10 | 1.80E-06 |
| muscle cell development (GO:0055001) | 63 | + | 3.72E-08 | 7.12E-05 |
| muscle organ development (GO:0007517) | 71 | + | 4.80E-08 | 7.36E-05 |
| energy derivation by oxidation of organic compounds (GO:0015980) | 107 | + | 8.72E-08 | 1.11E-04 |
| striated muscle contraction (GO:0006941) | 41 | + | 1.01E-07 | 1.10E-04 |
| cellular respiration (GO:0045333) | 91 | + | 1.02E-07 | 9.79E-05 |
| regulation of muscle contraction (GO:0006937) | 48 | + | 1.36E-07 | 1.16E-04 |
| muscle cell differentiation (GO:0042692) | 70 | + | 2.67E-07 | 2.05E-04 |
| glycolytic process (GO:0006096) | 20 | + | 2.94E-07 | 2.05E-04 |
| striated muscle cell development (GO:0055002) | 42 | + | 3.44E-07 | 2.20E-04 |
| myofibril assembly (GO:0030239) | 42 | + | 3.44E-07 | 2.03E-04 |

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|--|-----|---|----------|----------|
| actin-myosin filament sliding (GO:0033275) | 12 | + | 6.39E-07 | 3.50E-04 |
| aerobic respiration (GO:0009060) | 82 | + | 7.31E-07 | 3.73E-04 |
| system process (GO:0003008) | 191 | + | 7.40E-07 | 3.55E-04 |
| regulation of blood circulation (GO:1903522) | 43 | + | 9.20E-07 | 4.15E-04 |
| striated muscle cell differentiation (GO:0051146) | 60 | + | 1.19E-06 | 5.07E-04 |
| regulation of heart contraction (GO:0008016) | 38 | + | 1.23E-06 | 4.98E-04 |
| generation of precursor metabolites and energy (GO:0006091) | 134 | + | 1.48E-06 | 5.69E-04 |
| regulation of system process (GO:0044057) | 86 | + | 2.19E-06 | 7.99E-04 |
| sarcomere organization (GO:0045214) | 28 | + | 2.39E-06 | 8.33E-04 |
| cellular component assembly involved in morphogenesis (GO:0010927) | 45 | + | 2.84E-06 | 9.47E-04 |
| skeletal muscle contraction (GO:0003009) | 15 | + | 2.88E-06 | 9.20E-04 |
| hexose metabolic process (GO:0019318) | 40 | + | 3.07E-06 | 9.40E-04 |
| muscle filament sliding (GO:0030049) | 10 | + | 3.92E-06 | 1.15E-03 |
| regulation of striated muscle contraction (GO:0006942) | 30 | + | 4.31E-06 | 1.22E-03 |
| glucose metabolic process (GO:0006006) | 36 | + | 4.33E-06 | 1.18E-03 |
| regulation of muscle system process (GO:0090257) | 59 | + | 5.26E-06 | 1.39E-03 |
| cardiac muscle contraction (GO:0060048) | 24 | + | 7.35E-06 | 1.88E-03 |
| muscle tissue development (GO:0060537) | 67 | + | 9.17E-06 | 2.27E-03 |
| response to wounding (GO:0009611) | 75 | + | 1.27E-05 | 3.05E-03 |
| musculoskeletal movement (GO:0050881) | 16 | + | 1.35E-05 | 3.13E-03 |
| multicellular organismal movement (GO:0050879) | 16 | + | 1.35E-05 | 3.04E-03 |
| pyruvate metabolic process (GO:0006090) | 32 | + | 1.49E-05 | 3.27E-03 |
| cell adhesion (GO:0007155) | 116 | + | 1.57E-05 | 3.35E-03 |
| muscle organ morphogenesis (GO:0048644) | 20 | + | 1.65E-05 | 3.42E-03 |
| muscle tissue morphogenesis (GO:0060415) | 20 | + | 1.65E-05 | 3.33E-03 |
| RNA metabolic process (GO:0016070) | 103 | - | 1.83E-05 | 3.60E-03 |
| multicellular organismal process (GO:0032501) | 532 | + | 3.49E-05 | 6.68E-03 |
| carbohydrate catabolic process (GO:0016052) | 29 | + | 3.95E-05 | 7.38E-03 |
| ventricular cardiac muscle tissue morphogenesis (GO:0055010) | 11 | + | 3.98E-05 | 7.27E-03 |
| ventricular cardiac muscle tissue development (GO:0003229) | 11 | + | 3.98E-05 | 7.10E-03 |

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|--|-----|---|----------|----------|
| cardiac ventricle morphogenesis (GO:0003208) | 11 | + | 3.98E-05 | 6.94E-03 |
| heart process (GO:0003015) | 33 | + | 4.04E-05 | 6.89E-03 |
| wound healing (GO:0042060) | 63 | + | 4.61E-05 | 7.69E-03 |
| monosaccharide metabolic process (GO:0005996) | 46 | + | 4.78E-05 | 7.80E-03 |
| heart contraction (GO:0060047) | 31 | + | 5.02E-05 | 8.02E-03 |
| cardiac muscle tissue morphogenesis (GO:0055008) | 17 | + | 6.61E-05 | 1.03E-02 |
| tissue development (GO:0009888) | 186 | + | 6.69E-05 | 1.03E-02 |
| animal organ development (GO:0048513) | 270 | + | 6.77E-05 | 1.02E-02 |
| actomyosin structure organization (GO:0031032) | 54 | + | 7.35E-05 | 1.08E-02 |
| hemostasis (GO:0007599) | 41 | + | 7.75E-05 | 1.12E-02 |
| respiratory electron transport chain (GO:0022904) | 57 | + | 9.16E-05 | 1.30E-02 |
| reactive oxygen species metabolic process (GO:0072593) | 29 | + | 9.26E-05 | 1.29E-02 |
| tRNA metabolic process (GO:0006399) | 17 | - | 9.98E-05 | 1.37E-02 |
| NADH regeneration (GO:0006735) | 11 | + | 1.10E-04 | 1.48E-02 |
| glucose catabolic process to pyruvate (GO:0061718) | 11 | + | 1.10E-04 | 1.45E-02 |
| canonical glycolysis (GO:0061621) | 11 | + | 1.10E-04 | 1.43E-02 |
| glycolytic process through glucose-6- phosphate (GO:0061620) | 11 | + | 1.10E-04 | 1.40E-02 |
| glycolytic process through fructose-6- phosphate (GO:0061615) | 11 | + | 1.10E-04 | 1.38E-02 |
| glucose catabolic process (GO:0006007) | 11 | + | 1.10E-04 | 1.36E-02 |
| striated muscle tissue development (GO:0014706) | 41 | + | 1.16E-04 | 1.41E-02 |
| response to oxygen-containing compound (GO:1901700) | 191 | + | 1.19E-04 | 1.43E-02 |
| cellular response to toxic substance (GO:0097237) | 47 | + | 1.22E-04 | 1.44E-02 |
| cellular detoxification (GO:1990748) | 47 | + | 1.22E-04 | 1.42E-02 |
| oxidative phosphorylation (GO:0006119) | 59 | + | 1.31E-04 | 1.50E-02 |
| ncRNA metabolic process (GO:0034660) | 47 | - | 1.31E-04 | 1.48E-02 |
| cardiac muscle tissue development (GO:0048738) | 40 | + | 1.36E-04 | 1.51E-02 |
| coagulation (GO:0050817) | 40 | + | 1.57E-04 | 1.72E-02 |

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|---|-----|---|----------|----------|
| blood coagulation (GO:0007596) | 40 | + | 1.57E-04 | 1.69E-02 |
| cellular oxidant detoxification (GO:0098869) | 40 | + | 1.64E-04 | 1.75E-02 |
| platelet aggregation (GO:0070527) | 17 | + | 1.65E-04 | 1.73E-02 |
| RNA splicing (GO:0008380) | 33 | - | 1.77E-04 | 1.83E-02 |
| ATP metabolic process (GO:0046034) | 58 | + | 1.77E-04 | 1.81E-02 |
| regulation of multicellular organismal process (GO:0051239) | 280 | + | 1.83E-04 | 1.85E-02 |
| hydrogen peroxide metabolic process (GO:0042743) | 21 | + | 1.98E-04 | 1.98E-02 |
| actin-mediated cell contraction (GO:0070252) | 20 | + | 2.17E-04 | 2.14E-02 |
| purine ribonucleoside triphosphate metabolic process (GO:0009205) | 64 | + | 2.28E-04 | 2.21E-02 |
| ribonucleoside triphosphate metabolic process (GO:0009199) | 64 | + | 2.28E-04 | 2.18E-02 |
| cell differentiation (GO:0030154) | 292 | + | 2.39E-04 | 2.27E-02 |
| tricarboxylic acid cycle (GO:0006099) | 23 | + | 2.42E-04 | 2.26E-02 |
| regulation of molecular function (GO:0065009) | 266 | + | 2.53E-04 | 2.34E-02 |
| regulation of body fluid levels (GO:0050878) | 59 | + | 2.55E-04 | 2.33E-02 |
| hexose catabolic process (GO:0019320) | 12 | + | 2.61E-04 | 2.36E-02 |
| anatomical structure development (GO:0048856) | 454 | + | 2.69E-04 | 2.40E-02 |
| RNA processing (GO:0006396) | 64 | - | 2.72E-04 | 2.40E-02 |
| monoatomic ion transmembrane transport (GO:0034220) | 64 | + | 2.79E-04 | 2.43E-02 |
| carbohydrate biosynthetic process (GO:0016051) | 35 | + | 2.80E-04 | 2.41E-02 |
| actin filament-based process (GO:0030029) | 140 | + | 2.88E-04 | 2.45E-02 |
| homotypic cell-cell adhesion (GO:0034109) | 19 | + | 3.08E-04 | 2.59E-02 |
| detoxification (GO:0098754) | 49 | + | 3.44E-04 | 2.87E-02 |
| actin filament-based movement (GO:0030048) | 27 | + | 3.50E-04 | 2.88E-02 |
| gluconeogenesis (GO:0006094) | 22 | + | 3.65E-04 | 2.98E-02 |
| carbohydrate metabolic process (GO:0005975) | 86 | + | 3.95E-04 | 3.19E-02 |
| response to toxic substance (GO:0009636) | 61 | + | 4.10E-04 | 3.28E-02 |
| cell development (GO:0048468) | 194 | + | 4.15E-04 | 3.28E-02 |
| purine nucleoside triphosphate metabolic process (GO:0009144) | 65 | + | 4.19E-04 | 3.28E-02 |

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|---|-----|---|----------|----------|
| nucleoside triphosphate metabolic process (GO:0009141) | 65 | + | 4.19E-04 | 3.24E-02 |
| cardiac ventricle development (GO:0003231) | 14 | + | 4.34E-04 | 3.33E-02 |
| hexose biosynthetic process (GO:0019319) | 24 | + | 4.44E-04 | 3.37E-02 |
| gene expression (GO:0010467) | 193 | - | 4.69E-04 | 3.52E-02 |
| midbrain development (GO:0030901) | 21 | + | 4.82E-04 | 3.59E-02 |
| translational initiation (GO:0006413) | 16 | - | 5.20E-04 | 3.83E-02 |
| monocarboxylic acid metabolic process (GO:0032787) | 116 | + | 5.78E-04 | 4.22E-02 |
| cellular developmental process (GO:0048869) | 298 | + | 5.89E-04 | 4.26E-02 |
| neural nucleus development (GO:0048857) | 19 | + | 6.12E-04 | 4.39E-02 |
| substantia nigra development (GO:0021762) | 19 | + | 6.12E-04 | 4.35E-02 |
| tRNA aminoacylation (GO:0043039) | 13 | - | 6.16E-04 | 4.33E-02 |
| amino acid activation (GO:0043038) | 13 | - | 6.16E-04 | 4.29E-02 |
| tRNA aminoacylation for protein translation (GO:0006418) | 13 | - | 6.16E-04 | 4.25E-02 |
| monosaccharide biosynthetic process (GO:0046364) | 26 | + | 6.43E-04 | 4.40E-02 |
| nucleic acid metabolic process (GO:0090304) | 131 | - | 6.83E-04 | 4.64E-02 |
| heart development (GO:0007507) | 73 | + | 6.87E-04 | 4.62E-02 |
| homeostatic process (GO:0042592) | 169 | + | 7.16E-04 | 4.77E-02 |
| transition between fast and slow fiber (GO:0014883) | 7 | + | 7.35E-04 | 4.86E-02 |
| mRNA splicing, via spliceosome (GO:0000398) | 25 | - | 7.67E-04 | 5.03E-02 |
| RNA splicing, via transesterification reactions with bulged adenosine as nucleophile (GO:0000377) | 25 | - | 7.67E-04 | 4.98E-02 |
| RNA splicing, via transesterification reactions (GO:0000375) | 25 | - | 7.67E-04 | 4.94E-02 |

Cellular component

| GO cellular component complete | number | overUnder | pvalue | fdr |
|---|--------|-----------|----------|----------|
| contractile fiber (GO:0043292) | 132 | + | 1.99E-11 | 2.08E-08 |
| myofibril (GO:0030016) | 128 | + | 3.09E-10 | 1.61E-07 |
| sarcomere (GO:0030017) | 119 | + | 4.01E-10 | 1.39E-07 |
| collagen-containing extracellular matrix (GO:0062023) | 140 | + | 3.31E-08 | 8.63E-06 |
| muscle myosin complex (GO:0005859) | 15 | + | 1.14E-07 | 2.38E-05 |
| external encapsulating structure (GO:0030312) | 144 | + | 2.46E-07 | 4.28E-05 |

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|---|-----|---|----------|----------|
| extracellular matrix (GO:0031012) | 144 | + | 2.46E-07 | 3.66E-05 |
| blood microparticle (GO:0072562) | 78 | + | 8.64E-07 | 1.13E-04 |
| myosin complex (GO:0016459) | 26 | + | 1.67E-06 | 1.93E-04 |
| myosin II complex (GO:0016460) | 21 | + | 1.76E-06 | 1.83E-04 |
| supramolecular polymer (GO:0099081) | 224 | + | 5.96E-06 | 5.65E-04 |
| myofilament (GO:0036379) | 19 | + | 8.40E-06 | 7.29E-04 |
| supramolecular fiber (GO:0099512) | 221 | + | 8.94E-06 | 7.16E-04 |
| endoplasmic reticulum lumen (GO:0005788) | 81 | + | 9.16E-06 | 6.82E-04 |
| troponin complex (GO:0005861) | 7 | + | 1.57E-05 | 1.09E-03 |
| I band (GO:0031674) | 75 | + | 2.55E-05 | 1.66E-03 |
| striated muscle thin filament (GO:0005865) | 18 | + | 2.65E-05 | 1.63E-03 |
| myosin filament (GO:0032982) | 18 | + | 3.10E-05 | 1.79E-03 |
| Golgi membrane (GO:0000139) | 30 | - | 1.02E-04 | 5.58E-03 |
| Z disc (GO:0030018) | 66 | + | 2.12E-04 | 1.10E-02 |
| proteasome regulatory particle (GO:0005838) | 14 | - | 2.13E-04 | 1.06E-02 |
| proteasome accessory complex (GO:0022624) | 15 | - | 2.52E-04 | 1.19E-02 |
| nucleoplasm (GO:0005654) | 294 | - | 3.33E-04 | 1.51E-02 |
| sarcolemma (GO:0042383) | 54 | + | 3.67E-04 | 1.59E-02 |
| actin cytoskeleton (GO:0015629) | 139 | + | 3.67E-04 | 1.53E-02 |
| oxidoreductase complex (GO:1990204) | 65 | + | 3.85E-04 | 1.54E-02 |
| endocytic vesicle lumen (GO:0071682) | 13 | + | 4.32E-04 | 1.67E-02 |
| extracellular exosome (GO:0070062) | 636 | + | 5.26E-04 | 1.96E-02 |
| extracellular membrane-bounded organelle (GO:0065010) | 638 | + | 5.56E-04 | 2.00E-02 |
| extracellular vesicle (GO:1903561) | 638 | + | 5.56E-04 | 1.93E-02 |
| extracellular organelle (GO:0043230) | 638 | + | 5.56E-04 | 1.87E-02 |
| basement membrane (GO:0005604) | 28 | + | 6.84E-04 | 2.23E-02 |
| mitochondrial protein-containing complex (GO:0098798) | 89 | + | 6.87E-04 | 2.17E-02 |
| extracellular space (GO:0005615) | 710 | + | 7.65E-04 | 2.35E-02 |
| IgG immunoglobulin complex (GO:0071735) | 8 | + | 8.33E-04 | 2.48E-02 |
| respirasome (GO:0070469) | 49 | + | 8.83E-04 | 2.56E-02 |
| supramolecular complex (GO:0099080) | 255 | + | 9.71E-04 | 2.73E-02 |
| platelet alpha granule lumen (GO:0031093) | 28 | + | 1.02E-03 | 2.81E-02 |
| cardiac myofibril (GO:0097512) | 4 | + | 1.03E-03 | 2.76E-02 |
| eukaryotic 48S preinitiation complex (GO:0033290) | 7 | - | 1.37E-03 | 3.56E-02 |
| translation preinitiation complex (GO:0070993) | 7 | - | 1.37E-03 | 3.47E-02 |
| platelet alpha granule (GO:0031091) | 33 | + | 1.54E-03 | 3.82E-02 |

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|---|----|---|----------|----------|
| inner mitochondrial membrane protein complex (GO:0098800) | 70 | + | 1.55E-03 | 3.76E-02 |
| tertiary granule lumen (GO:1904724) | 20 | + | 1.64E-03 | 3.88E-02 |
| mitochondrial respirasome (GO:0005746) | 48 | + | 1.65E-03 | 3.82E-02 |
| A band (GO:0031672) | 25 | + | 1.77E-03 | 4.00E-02 |
| collagen trimer (GO:0005581) | 24 | + | 2.10E-03 | 4.65E-02 |

Appendices

APPENDIX L: PANTHER classification of proteins by pathway

| Pathway | Number of proteins |
|--|--------------------|
| Integrin signaling pathway (P00034) | 52 |
| Inflammation mediated by chemokine and cytokine signaling pathway (P00031) | 42 |
| Cytoskeletal regulation by Rho GTPase (P00016) | 33 |
| Parkinson disease (P00049) | 32 |
| Gonadotropin-releasing hormone receptor pathway (P06664) | 24 |
| Huntington disease (P00029) | 22 |
| Nicotinic acetylcholine receptor signaling pathway (P00044) | 21 |
| Wnt signaling pathway (P00057) | 19 |
| CCKR signaling map (P06959) | 18 |
| Heterotrimeric G-protein signaling pathway-Gi alpha and Gs alpha mediated pathway (P00026) | 16 |
| Glycolysis (P00024) | 16 |
| Ubiquitin proteasome pathway (P00060) | 15 |
| FGF signaling pathway (P00021) | 15 |
| Blood coagulation (P00011) | 15 |
| EGF receptor signaling pathway (P00018) | 13 |
| Apoptosis signaling pathway (P00006) | 12 |
| Angiogenesis (P00005) | 11 |
| Dopamine receptor mediated signaling pathway (P05912) | 11 |
| De novo purine biosynthesis (P02738) | 10 |
| 5-Hydroxytryptamine degradation (P04372) | 10 |
| VEGF signaling pathway (P00056) | 8 |
| T cell activation (P00053) | 8 |
| PDGF signaling pathway (P00047) | 8 |
| Ras Pathway (P04393) | 8 |
| 5HT2 type receptor mediated signaling pathway (P04374) | 8 |
| Alzheimer disease-presenilin pathway (P00004) | 7 |
| TCA cycle (P00051) | 7 |
| Muscarinic acetylcholine receptor 2 and 4 signaling pathway (P00043) | 7 |
| Metabotropic glutamate receptor group II pathway (P00040) | 7 |
| Oxytocin receptor mediated signaling pathway (P04391) | 7 |
| Heterotrimeric G-protein signaling pathway-Gq alpha and Go alpha mediated pathway (P00027) | 7 |
| Endothelin signaling pathway (P00019) | 7 |

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|---|---|
| Beta2 adrenergic receptor signaling pathway (P04378) | 7 |
| Beta1 adrenergic receptor signaling pathway (P04377) | 7 |
| TGF-beta signaling pathway (P00052) | 6 |
| Metabotropic glutamate receptor group III pathway (P00039) | 6 |
| Thyrotropin-releasing hormone receptor signaling pathway (P04394) | 6 |
| Nicotine pharmacodynamics pathway (P06587) | 6 |
| Angiotensin II-stimulated signaling through G proteins and beta-arrestin (P05911) | 6 |
| Pyruvate metabolism (P02772) | 6 |
| Pyrimidine Metabolism (P02771) | 6 |
| Cadherin signaling pathway (P00012) | 6 |
| B cell activation (P00010) | 6 |
| Pentose phosphate pathway (P02762) | 6 |
| 5HT1 type receptor mediated signaling pathway (P04373) | 6 |
| Adrenaline and noradrenaline biosynthesis (P00001) | 5 |
| Heme biosynthesis (P02746) | 5 |
| Toll receptor signaling pathway (P00054) | 5 |
| Plasminogen activating cascade (P00050) | 5 |
| PI3 kinase pathway (P00048) | 5 |
| Enkephalin release (P05913) | 5 |
| Histamine H1 receptor mediated signaling pathway (P04385) | 5 |
| Cell cycle (P00013) | 5 |
| Alzheimer disease-amyloid secretase pathway (P00003) | 4 |
| Fructose galactose metabolism (P02744) | 4 |
| De novo pyrimidine ribonucleotides biosynthesis (P02740) | 4 |
| Muscarinic acetylcholine receptor 1 and 3 signaling pathway (P00042) | 4 |
| GABA-B receptor II signaling (P05731) | 4 |
| Insulin/IGF pathway-mitogen activated protein kinase kinase/MAP kinase cascade (P00032) | 4 |
| Heterotrimeric G-protein signaling pathway-rod outer segment phototransduction (P00028) | 4 |
| FAS signaling pathway (P00020) | 4 |
| Histamine H2 receptor mediated signaling pathway (P04386) | 4 |
| Axon guidance mediated by netrin (P00009) | 3 |
| Axon guidance mediated by Slit/Robo (P00008) | 3 |
| Axon guidance mediated by semaphorins (P00007) | 3 |
| Transcription regulation by bZIP transcription factor (P00055) | 3 |
| Oxidative stress response (P00046) | 3 |
| Metabotropic glutamate receptor group I pathway (P00041) | 3 |

Appendices

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|--|---|
| Arginine biosynthesis (P02728) | 3 |
| Ionotropic glutamate receptor pathway (P00037) | 3 |
| Interleukin signaling pathway (P00036) | 3 |
| Adenine and hypoxanthine salvage pathway (P02723) | 3 |
| ATP synthesis (P02721) | 3 |
| p38 MAPK pathway (P05918) | 3 |
| Opioid proopiomelanocortin pathway (P05917) | 3 |
| Opioid prodynorphin pathway (P05916) | 3 |
| Opioid proenkephalin pathway (P05915) | 3 |
| Serine glycine biosynthesis (P02776) | 3 |
| Corticotropin releasing factor receptor signaling pathway (P04380) | 3 |
| DNA replication (P00017) | 3 |
| 5HT4 type receptor mediated signaling pathway (P04376) | 3 |
| Alpha adrenergic receptor signaling pathway (P00002) | 2 |
| Leucine biosynthesis (P02749) | 2 |
| p53 pathway (P00059) | 2 |
| Glutamine glutamate conversion (P02745) | 2 |
| De novo pyrimidine deoxyribonucleotide biosynthesis (P02739) | 2 |
| Asparagine and aspartate biosynthesis (P02730) | 2 |
| Aminobutyrate degradation (P02726) | 2 |
| Interferon-gamma signaling pathway (P00035) | 2 |
| Xanthine and guanine salvage pathway (P02788) | 2 |
| Hedgehog signaling pathway (P00025) | 2 |
| Salvage pyrimidine ribonucleotides (P02775) | 2 |
| Gamma-aminobutyric acid synthesis (P04384) | 2 |
| Beta3 adrenergic receptor signaling pathway (P04379) | 2 |
| Pyridoxal-5-phosphate biosynthesis (P02759) | 1 |
| Ornithine degradation (P02758) | 1 |
| N-acetylglucosamine metabolism (P02756) | 1 |
| Methylcitrate cycle (P02754) | 1 |
| Mannose metabolism (P02752) | 1 |
| Isoleucine biosynthesis (P02748) | 1 |
| Coenzyme A biosynthesis (P02736) | 1 |
| Endogenous cannabinoid signaling (P05730) | 1 |
| Alanine biosynthesis (P02724) | 1 |
| Vitamin B6 metabolism (P02787) | 1 |
| Valine biosynthesis (P02785) | 1 |
| p53 pathway by glucose deprivation (P04397) | 1 |
| Hypoxia response via HIF activation (P00030) | 1 |

Appendices

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|--|---|
| Vitamin D metabolism and pathway (P04396) | 1 |
| Vasopressin synthesis (P04395) | 1 |
| Triacylglycerol metabolism (P02782) | 1 |
| Succinate to propionate conversion (P02777) | 1 |
| General transcription by RNA polymerase I (P00022) | 1 |
| Salvage pyrimidine deoxyribonucleotides (P02774) | 1 |
| Pyridoxal phosphate salvage pathway (P02770) | 1 |
| Purine metabolism (P02769) | 1 |
| Cholesterol biosynthesis (P00014) | 1 |
| Phenylethylamine degradation (P02766) | 1 |
| 5HT3 type receptor mediated signaling pathway (P04375) | 1 |

Appendices

APPENDIX M: Presence/Absence of identified proteins

| EML | Early (%) | Middle (%) | Late (%) |
|-----------|-----------|------------|----------|
| ACTA1 | 100 | 100 | 100 |
| ACTN2 | 100 | 100 | 100 |
| ALDOA | 100 | 100 | 100 |
| ATP2A1 | 100 | 100 | 100 |
| ATP5B | 100 | 100 | 100 |
| CA3 | 100 | 100 | 100 |
| CASQ1 | 100 | 100 | 100 |
| CKM | 100 | 100 | 100 |
| COL6A1 | 100 | 100 | 100 |
| COL6A3 | 100 | 100 | 100 |
| ENO3 | 100 | 100 | 100 |
| FABP3 | 100 | 100 | 100 |
| FLNC | 100 | 100 | 100 |
| GAPDH | 100 | 100 | 100 |
| HBA1 | 100 | 100 | 100 |
| HBB | 100 | 100 | 100 |
| HIST1H4A | 100 | 100 | 100 |
| HIST2H2BE | 100 | 100 | 100 |
| MB | 100 | 100 | 100 |
| MYBPC1 | 100 | 100 | 100 |
| MYH1 | 100 | 100 | 100 |
| MYH2 | 100 | 100 | 100 |
| MYH7 | 100 | 100 | 100 |
| MYL1 | 100 | 100 | 100 |
| MYOM1 | 100 | 100 | 100 |
| NEB | 100 | 100 | 100 |
| ORM1 | 100 | 100 | 100 |
| PYGM | 100 | 100 | 100 |
| SERPINA1 | 100 | 100 | 100 |
| SERPINA3 | 100 | 100 | 100 |
| SOD2 | 100 | 100 | 100 |
| TNNT1 | 100 | 100 | 100 |
| TPM3 | 100 | 100 | 100 |
| TTN | 100 | 100 | 100 |
| DCN | 100 | 100 | 99 |
| PLEC | 100 | 100 | 99 |

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|---------|-----|-----|-----|
| PRELP | 100 | 100 | 99 |
| A2M | 100 | 100 | 97 |
| MYL2 | 100 | 100 | 93 |
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| RPLP2 | 37 | 15 | 14 |

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| RPL23A | 37 | 13 | 10 |
| UNC45B | 37 | 13 | 8 |
| ATIC | 37 | 12 | 7 |
| FBLN1 | 37 | 12 | 4 |
| HNRNPA3 | 37 | 10 | 3 |
| VAPB | 37 | 8 | 1 |
| PSME1 | 37 | 7 | 3 |
| THBS4 | 35 | 25 | 11 |
| C1QC | 35 | 18 | 18 |
| CAND2 | 35 | 18 | 15 |
| HSD17B10 | 35 | 18 | 15 |
| SPTA1 | 35 | 18 | 11 |
| PDK4 | 35 | 17 | 25 |
| ZAK | 35 | 17 | 23 |
| CAMK2D | 35 | 17 | 14 |
| FUNDC2 | 35 | 15 | 25 |
| CFB | 35 | 15 | 4 |
| LTA4H | 35 | 12 | 15 |
| CACNB1 | 35 | 12 | 12 |
| PPP2R1A | 35 | 10 | 1 |
| HSPA4 | 35 | 8 | 3 |
| RAB5B | 35 | 7 | 7 |
| XIRP1 | 35 | 7 | 1 |
| ARHGDI1 | 35 | 5 | 11 |
| EPDR1 | 33 | 33 | 59 |
| PSMB3 | 33 | 25 | 37 |
| TINAGL1 | 33 | 23 | 36 |
| ALDH1B1 | 33 | 20 | 12 |
| ITGB1 | 33 | 18 | 16 |
| COX7A1 | 33 | 17 | 41 |
| LONP1 | 33 | 13 | 14 |
| RPL27 | 33 | 10 | 25 |
| LRPAP1 | 33 | 8 | 1 |
| ME1 | 33 | 7 | 21 |
| NEDD8 | 33 | 7 | 1 |
| CLIC1 | 33 | 7 | 0 |
| LRRC47 | 33 | 7 | 0 |
| ADH1C | 33 | 0 | 1 |
| SLC25A6 | 31 | 23 | 41 |
| COL3A1 | 31 | 23 | 38 |

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| MYL4 | 31 | 23 | 19 |
| PSMA5 | 31 | 18 | 38 |
| SH3BGR | 31 | 18 | 19 |
| LACTB | 31 | 17 | 27 |
| IGKV4-1 | 31 | 17 | 26 |
| RAB2A | 31 | 17 | 7 |
| RPS8 | 31 | 15 | 22 |
| ECI2 | 31 | 13 | 15 |
| RPL10A | 31 | 12 | 4 |
| ALAD | 31 | 10 | 8 |
| ABI3BP | 31 | 10 | 7 |
| NDUFB3 | 31 | 8 | 19 |
| TPM4 | 31 | 8 | 10 |
| LAMA4 | 31 | 8 | 8 |
| CFD | 31 | 8 | 1 |
| GBE1 | 31 | 5 | 11 |
| TMED10 | 30 | 23 | 36 |
| FIS1 | 30 | 23 | 29 |
| ATP1B1 | 30 | 22 | 47 |
| ANK1 | 30 | 22 | 11 |
| SGCB | 30 | 20 | 18 |
| CPNE3 | 30 | 17 | 26 |
| GSTT1 | 30 | 15 | 18 |
| RPL35 | 30 | 13 | 34 |
| PCBD1 | 30 | 13 | 10 |
| PGP | 30 | 12 | 12 |
| CISD1 | 30 | 10 | 15 |
| IGHG4 | 30 | 10 | 7 |
| NAMPT | 30 | 10 | 1 |
| ABHD14B | 30 | 8 | 18 |
| GSR | 30 | 8 | 7 |
| RAB11B | 30 | 5 | 5 |
| MUSTN1 | 30 | 3 | 0 |
| TMPO | 30 | 2 | 1 |
| MAP4 | 30 | 0 | 0 |
| PDAP1 | 30 | 0 | 0 |
| YBX3 | 30 | 0 | 0 |
| GNAI2 | 28 | 27 | 29 |
| IMPA1 | 28 | 18 | 23 |
| ALDH6A1 | 28 | 15 | 11 |

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| CPA3 | 28 | 13 | 14 |
| PODOX2 | 28 | 12 | 18 |
| PNP | 28 | 12 | 5 |
| RPL5 | 28 | 12 | 4 |
| PLS3 | 28 | 10 | 10 |
| TFAM | 28 | 5 | 0 |
| ASS1 | 28 | 3 | 4 |
| PDLIM1 | 28 | 3 | 4 |
| SORBS1 | 28 | 0 | 0 |
| DPT | 26 | 30 | 22 |
| IGHV3-74 | 26 | 27 | 22 |
| MYPN | 26 | 25 | 5 |
| LTF | 26 | 23 | 21 |
| MFGE8 | 26 | 22 | 22 |
| TMEM43 | 26 | 18 | 40 |
| ENDOD1 | 26 | 18 | 15 |
| GSTM1 | 26 | 18 | 8 |
| CMA1 | 26 | 13 | 18 |
| NUTF2 | 26 | 13 | 7 |
| RPL15 | 26 | 12 | 21 |
| C1orf123 | 26 | 10 | 4 |
| EIF4A1 | 26 | 10 | 3 |
| MTCH2 | 26 | 8 | 16 |
| PRKCSH | 26 | 8 | 7 |
| WARS | 26 | 7 | 1 |
| HSPB2 | 26 | 3 | 14 |
| SYNPO2L | 26 | 3 | 0 |
| ALDH1L1 | 26 | 2 | 7 |
| YWHAH | 26 | 2 | 5 |
| CAST | 26 | 2 | 0 |
| GPD2 | 24 | 30 | 30 |
| C1QBP | 24 | 27 | 38 |
| ST6GALNAC1 | 24 | 25 | 36 |
| CPT1B | 24 | 22 | 33 |
| RPL27A | 24 | 10 | 12 |
| XRCC5 | 24 | 10 | 1 |
| MECP2 | 24 | 10 | 0 |
| LANCL1 | 24 | 8 | 10 |
| TGM2 | 24 | 7 | 5 |
| CCDC58 | 24 | 7 | 1 |

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| GDI1 | 24 | 5 | 1 |
| CAB39 | 24 | 3 | 7 |
| EIF3A | 24 | 3 | 3 |
| CCT6A | 24 | 3 | 1 |
| CNDP2 | 24 | 3 | 1 |
| PLIN2 | 24 | 2 | 1 |
| RBMX | 24 | 2 | 1 |
| AHSG | 24 | 2 | 0 |
| APOA2 | 24 | 0 | 0 |
| SMPX | 24 | 0 | 0 |
| MPO | 22 | 32 | 36 |
| TNC | 22 | 20 | 27 |
| MYH10 | 22 | 20 | 8 |
| ASAH1 | 22 | 18 | 32 |
| FLNB | 22 | 17 | 7 |
| COL5A3 | 22 | 13 | 30 |
| PRX | 22 | 13 | 18 |
| LRPPRC | 22 | 13 | 16 |
| BPGM | 22 | 13 | 8 |
| ETFDH | 22 | 12 | 22 |
| EPB42 | 22 | 12 | 4 |
| TIMM13 | 22 | 10 | 14 |
| PLG | 22 | 10 | 10 |
| S100B | 22 | 10 | 5 |
| FABP5 | 22 | 8 | 15 |
| C5 | 22 | 8 | 1 |
| SPR | 22 | 8 | 1 |
| CALR | 22 | 7 | 25 |
| DHRS7 | 22 | 7 | 15 |
| HMGCS2 | 22 | 7 | 5 |
| RPL17 | 22 | 7 | 0 |
| APOOL | 22 | 5 | 10 |
| ACACB | 22 | 5 | 1 |
| PGD | 22 | 5 | 1 |
| CCT2 | 22 | 3 | 3 |
| ACTR3 | 22 | 3 | 0 |
| F2 | 22 | 3 | 0 |
| TWF2 | 22 | 0 | 4 |
| KCTD12 | 22 | 0 | 1 |
| TMEM38A | 20 | 17 | 33 |

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| ITIH1 | 20 | 17 | 11 |
| GNB2 | 20 | 13 | 18 |
| CES1 | 20 | 8 | 23 |
| RPS15A | 20 | 8 | 22 |
| PSMB2 | 20 | 7 | 14 |
| XIRP2 | 20 | 7 | 7 |
| ARF4 | 20 | 7 | 5 |
| GSTK1 | 20 | 7 | 1 |
| PYGB | 20 | 7 | 1 |
| HDGFRP3 | 20 | 5 | 1 |
| APOO | 20 | 3 | 10 |
| EEA1 | 20 | 3 | 5 |
| SERPINH1 | 20 | 3 | 5 |
| ESYT1 | 20 | 3 | 1 |
| UCHL1 | 20 | 3 | 1 |
| IMPA2 | 20 | 2 | 11 |
| BLVRA | 20 | 2 | 5 |
| 39326 | 20 | 2 | 1 |
| LMOD3 | 20 | 2 | 0 |
| NAPRT | 20 | 2 | 0 |
| PHGDH | 20 | 2 | 0 |
| LAMA5 | 19 | 28 | 40 |
| NDUFS7 | 19 | 12 | 16 |
| HTRA1 | 19 | 12 | 8 |
| MYO18A | 19 | 10 | 8 |
| NDUFAB1 | 19 | 8 | 14 |
| PSMD3 | 19 | 8 | 11 |
| PFKL | 19 | 8 | 4 |
| SNTA1 | 19 | 7 | 11 |
| ARPC4 | 19 | 7 | 3 |
| MYOC | 19 | 7 | 1 |
| CPS1 | 19 | 5 | 8 |
| MCAM | 19 | 5 | 8 |
| IGHV3-20 | 19 | 5 | 7 |
| PPP3CA | 19 | 5 | 5 |
| SERPINF2 | 19 | 5 | 5 |
| COQ5 | 19 | 5 | 3 |
| GNPDA1 | 19 | 5 | 3 |
| VWF | 19 | 5 | 1 |
| FLOT1 | 19 | 2 | 1 |

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| HMGA1 | 19 | 2 | 0 |
| ISOC1 | 19 | 0 | 7 |
| OPA1 | 19 | 0 | 5 |
| SYNPO | 19 | 0 | 0 |
| MBP | 17 | 18 | 19 |
| ILF3 | 17 | 15 | 8 |
| RPN2 | 17 | 10 | 12 |
| CACNA1S | 17 | 10 | 1 |
| GPX4 | 17 | 8 | 19 |
| RPL13A | 17 | 8 | 8 |
| RPL10 | 17 | 7 | 8 |
| RPS6 | 17 | 7 | 7 |
| CNN1 | 17 | 7 | 0 |
| AKR1C1 | 17 | 5 | 11 |
| L2HGDH | 17 | 5 | 5 |
| RRAS | 17 | 5 | 5 |
| EIF2S3 | 17 | 5 | 0 |
| PSMC1 | 17 | 5 | 0 |
| HINT2 | 17 | 3 | 4 |
| ILK | 17 | 3 | 1 |
| PEPD | 17 | 3 | 1 |
| EHD4 | 17 | 2 | 1 |
| RALA | 17 | 2 | 1 |
| VPS35 | 17 | 2 | 1 |
| FUS | 17 | 2 | 0 |
| CAPG | 17 | 0 | 1 |
| MGLL | 17 | 0 | 1 |
| TLN2 | 17 | 0 | 1 |
| DHX9 | 17 | 0 | 0 |
| MPST | 17 | 0 | 0 |
| S100A11 | 17 | 0 | 0 |
| DAG1 | 15 | 17 | 8 |
| RPL22 | 15 | 15 | 22 |
| MYBPH | 15 | 13 | 3 |
| VCAN | 15 | 13 | 1 |
| NDUFA4 | 15 | 12 | 21 |
| CORO6 | 15 | 10 | 15 |
| FABP1 | 15 | 10 | 5 |
| AFG3L2 | 15 | 7 | 5 |
| HRG | 15 | 7 | 3 |

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| SUCLG2 | 15 | 5 | 10 |
| SH3BGRL3 | 15 | 5 | 5 |
| HMOX1 | 15 | 5 | 0 |
| NDUFB9 | 15 | 3 | 11 |
| IPO5 | 15 | 3 | 7 |
| IGLV3-9 | 15 | 3 | 1 |
| TCP1 | 15 | 3 | 1 |
| ALDOB | 15 | 3 | 0 |
| SBDS | 15 | 2 | 10 |
| CCT5 | 15 | 2 | 1 |
| RAB21 | 15 | 2 | 1 |
| C1S | 15 | 2 | 0 |
| CAND1 | 15 | 2 | 0 |
| NRAP | 15 | 0 | 1 |
| IDH3B | 13 | 13 | 12 |
| RPS26 | 13 | 10 | 15 |
| IGHV3-15 | 13 | 10 | 11 |
| IGKV2-24 | 13 | 10 | 8 |
| PLN | 13 | 8 | 11 |
| ATP5D | 13 | 7 | 3 |
| MYH14 | 13 | 5 | 14 |
| PLCD4 | 13 | 5 | 4 |
| TXNRD1 | 13 | 5 | 4 |
| HDHD2 | 13 | 5 | 3 |
| SYNCRIP | 13 | 5 | 1 |
| GNB2L1 | 13 | 3 | 12 |
| APOH | 13 | 3 | 3 |
| MPI | 13 | 3 | 1 |
| SQRDL | 13 | 3 | 1 |
| STRAP | 13 | 3 | 1 |
| USP5 | 13 | 3 | 0 |
| SUB1 | 13 | 2 | 4 |
| C7 | 13 | 2 | 3 |
| HNRNPL | 13 | 2 | 3 |
| PSMC5 | 13 | 2 | 3 |
| FARSB | 13 | 2 | 1 |
| ACY1 | 13 | 2 | 0 |
| AKR7A2 | 13 | 2 | 0 |
| DNM1L | 13 | 2 | 0 |
| NAPA | 13 | 2 | 0 |

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| SARS | 13 | 2 | 0 |
| ILF2 | 13 | 0 | 3 |
| PDXK | 13 | 0 | 3 |
| APOC3 | 13 | 0 | 1 |
| C8B | 13 | 0 | 1 |
| CALB2 | 13 | 0 | 1 |
| RRBP1 | 13 | 0 | 1 |
| AP2B1 | 13 | 0 | 0 |
| CMPK1 | 13 | 0 | 0 |
| MRC1 | 13 | 0 | 0 |
| NEXN | 13 | 0 | 0 |
| PLIN5 | 13 | 0 | 0 |
| COL5A2 | 11 | 13 | 12 |
| APMAP | 11 | 8 | 18 |
| NDUFS8 | 11 | 8 | 3 |
| DNAJB4 | 11 | 7 | 7 |
| ARMT1 | 11 | 5 | 0 |
| C14orf159 | 11 | 3 | 5 |
| ADHFE1 | 11 | 3 | 3 |
| CEP350 | 11 | 3 | 3 |
| COPS6 | 11 | 3 | 3 |
| PPP2R4 | 11 | 3 | 3 |
| SSBP1 | 11 | 3 | 3 |
| LBP | 11 | 3 | 1 |
| PSMD7 | 11 | 3 | 1 |
| ARG1 | 11 | 3 | 0 |
| HP1BP3 | 11 | 3 | 0 |
| IGKV3D-15 | 11 | 3 | 0 |
| PSMD1 | 11 | 3 | 0 |
| SVIL | 11 | 3 | 0 |
| FHL3 | 11 | 2 | 1 |
| 37500 | 11 | 2 | 1 |
| ARPC2 | 11 | 2 | 0 |
| PLTP | 11 | 2 | 0 |
| PSIP1 | 11 | 2 | 0 |
| RTCB | 11 | 2 | 0 |
| SSB | 11 | 2 | 0 |
| TSN | 11 | 2 | 0 |
| HIBCH | 11 | 0 | 3 |
| ABHD5 | 11 | 0 | 1 |

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| LRP1 | 11 | 0 | 1 |
| TNS1 | 11 | 0 | 1 |
| ADPRHL1 | 11 | 0 | 0 |
| HNRNPM | 11 | 0 | 0 |
| MLIP | 11 | 0 | 0 |
| PABPC1 | 11 | 0 | 0 |
| PSMD12 | 11 | 0 | 0 |
| SEC22B | 11 | 0 | 0 |
| 40787 | 11 | 0 | 0 |
| SFPQ | 11 | 0 | 0 |
| SHMT1 | 11 | 0 | 0 |
| IARS2 | 9 | 10 | 7 |
| PHKB | 9 | 10 | 1 |
| PHKA1 | 9 | 8 | 1 |
| LAMP2 | 9 | 7 | 16 |
| DSP | 9 | 7 | 11 |
| NEFM | 9 | 7 | 5 |
| ART3 | 9 | 7 | 1 |
| SLC2A1 | 9 | 5 | 1 |
| KPNA3 | 9 | 5 | 0 |
| EFEMP1 | 9 | 3 | 19 |
| MCU | 9 | 3 | 11 |
| C1QB | 9 | 3 | 10 |
| FECH | 9 | 3 | 10 |
| TMEM205 | 9 | 3 | 8 |
| PCBD2 | 9 | 3 | 5 |
| PSMB4 | 9 | 3 | 5 |
| TIMM44 | 9 | 3 | 4 |
| CUL5 | 9 | 3 | 3 |
| DARS | 9 | 3 | 1 |
| PIN4 | 9 | 3 | 1 |
| PSMC3 | 9 | 3 | 1 |
| BZW2 | 9 | 3 | 0 |
| CCT7 | 9 | 3 | 0 |
| FBLN5 | 9 | 3 | 0 |
| ACOT9 | 9 | 2 | 4 |
| ACSF2 | 9 | 2 | 3 |
| PPP1CC | 9 | 2 | 3 |
| AARS | 9 | 2 | 1 |
| ANKRD1 | 9 | 2 | 1 |

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| CYB5B | 9 | 2 | 1 |
| FAHD1 | 9 | 2 | 1 |
| HPRT1 | 9 | 2 | 1 |
| ITGA7 | 9 | 2 | 1 |
| OXSR1 | 9 | 2 | 1 |
| SAR1A | 9 | 2 | 1 |
| CSRP1 | 9 | 2 | 0 |
| FSCN1 | 9 | 2 | 0 |
| PSMD13 | 9 | 2 | 0 |
| CLIP1 | 9 | 0 | 1 |
| ARPC3 | 9 | 0 | 0 |
| BHMT | 9 | 0 | 0 |
| C1R | 9 | 0 | 0 |
| CD163 | 9 | 0 | 0 |
| EHD1 | 9 | 0 | 0 |
| FBP1 | 9 | 0 | 0 |
| MAP2K1 | 9 | 0 | 0 |
| MECR | 9 | 0 | 0 |
| MYOF | 9 | 0 | 0 |
| PPP1R7 | 9 | 0 | 0 |
| SPEG | 9 | 0 | 0 |
| TRAP1 | 9 | 0 | 0 |
| USO1 | 9 | 0 | 0 |
| VPS26A | 9 | 0 | 0 |
| PRTN3 | 7 | 18 | 11 |
| RNASE2 | 7 | 17 | 10 |
| CTSG | 7 | 13 | 12 |
| ERAP1 | 7 | 7 | 8 |
| CD9 | 7 | 7 | 7 |
| BSG | 7 | 7 | 0 |
| CALU | 7 | 5 | 8 |
| GAMT | 7 | 5 | 0 |
| ELANE | 7 | 3 | 8 |
| RPS23 | 7 | 3 | 7 |
| PAFAH1B2 | 7 | 3 | 3 |
| RBP4 | 7 | 3 | 1 |
| FKBP5 | 7 | 3 | 0 |
| C4A | 7 | 2 | 4 |
| IGHV5-51 | 7 | 2 | 1 |
| EIF3L | 7 | 2 | 0 |

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| EPRS | 7 | 2 | 0 |
| HEXB | 7 | 2 | 0 |
| IPO7 | 7 | 2 | 0 |
| MANF | 7 | 2 | 0 |
| PSMD6 | 7 | 2 | 0 |
| PTGR2 | 7 | 2 | 0 |
| SFN | 7 | 2 | 0 |
| SIRT5 | 7 | 2 | 0 |
| EEF1B2 | 7 | 0 | 1 |
| TUBB2A | 7 | 0 | 1 |
| C8A | 7 | 0 | 0 |
| CSNK2A3 | 7 | 0 | 0 |
| DCTN2 | 7 | 0 | 0 |
| EIF1 | 7 | 0 | 0 |
| EPB41 | 7 | 0 | 0 |
| GNG12 | 7 | 0 | 0 |
| IGFN1 | 7 | 0 | 0 |
| KIF5B | 7 | 0 | 0 |
| LRRC2 | 7 | 0 | 0 |
| MTX2 | 7 | 0 | 0 |
| MVP | 7 | 0 | 0 |
| PANK4 | 7 | 0 | 0 |
| PHKG1 | 7 | 0 | 0 |
| PYGL | 7 | 0 | 0 |
| RHOC | 7 | 0 | 0 |
| SUN2 | 7 | 0 | 0 |
| TOMM70A | 7 | 0 | 0 |
| TXNL1 | 7 | 0 | 0 |
| XPNPEP1 | 7 | 0 | 0 |
| MT-ND4 | 6 | 10 | 19 |
| RPL38 | 6 | 10 | 7 |
| CA4 | 6 | 8 | 7 |
| DHRS7C | 6 | 7 | 12 |
| STBD1 | 6 | 7 | 8 |
| RAC1 | 6 | 7 | 1 |
| MT-ND5 | 6 | 5 | 10 |
| COQ7 | 6 | 5 | 1 |
| ANXA3 | 6 | 3 | 4 |
| C4BPA | 6 | 3 | 4 |
| RPL18A | 6 | 3 | 4 |

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| C11orf54 | 6 | 3 | 3 |
| TXNDC17 | 6 | 3 | 1 |
| SLC25A20 | 6 | 2 | 3 |
| ABLIM2 | 6 | 2 | 0 |
| ATL3 | 6 | 2 | 0 |
| EIF2S1 | 6 | 2 | 0 |
| FAM162A | 6 | 2 | 0 |
| FBLN2 | 6 | 2 | 0 |
| LMOD1 | 6 | 2 | 0 |
| NARS | 6 | 2 | 0 |
| PCBP2 | 6 | 2 | 0 |
| SAMHD1 | 6 | 2 | 0 |
| TCEB2 | 6 | 2 | 0 |
| RAB6A | 6 | 0 | 5 |
| LGALS7 | 6 | 0 | 4 |
| MGST1 | 6 | 0 | 1 |
| NAP1L1 | 6 | 0 | 1 |
| ABAT | 6 | 0 | 0 |
| ASNA1 | 6 | 0 | 0 |
| BCAP31 | 6 | 0 | 0 |
| BCL2L13 | 6 | 0 | 0 |
| CPT2 | 6 | 0 | 0 |
| CRIP2 | 6 | 0 | 0 |
| CUTC | 6 | 0 | 0 |
| DDAH2 | 6 | 0 | 0 |
| DDX1 | 6 | 0 | 0 |
| DMTN | 6 | 0 | 0 |
| DNAJA2 | 6 | 0 | 0 |
| DNM2 | 6 | 0 | 0 |
| DTNA | 6 | 0 | 0 |
| FKBP2 | 6 | 0 | 0 |
| GSTA2 | 6 | 0 | 0 |
| HAO1 | 6 | 0 | 0 |
| HBZ | 6 | 0 | 0 |
| HMBS | 6 | 0 | 0 |
| LMOD2 | 6 | 0 | 0 |
| MMP2 | 6 | 0 | 0 |
| NONO | 6 | 0 | 0 |
| NPLOC4 | 6 | 0 | 0 |
| PAFAH1B1 | 6 | 0 | 0 |

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| PARVA | 6 | 0 | 0 |
| PDIA4 | 6 | 0 | 0 |
| PLIN3 | 6 | 0 | 0 |
| QARS | 6 | 0 | 0 |
| RPS6KA3 | 6 | 0 | 0 |
| SAA4 | 6 | 0 | 0 |
| SNCA | 6 | 0 | 0 |
| SORD | 6 | 0 | 0 |
| SRSF3 | 6 | 0 | 0 |
| TUBB4A | 6 | 0 | 0 |
| TYMP | 6 | 0 | 0 |
| UPB1 | 6 | 0 | 0 |
| VSIG4 | 6 | 0 | 0 |
| USMG5 | 4 | 13 | 22 |
| TIMP3 | 4 | 13 | 8 |
| MYLK | 4 | 7 | 8 |
| PTGES2 | 4 | 5 | 12 |
| NEFL | 4 | 3 | 8 |
| MIF | 4 | 3 | 4 |
| COPS5 | 4 | 3 | 0 |
| RPL31 | 4 | 2 | 8 |
| IDH3G | 4 | 2 | 4 |
| FMNL2 | 4 | 2 | 3 |
| JUP | 4 | 2 | 3 |
| MPC2 | 4 | 2 | 3 |
| NQO2 | 4 | 2 | 3 |
| SCCPDH | 4 | 2 | 3 |
| SERPIND1 | 4 | 2 | 3 |
| COX7A2 | 4 | 2 | 1 |
| ELN | 4 | 2 | 1 |
| PAICS | 4 | 2 | 1 |
| AGXT | 4 | 2 | 0 |
| ATPIF1 | 4 | 2 | 0 |
| COPS4 | 4 | 2 | 0 |
| GRB2 | 4 | 2 | 0 |
| NLRX1 | 4 | 2 | 0 |
| VARS | 4 | 2 | 0 |
| DSG1 | 4 | 0 | 5 |
| CTSZ | 4 | 0 | 1 |
| EIF3B | 4 | 0 | 1 |

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| ETF1 | 4 | 0 | 1 |
| MLYCD | 4 | 0 | 1 |
| ABCF1 | 4 | 0 | 0 |
| ACADSB | 4 | 0 | 0 |
| ACTR2 | 4 | 0 | 0 |
| ANK3 | 4 | 0 | 0 |
| ASL | 4 | 0 | 0 |
| ATP6V1A | 4 | 0 | 0 |
| ATP6V1B2 | 4 | 0 | 0 |
| CD14 | 4 | 0 | 0 |
| EIF1AX | 4 | 0 | 0 |
| FARSA | 4 | 0 | 0 |
| GLUL | 4 | 0 | 0 |
| HDHD1 | 4 | 0 | 0 |
| HSD17B4 | 4 | 0 | 0 |
| LMAN2 | 4 | 0 | 0 |
| LRRC59 | 4 | 0 | 0 |
| MAPK1 | 4 | 0 | 0 |
| METAP2 | 4 | 0 | 0 |
| MYOZ3 | 4 | 0 | 0 |
| NAGK | 4 | 0 | 0 |
| P01721 | 4 | 0 | 0 |
| PGRMC1 | 4 | 0 | 0 |
| PREB | 4 | 0 | 0 |
| PSMC6 | 4 | 0 | 0 |
| RAB10 | 4 | 0 | 0 |
| SND1 | 4 | 0 | 0 |
| SNX5 | 4 | 0 | 0 |
| SVEP1 | 4 | 0 | 0 |
| TMSB4X | 4 | 0 | 0 |
| TUBA8 | 4 | 0 | 0 |
| RAD23A | 2 | 5 | 5 |
| RPL9 | 2 | 5 | 3 |
| COL28A1 | 2 | 3 | 4 |
| NDUFA11 | 2 | 3 | 4 |
| ACAN | 2 | 3 | 3 |
| NDUFB5 | 2 | 3 | 0 |
| RNF123 | 2 | 3 | 0 |
| TECR | 2 | 3 | 0 |
| HSPA6 | 2 | 2 | 10 |

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| LAMP1 | 2 | 2 | 8 |
| DSC1 | 2 | 2 | 1 |
| DSTN | 2 | 2 | 1 |
| CFI | 2 | 2 | 0 |
| DBT | 2 | 2 | 0 |
| DNAJA3 | 2 | 2 | 0 |
| EFHD2 | 2 | 2 | 0 |
| EMILIN1 | 2 | 2 | 0 |
| PSMB7 | 2 | 2 | 0 |
| UGGT1 | 2 | 2 | 0 |
| CPPED1 | 2 | 0 | 4 |
| SBSN | 2 | 0 | 4 |
| ARCN1 | 2 | 0 | 1 |
| CAPZA1 | 2 | 0 | 1 |
| MYH13 | 2 | 0 | 1 |
| P01700 | 2 | 0 | 1 |
| SCARB2 | 2 | 0 | 1 |
| ABLIM1 | 2 | 0 | 0 |
| ACSL3 | 2 | 0 | 0 |
| ACTR1A | 2 | 0 | 0 |
| ADPRHL2 | 2 | 0 | 0 |
| AEBP1 | 2 | 0 | 0 |
| AOX1 | 2 | 0 | 0 |
| APEX1 | 2 | 0 | 0 |
| APRT | 2 | 0 | 0 |
| ARHGAP1 | 2 | 0 | 0 |
| ASPH | 2 | 0 | 0 |
| ATP5S | 2 | 0 | 0 |
| BCAM | 2 | 0 | 0 |
| BTF3L4 | 2 | 0 | 0 |
| C1QA | 2 | 0 | 0 |
| C8G | 2 | 0 | 0 |
| CENPE | 2 | 0 | 0 |
| CHMP3 | 2 | 0 | 0 |
| CMYA5 | 2 | 0 | 0 |
| COBL | 2 | 0 | 0 |
| COPG1 | 2 | 0 | 0 |
| COQ10A | 2 | 0 | 0 |
| CUL1 | 2 | 0 | 0 |
| DDX3X | 2 | 0 | 0 |

Appendices

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|----------|---|---|---|
| DMGDH | 2 | 0 | 0 |
| ECM1 | 2 | 0 | 0 |
| EIF3C | 2 | 0 | 0 |
| EPB41L2 | 2 | 0 | 0 |
| FAHD2A | 2 | 0 | 0 |
| FCGBP | 2 | 0 | 0 |
| FHOD1 | 2 | 0 | 0 |
| FITM1 | 2 | 0 | 0 |
| FLOT2 | 2 | 0 | 0 |
| GNA11 | 2 | 0 | 0 |
| HBQ1 | 2 | 0 | 0 |
| HEBP1 | 2 | 0 | 0 |
| HIST1H1B | 2 | 0 | 0 |
| HLA-H | 2 | 0 | 0 |
| HSD17B12 | 2 | 0 | 0 |
| IGJ | 2 | 0 | 0 |
| IGKV1-8 | 2 | 0 | 0 |
| KPNA4 | 2 | 0 | 0 |
| MAPT | 2 | 0 | 0 |
| MT-CO1 | 2 | 0 | 0 |
| NIT2 | 2 | 0 | 0 |
| NOL6 | 2 | 0 | 0 |
| OLFML1 | 2 | 0 | 0 |
| OTUB1 | 2 | 0 | 0 |
| PALLD | 2 | 0 | 0 |
| PDXP | 2 | 0 | 0 |
| PKP1 | 2 | 0 | 0 |
| PPP1R12B | 2 | 0 | 0 |
| PRMT5 | 2 | 0 | 0 |
| PSMC2 | 2 | 0 | 0 |
| PSMD9 | 2 | 0 | 0 |
| RNPEP | 2 | 0 | 0 |
| SCRN2 | 2 | 0 | 0 |
| SF3B3 | 2 | 0 | 0 |
| SLC25A1 | 2 | 0 | 0 |
| SMC2 | 2 | 0 | 0 |
| SMTNL2 | 2 | 0 | 0 |
| SNRPD1 | 2 | 0 | 0 |
| SQSTM1 | 2 | 0 | 0 |
| SVIP | 2 | 0 | 0 |

Appendices

| | | | |
|----------|---|----|----|
| TARDBP | 2 | 0 | 0 |
| TBCA | 2 | 0 | 0 |
| TOM1 | 2 | 0 | 0 |
| TRIM25 | 2 | 0 | 0 |
| TUBB3 | 2 | 0 | 0 |
| TXNDC5 | 2 | 0 | 0 |
| VBP1 | 2 | 0 | 0 |
| DDOST | 0 | 10 | 7 |
| IVD | 0 | 5 | 1 |
| RPS24 | 0 | 3 | 18 |
| RPS3A | 0 | 3 | 5 |
| CAV3 | 0 | 3 | 1 |
| COL8A1 | 0 | 2 | 5 |
| COL11A1 | 0 | 2 | 4 |
| CECR5 | 0 | 2 | 3 |
| ITGA2B | 0 | 2 | 1 |
| PPP2R2A | 0 | 2 | 1 |
| AFM | 0 | 2 | 0 |
| ATP6V1G1 | 0 | 2 | 0 |
| BDH1 | 0 | 2 | 0 |
| CALML5 | 0 | 2 | 0 |
| CAPN2 | 0 | 2 | 0 |
| CASP14 | 0 | 2 | 0 |
| CDC42 | 0 | 2 | 0 |
| COPS3 | 0 | 2 | 0 |
| DDX17 | 0 | 2 | 0 |
| DHCR24 | 0 | 2 | 0 |
| DIABLO | 0 | 2 | 0 |
| DPP3 | 0 | 2 | 0 |
| GSTT2B | 0 | 2 | 0 |
| KARS | 0 | 2 | 0 |
| MLK4 | 0 | 2 | 0 |
| MYH16 | 0 | 2 | 0 |
| NAP1L4 | 0 | 2 | 0 |
| NEFH | 0 | 2 | 0 |
| NT5C3A | 0 | 2 | 0 |
| PPA1 | 0 | 2 | 0 |
| PRDX4 | 0 | 2 | 0 |
| PRH1 | 0 | 2 | 0 |
| PTPN11 | 0 | 2 | 0 |

Appendices

| | | | |
|---------|---|---|---|
| RPIA | 0 | 2 | 0 |
| SCRN3 | 0 | 2 | 0 |
| SDR39U1 | 0 | 2 | 0 |
| STIM1 | 0 | 2 | 0 |
| TMEM143 | 0 | 2 | 0 |
| TOLLIP | 0 | 2 | 0 |
| PPP3R1 | 0 | 0 | 7 |
| RPL30 | 0 | 0 | 5 |
| TUBA3E | 0 | 0 | 5 |
| DAD1 | 0 | 0 | 4 |
| BCAT2 | 0 | 0 | 3 |
| PRG4 | 0 | 0 | 3 |
| SLC44A2 | 0 | 0 | 3 |
| ATAD3C | 0 | 0 | 1 |
| BPIFB1 | 0 | 0 | 1 |
| CAPNS1 | 0 | 0 | 1 |
| CELA3A | 0 | 0 | 1 |
| CEP70 | 0 | 0 | 1 |
| CLIC4 | 0 | 0 | 1 |
| COQ3 | 0 | 0 | 1 |
| COQ6 | 0 | 0 | 1 |
| DHRS7B | 0 | 0 | 1 |
| DNAJC11 | 0 | 0 | 1 |
| DYRK4 | 0 | 0 | 1 |
| ECHDC3 | 0 | 0 | 1 |
| IMPDH2 | 0 | 0 | 1 |
| LNPEP | 0 | 0 | 1 |
| MUC16 | 0 | 0 | 1 |
| NDUFC2 | 0 | 0 | 1 |
| PODSQ8 | 0 | 0 | 1 |
| PC | 0 | 0 | 1 |
| PGAM5 | 0 | 0 | 1 |
| PIBF1 | 0 | 0 | 1 |
| PIGR | 0 | 0 | 1 |
| PRKAG1 | 0 | 0 | 1 |
| PSMD10 | 0 | 0 | 1 |
| RPL28 | 0 | 0 | 1 |
| RPL32 | 0 | 0 | 1 |
| SNX1 | 0 | 0 | 1 |
| SRPX | 0 | 0 | 1 |

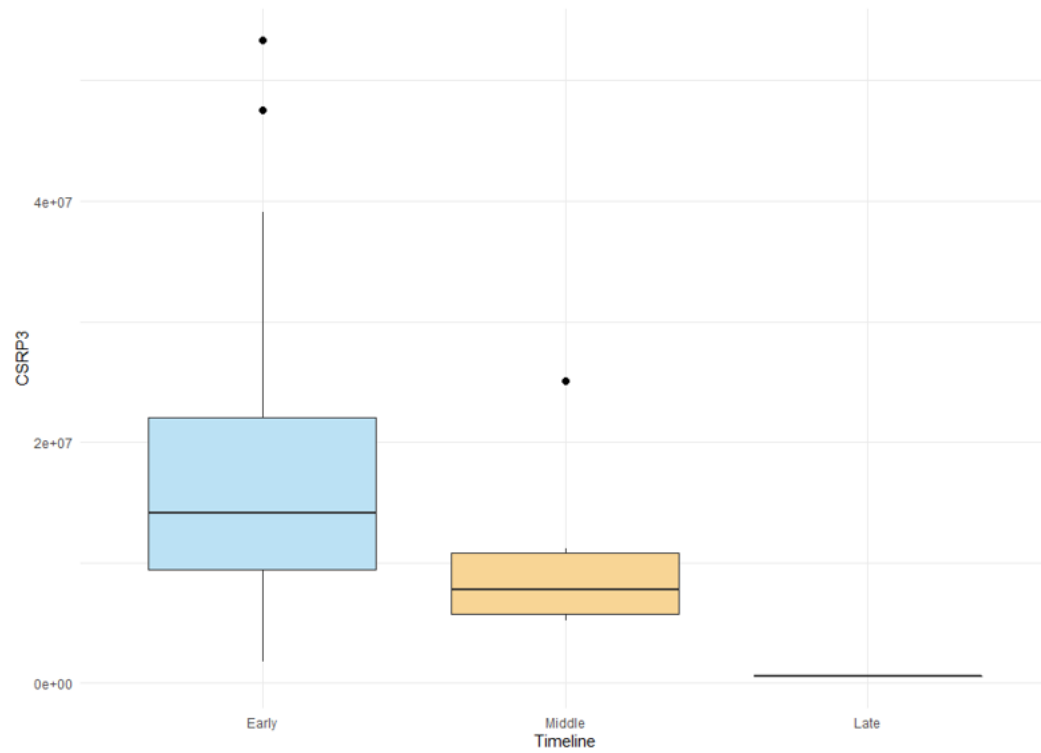
Appendices

| | | | |
|---------|---|---|---|
| TMED9 | 0 | 0 | 1 |
| TMEM14C | 0 | 0 | 1 |
| TRIM63 | 0 | 0 | 1 |
| VWA8 | 0 | 0 | 1 |

Appendices

APPENDIX N: Plots for non-significant changes in relative abundance

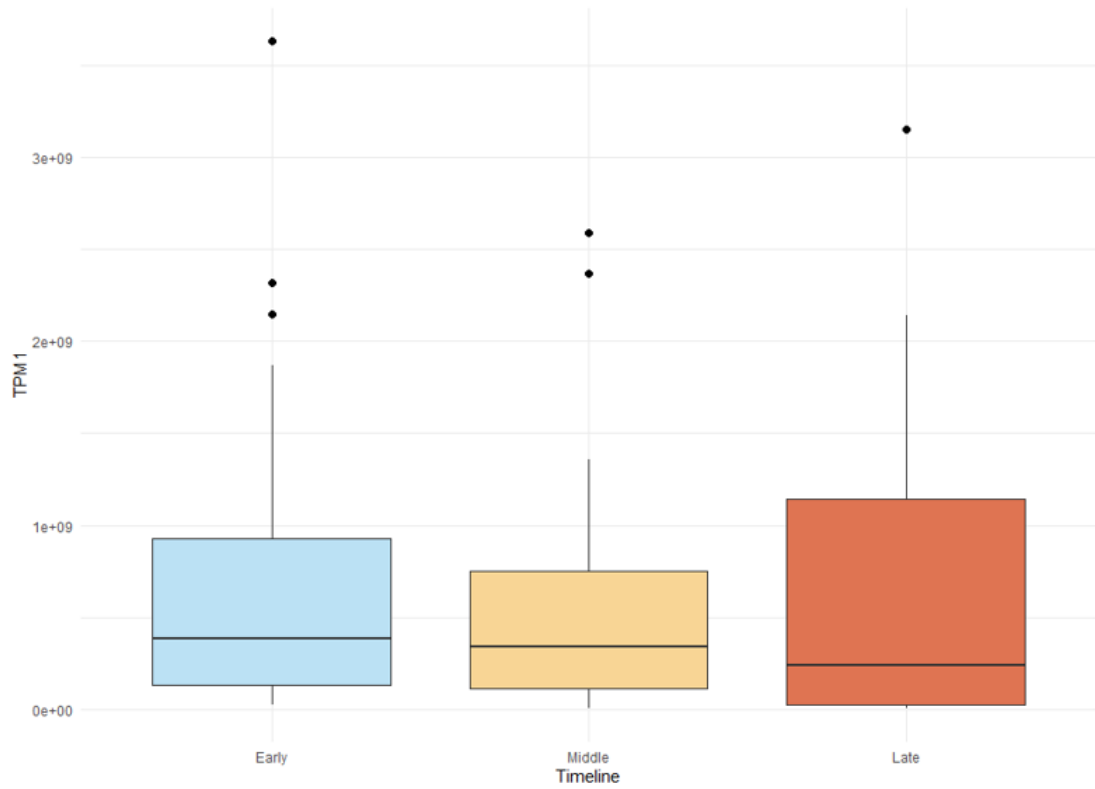
CSR3P3



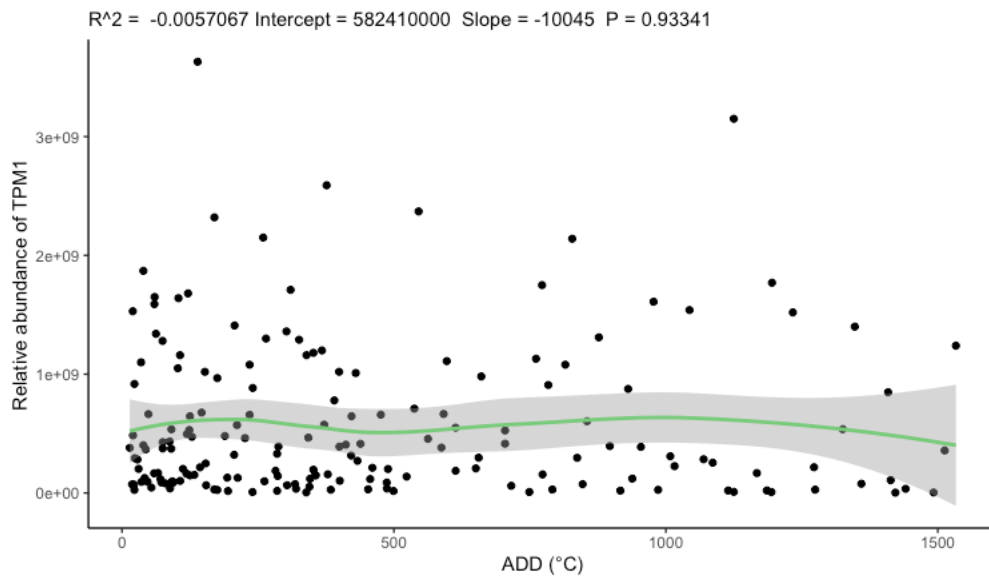
Change in relative abundance of CSR3P3 over increasing PMI sampling timeline. Outliers are shown as individual data points.

TPM1

Appendices



Change in relative abundance of TPM1 over increasing PMI sampling timeline. Outliers are shown as individual data points.



Change in relative abundance of TPM1 over increasing ADD.

Appendices

APPENDIX O: Relative abundance values for proteins identified in chapter 8

Appendices

| Sample ID | AHNAK | COL3A1 | COX6C | CSRP3 | DMD | FKBP3 | GDI2 | H1FO | HSPB6 | LMNA | NACA | S100A6 | UQCRB | YWHAG |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_1 | 2.E+07 | NA | NA | 4.E+07 | 2.E+07 | 1.E+07 | 2.E+07 | 8.E+07 | 7.E+07 | 3.E+08 | 2.E+06 | 1.E+07 | 6.E+07 | 2.E+07 |
| D03_10 | NA | 1.E+07 | 6.E+06 | 2.E+06 | 5.E+06 | 3.E+06 | 2.E+07 | 4.E+07 | 3.E+07 | 4.E+07 | NA | NA | 9.E+07 | 3.E+06 |
| D03_11 | 5.E+06 | 1.E+07 | 4.E+07 | 6.E+06 | 9.E+06 | 3.E+06 | 1.E+07 | 2.E+07 | 3.E+07 | 1.E+08 | NA | NA | 7.E+07 | 1.E+07 |
| D03_12 | NA | NA | 4.E+07 | NA | 5.E+06 | 6.E+06 | 2.E+07 | 4.E+07 | 4.E+07 | 1.E+08 | 2.E+06 | 7.E+06 | 1.E+08 | 3.E+07 |
| D03_13 | 2.E+06 | NA | 1.E+07 | NA | 3.E+06 | 2.E+07 | 2.E+07 | 1.E+07 | 3.E+07 | 2.E+08 | NA | 6.E+06 | 6.E+07 | 2.E+07 |
| D03_14 | NA | NA | 8.E+06 | NA | 2.E+07 | NA | 1.E+07 | 1.E+07 | 5.E+07 | 7.E+07 | 2.E+06 | 2.E+06 | 4.E+07 | 1.E+07 |
| D03_15 | 1.E+06 | NA | 1.E+07 | NA | 1.E+07 | NA | 1.E+07 | 2.E+07 | 5.E+07 | 2.E+08 | NA | 5.E+06 | 6.E+07 | 2.E+07 |
| D03_16 | NA | NA | NA | NA | 9.E+06 | NA | 1.E+07 | 2.E+07 | 2.E+07 | 9.E+07 | NA | NA | 3.E+07 | 1.E+07 |
| D03_17 | 3.E+06 | NA | 6.E+06 | NA | 6.E+06 | NA | 2.E+07 | 2.E+07 | 2.E+07 | 2.E+08 | 5.E+06 | NA | 4.E+07 | 6.E+06 |
| D03_18 | NA | NA | NA | NA | 8.E+06 | NA | 1.E+07 | 7.E+06 | 2.E+07 | 1.E+08 | NA | NA | 4.E+07 | 2.E+07 |
| D03_19 | NA | NA | NA | NA | NA | NA | NA | 3.E+07 | 2.E+07 | 5.E+07 | NA | NA | 6.E+07 | 1.E+07 |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_2 | 4.E+06 | NA | 3.E+06 | NA | 1.E+07 | NA | 3.E+07 | 2.E+07 | 1.E+07 | 1.E+08 | NA | NA | 4.E+07 | 1.E+07 |
| D03_20 | NA | NA | NA | NA | NA | 3.E+06 | NA | 3.E+07 | 1.E+07 | 1.E+08 | NA | 5.E+07 | 7.E+07 | 2.E+07 |
| D03_21 | 3.E+07 | 7.E+06 | NA | 1.E+07 | 2.E+06 | NA | 5.E+06 | 1.E+07 | 6.E+06 | 3.E+07 | NA | 2.E+07 | 2.E+07 | NA |
| D03_22 | NA | NA | NA | NA | 1.E+07 | NA | 1.E+07 | 3.E+07 | 4.E+07 | 7.E+07 | NA | NA | 4.E+07 | 1.E+07 |
| D03_23 | NA | NA | 1.E+07 | NA | 1.E+07 | NA | 1.E+07 | 1.E+07 | 4.E+07 | 9.E+07 | NA | 3.E+06 | 5.E+07 | 7.E+06 |
| D03_24 | NA | NA | NA | NA | 2.E+06 | NA | 7.E+06 | 1.E+07 | 9.E+06 | 6.E+07 | NA | 2.E+07 | 7.E+07 | 4.E+07 |
| D03_25 | 1.E+07 | 1.E+07 | NA | NA | 2.E+06 | NA | 8.E+06 | 4.E+07 | 2.E+07 | 4.E+07 | NA | NA | 8.E+06 | 1.E+07 |
| D03_26 | 6.E+06 | NA | 5.E+06 | NA | 5.E+06 | 2.E+06 | 1.E+07 | 2.E+07 | 4.E+07 | 6.E+07 | NA | NA | 5.E+07 | 1.E+07 |
| D03_27 | 1.E+07 | NA | 8.E+06 | NA | 1.E+06 | NA | 1.E+07 | 1.E+07 | 3.E+07 | 4.E+07 | 2.E+06 | 3.E+06 | 5.E+07 | 6.E+06 |
| D03_3 | NA | NA | 1.E+07 | NA | 6.E+06 | 1.E+07 | 2.E+07 | 2.E+07 | 7.E+07 | 1.E+08 | NA | NA | 1.E+08 | 1.E+07 |
| D03_4 | NA | NA | 2.E+07 | NA | 6.E+06 | NA | 1.E+07 | 3.E+07 | 3.E+07 | 9.E+07 | NA | 8.E+06 | 9.E+07 | 3.E+07 |
| D03_5 | NA | 2.E+07 | 3.E+07 | NA | 7.E+06 | 5.E+06 | 2.E+07 | 2.E+07 | 3.E+07 | 1.E+08 | 3.E+06 | 3.E+06 | 5.E+07 | 8.E+06 |

Appendices

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|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_6 | 2.E+06 | NA | 2.E+07 | NA | 9.E+06 | 8.E+06 | 1.E+07 | 4.E+07 | 1.E+07 | 2.E+08 | 4.E+06 | NA | 1.E+08 | 3.E+07 |
| D03_7 | NA | 2.E+07 | 2.E+07 | NA | 3.E+06 | NA | NA | 2.E+07 | 1.E+07 | 5.E+07 | NA | NA | 3.E+07 | 3.E+06 |
| D03_8 | 3.E+06 | NA | 2.E+07 | NA | 3.E+07 | NA | 1.E+07 | 1.E+07 | 1.E+08 | 2.E+08 | NA | 8.E+06 | 1.E+08 | 3.E+06 |
| D03_9 | 7.E+06 | NA | 1.E+07 | NA | 9.E+06 | 2.E+07 | 1.E+07 | 2.E+07 | 2.E+07 | 2.E+08 | NA | 1.E+07 | 5.E+07 | 6.E+06 |
| D04_1 | 3.E+07 | NA | 7.E+07 | 4.E+07 | 2.E+07 | 2.E+07 | 1.E+07 | 9.E+07 | 1.E+08 | 3.E+08 | 2.E+07 | 4.E+06 | 4.E+07 | 2.E+07 |
| D04_2 | 3.E+07 | NA | 9.E+07 | 5.E+07 | 4.E+07 | 2.E+07 | 2.E+07 | 7.E+07 | 1.E+08 | 3.E+08 | 3.E+07 | NA | 1.E+08 | 1.E+07 |
| D04_3 | 4.E+06 | NA | NA | 2.E+06 | 1.E+07 | 3.E+06 | 4.E+06 | 2.E+07 | 2.E+07 | 4.E+07 | 4.E+06 | 2.E+06 | 1.E+08 | NA |
| D04_4 | 5.E+06 | 4.E+08 | NA | 5.E+06 | 2.E+07 | NA | 5.E+06 | 3.E+07 | 1.E+07 | 5.E+07 | 9.E+06 | NA | 8.E+07 | NA |
| D04_5 | NA | NA | NA | NA | NA | NA | NA | 9.E+07 | NA | 2.E+08 | NA | NA | NA | NA |
| D04_6 | NA | NA | 4.E+06 | NA | NA | NA | NA | 3.E+07 | NA | 3.E+08 | NA | NA | NA | NA |
| D04_7 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 7.E+07 | NA | NA | NA | NA |
| D04_8 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D04_9 | NA | 3.E+08 | NA | NA | NA | NA | NA | NA | 3.E+06 | 8.E+07 | NA | NA | NA | NA |
| D05_1 | 2.E+07 | NA | 1.E+07 | 5.E+07 | 1.E+08 | 2.E+07 | 2.E+07 | 1.E+08 | 2.E+07 | 2.E+08 | 2.E+06 | NA | 2.E+07 | 1.E+07 |
| D05_10 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 7.E+07 | NA | NA | NA | NA |
| D05_11 | 6.E+05 | NA | NA | 6.E+05 | 2.E+07 | 2.E+06 | 1.E+07 | 1.E+07 | 4.E+07 | 9.E+07 | NA | NA | 5.E+07 | 3.E+06 |
| D05_12 | NA | NA | NA | NA | 5.E+06 | NA | NA | NA | NA | 9.E+07 | NA | NA | NA | NA |
| D05_2 | 2.E+07 | NA | NA | 2.E+07 | 8.E+06 | NA | 8.E+06 | 1.E+08 | 6.E+06 | 2.E+08 | NA | NA | 3.E+07 | 5.E+06 |
| D05_3 | 7.E+06 | NA | 1.E+07 | 2.E+06 | 2.E+07 | 8.E+06 | 2.E+07 | 2.E+08 | 4.E+07 | 3.E+08 | 6.E+06 | 2.E+07 | 3.E+07 | 2.E+07 |
| D05_4 | 3.E+06 | NA | 2.E+07 | NA | 2.E+07 | 2.E+07 | 3.E+07 | 2.E+08 | 2.E+07 | 3.E+08 | 1.E+07 | 3.E+07 | 4.E+07 | 6.E+06 |
| D05_5 | 4.E+06 | 8.E+06 | 2.E+07 | 1.E+07 | 4.E+07 | 4.E+06 | 2.E+07 | 6.E+07 | 2.E+07 | 3.E+08 | 2.E+06 | 3.E+07 | 3.E+07 | 1.E+07 |
| D05_6 | NA | NA | 3.E+07 | 1.E+07 | 4.E+07 | 8.E+06 | 2.E+07 | 5.E+07 | 1.E+07 | 3.E+08 | NA | 4.E+06 | 2.E+08 | 2.E+07 |
| D05_7 | NA | 4.E+07 | 1.E+06 | NA | 4.E+06 | NA | 3.E+07 | 2.E+07 | 7.E+06 | 2.E+08 | NA | 4.E+07 | NA | 3.E+07 |
| D05_8 | NA | 4.E+07 | NA | NA | 9.E+06 | NA | 1.E+07 | 4.E+06 | 2.E+06 | 6.E+07 | NA | NA | 8.E+07 | 4.E+06 |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D05_9 | NA | NA | NA | NA | 4.E+06 | NA | NA | 1.E+07 | 3.E+06 | 3.E+07 | NA | NA | NA | NA |
| D06_1 | 6.E+07 | NA | 1.E+07 | NA | 1.E+07 | 3.E+07 | 1.E+07 | 8.E+07 | 3.E+07 | 3.E+08 | 7.E+07 | NA | 1.E+08 | 1.E+07 |
| D06_10 | 6.E+06 | NA | NA | 2.E+07 | 8.E+06 | 7.E+06 | 3.E+07 | 4.E+07 | 1.E+07 | 2.E+08 | NA | NA | 3.E+07 | 2.E+07 |
| D06_11 | 3.E+06 | NA | 1.E+07 | 6.E+06 | 5.E+06 | 5.E+06 | 2.E+07 | 2.E+07 | 1.E+07 | 2.E+08 | 4.E+06 | 1.E+07 | 4.E+07 | 1.E+07 |
| D06_12 | 4.E+06 | NA | 8.E+06 | 1.E+07 | 8.E+06 | 6.E+06 | 1.E+07 | 8.E+06 | 2.E+07 | 1.E+08 | 5.E+06 | 3.E+06 | 3.E+07 | 5.E+06 |
| D06_13 | 6.E+06 | NA | 4.E+06 | 1.E+07 | 1.E+07 | 2.E+07 | 1.E+07 | 1.E+07 | 3.E+07 | 1.E+08 | 6.E+06 | 1.E+06 | 8.E+07 | NA |
| D06_14 | 3.E+06 | NA | 2.E+07 | 9.E+06 | 3.E+07 | 9.E+06 | 2.E+07 | 2.E+07 | 1.E+07 | 3.E+08 | 2.E+06 | NA | 2.E+08 | 1.E+07 |
| D06_15 | 2.E+06 | NA | 2.E+07 | 1.E+07 | 2.E+07 | 4.E+07 | 1.E+07 | 4.E+07 | 3.E+07 | 2.E+08 | 3.E+06 | NA | 2.E+08 | 8.E+06 |
| D06_16 | NA | 2.E+07 | 2.E+07 | NA | 6.E+06 | NA | 1.E+07 | 8.E+06 | 5.E+06 | 1.E+08 | NA | 7.E+06 | 1.E+08 | 1.E+07 |
| D06_17 | 1.E+07 | NA | 8.E+06 | NA | 6.E+06 | 9.E+06 | 1.E+07 | NA | 5.E+07 | 2.E+08 | NA | 2.E+07 | 1.E+08 | 1.E+07 |
| D06_18 | NA | NA | 1.E+07 | NA | 9.E+06 | 1.E+07 | 1.E+07 | 7.E+06 | 7.E+06 | 2.E+08 | 2.E+06 | 1.E+07 | 7.E+07 | 2.E+07 |
| D06_19 | 4.E+06 | NA | NA | NA | 4.E+06 | NA | 1.E+07 | NA | 2.E+07 | 2.E+08 | 2.E+06 | 3.E+07 | 8.E+07 | 2.E+07 |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D06_2 | 5.E+07 | NA | 2.E+07 | 1.E+07 | 1.E+07 | 2.E+07 | 1.E+07 | 9.E+07 | 7.E+07 | 4.E+08 | 3.E+07 | NA | 7.E+07 | 2.E+07 |
| D06_20 | 5.E+06 | NA | 5.E+06 | NA | 6.E+06 | NA | 1.E+07 | NA | 1.E+07 | 2.E+08 | NA | 2.E+06 | 3.E+07 | 2.E+07 |
| D06_21 | 1.E+06 | NA | 7.E+06 | NA | 2.E+06 | NA | 1.E+07 | 1.E+07 | 2.E+07 | 1.E+08 | NA | 1.E+07 | 1.E+07 | 2.E+07 |
| D06_22 | NA | NA | NA | NA | NA | NA | 1.E+07 | 5.E+06 | 1.E+07 | 5.E+07 | NA | 5.E+06 | 8.E+06 | 1.E+07 |
| D06_23 | NA | 1.E+08 | 3.E+06 | NA | 1.E+06 | NA | 1.E+07 | 9.E+06 | 5.E+06 | 1.E+08 | 2.E+06 | 1.E+07 | 1.E+07 | NA |
| D06_24 | 9.E+06 | NA | 2.E+07 | 3.E+07 | 3.E+07 | 2.E+07 | 8.E+06 | 4.E+07 | 4.E+07 | 7.E+08 | 2.E+06 | 3.E+07 | 3.E+07 | 2.E+07 |
| D06_25 | NA | 2.E+07 | NA | NA | 2.E+06 | NA | 6.E+06 | 7.E+06 | 1.E+07 | 5.E+07 | NA | NA | 1.E+07 | 2.E+07 |
| D06_26 | NA | NA | NA | NA | NA | NA | NA | NA | 1.E+07 | NA | NA | NA | NA | NA |
| D06_27 | 2.E+06 | 1.E+07 | 5.E+06 | NA | 5.E+06 | 7.E+05 | 4.E+06 | 1.E+07 | 2.E+07 | 3.E+07 | 2.E+06 | NA | 1.E+07 | 1.E+07 |
| D06_28 | 5.E+06 | NA | NA | NA | 3.E+06 | NA | 6.E+06 | 1.E+07 | 1.E+07 | 4.E+07 | NA | 2.E+06 | 5.E+06 | 2.E+07 |
| D06_3 | 6.E+07 | NA | 2.E+07 | 3.E+07 | 3.E+07 | 9.E+07 | 2.E+07 | 9.E+07 | 1.E+08 | 2.E+08 | 2.E+08 | 1.E+07 | 9.E+07 | 9.E+06 |
| D06_4 | 5.E+07 | NA | 1.E+07 | 2.E+07 | 5.E+06 | 8.E+06 | 4.E+06 | 5.E+07 | 3.E+07 | 2.E+08 | 3.E+07 | 4.E+07 | 9.E+07 | 2.E+07 |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D06_5 | 4.E+07 | NA | NA | 1.E+07 | 4.E+06 | NA | 2.E+07 | 3.E+07 | 2.E+07 | 1.E+08 | 5.E+07 | NA | 4.E+07 | 2.E+07 |
| D06_6 | 2.E+08 | 1.E+06 | 8.E+06 | 1.E+07 | 2.E+07 | 1.E+07 | 1.E+07 | 5.E+07 | 8.E+07 | 7.E+08 | 6.E+07 | 1.E+07 | 1.E+08 | 2.E+07 |
| D06_7 | 2.E+07 | NA | 2.E+07 | 1.E+07 | 7.E+06 | 4.E+07 | 2.E+07 | 6.E+07 | 5.E+07 | 5.E+08 | 4.E+07 | 7.E+07 | 1.E+08 | 2.E+07 |
| D06_8 | 3.E+07 | NA | 2.E+07 | 1.E+07 | 1.E+07 | 7.E+07 | 1.E+07 | 1.E+08 | 4.E+07 | 5.E+08 | 4.E+07 | 9.E+06 | 1.E+08 | 9.E+06 |
| D06_9 | NA | NA | 3.E+07 | 9.E+06 | 1.E+07 | 5.E+06 | 2.E+07 | 4.E+07 | 1.E+07 | 8.E+07 | 2.E+06 | NA | 3.E+07 | 1.E+07 |
| D07_1 | 2.E+08 | NA | 8.E+07 | 2.E+07 | 2.E+07 | 6.E+07 | 2.E+07 | 3.E+08 | 4.E+07 | 1.E+09 | 3.E+07 | 4.E+07 | 1.E+08 | 1.E+07 |
| D07_10 | NA | NA | 2.E+07 | NA | 6.E+07 | NA | 2.E+07 | 6.E+06 | NA | 5.E+08 | NA | 2.E+07 | 9.E+07 | 2.E+07 |
| D07_11 | NA | NA | NA | NA | 6.E+07 | NA | 2.E+07 | NA | NA | 3.E+08 | 2.E+06 | NA | 1.E+08 | 8.E+06 |
| D07_12 | NA | NA | 6.E+06 | NA | 7.E+07 | NA | 1.E+07 | NA | NA | 5.E+08 | NA | NA | 2.E+08 | 7.E+06 |
| D07_13 | NA | NA | NA | NA | 2.E+06 | NA | 2.E+07 | NA | NA | 1.E+08 | NA | NA | 7.E+07 | 4.E+07 |
| D07_14 | 7.E+06 | NA | NA | NA | 5.E+06 | NA | 4.E+07 | NA | NA | 9.E+07 | 6.E+06 | NA | 5.E+07 | NA |
| D07_15 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 1.E+07 | NA | NA | NA | 1.E+07 |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D07_16 | 5.E+06 | NA | 2.E+06 | NA | 5.E+06 | NA | 1.E+07 | 3.E+06 | 1.E+06 | 6.E+07 | NA | NA | 2.E+07 | 1.E+07 |
| D07_17 | 4.E+06 | NA | 2.E+06 | NA | NA | NA | 6.E+06 | NA | NA | 2.E+07 | NA | NA | 2.E+07 | 1.E+07 |
| D07_18 | 9.E+05 | NA | 3.E+06 | NA | 6.E+06 | NA | 2.E+07 | NA | NA | 2.E+07 | 2.E+06 | NA | 5.E+07 | 2.E+07 |
| D07_19 | NA | NA | 5.E+06 | NA | NA | NA | 9.E+06 | NA | NA | 1.E+08 | NA | NA | 1.E+08 | 8.E+06 |
| D07_2 | 7.E+07 | NA | 1.E+07 | 2.E+07 | 3.E+07 | 3.E+07 | 2.E+07 | 2.E+08 | 2.E+07 | 4.E+08 | 2.E+07 | 7.E+06 | 2.E+08 | 1.E+07 |
| D07_20 | 6.E+06 | 2.E+07 | 4.E+06 | NA | 2.E+06 | NA | 1.E+07 | NA | NA | 8.E+07 | 3.E+06 | NA | 2.E+07 | 2.E+07 |
| D07_21 | NA | NA | NA | NA | 3.E+06 | NA | 9.E+06 | 4.E+06 | NA | 5.E+07 | NA | NA | 2.E+07 | 8.E+06 |
| D07_22 | 1.E+07 | NA | NA | NA | 4.E+06 | NA | 7.E+06 | 3.E+06 | NA | 6.E+07 | NA | 1.E+06 | NA | 9.E+06 |
| D07_23 | NA | NA | NA | NA | 3.E+06 | NA | 6.E+06 | NA | NA | 2.E+07 | NA | NA | 7.E+06 | 3.E+06 |
| D07_24 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 9.E+06 | NA | NA | NA | NA |
| D07_25 | NA | NA | NA | NA | 3.E+06 | NA | NA | NA | NA | 6.E+07 | NA | 8.E+06 | NA | NA |
| D07_26 | 3.E+06 | 2.E+07 | 2.E+06 | NA | 2.E+06 | NA | 1.E+07 | 3.E+06 | NA | 1.E+07 | NA | NA | 4.E+06 | NA |

Appendices

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D07_27 | NA | 3.E+07 | NA | NA | 3.E+06 | NA | NA | NA | NA | 3.E+07 | NA | NA | 8.E+06 | NA |
| D07_28 | 2.E+06 | 1.E+09 | NA | NA | NA | NA | NA | 3.E+06 | NA | 3.E+07 | NA | 2.E+06 | NA | NA |
| D07_29 | 2.E+06 | NA | 3.E+06 | NA | NA | NA | NA | 6.E+06 | NA | 2.E+07 | NA | NA | NA | 3.E+06 |
| D07_3 | 9.E+07 | NA | 2.E+07 | 2.E+07 | 2.E+07 | 3.E+07 | 2.E+07 | 2.E+08 | 3.E+07 | 8.E+08 | 3.E+07 | 3.E+07 | 8.E+07 | 2.E+07 |
| D07_30 | NA | 3.E+08 | NA | NA | 8.E+06 | NA | 4.E+06 | 4.E+06 | NA | 2.E+07 | NA | NA | 1.E+07 | 4.E+06 |
| D07_31 | 2.E+06 | 2.E+08 | NA | NA | 1.E+07 | NA | NA | 8.E+06 | NA | 6.E+06 | NA | NA | NA | NA |
| D07_32 | 4.E+06 | 7.E+07 | 8.E+06 | NA | 6.E+06 | NA | NA | NA | NA | 6.E+06 | NA | 3.E+06 | NA | NA |
| D07_4 | 1.E+07 | NA | 1.E+07 | 1.E+07 | 2.E+07 | 2.E+07 | 1.E+07 | 5.E+07 | 5.E+06 | 3.E+08 | 6.E+06 | 2.E+07 | 7.E+07 | 1.E+07 |
| D07_5 | NA | NA | 1.E+07 | NA | 8.E+07 | NA | 2.E+07 | 4.E+06 | 1.E+06 | 8.E+08 | NA | 2.E+07 | 1.E+08 | 2.E+07 |
| D07_6 | NA | 1.E+07 | 1.E+07 | 2.E+07 | 4.E+07 | 1.E+07 | 3.E+07 | 1.E+08 | 2.E+07 | 3.E+08 | 2.E+06 | 2.E+07 | 9.E+07 | 4.E+07 |
| D07_7 | NA | NA | 2.E+07 | 2.E+07 | 2.E+08 | 3.E+07 | 2.E+07 | 1.E+08 | 1.E+07 | 4.E+08 | 2.E+06 | 2.E+07 | 1.E+08 | 2.E+07 |
| D07_8 | NA | NA | NA | NA | 1.E+08 | NA | 1.E+07 | 3.E+07 | NA | 2.E+08 | NA | NA | 4.E+08 | 1.E+07 |

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|--------|--------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------|--------|--------|
| D07_9 | NA | NA | 1.E+0 7 | 6.E+0 6 | 5.E+0 7 | 4.E+0 6 | 2.E+0 7 | 6.E+0 6 | NA | 5.E+0 8 | NA | 1.E+07 | 1.E+08 | 3.E+07 |
| D08_1 | 1.E+08 | NA | 3.E+0 7 | 1.E+0 7 | 2.E+0 7 | 3.E+0 7 | 2.E+0 7 | 4.E+0 7 | 7.E+0 7 | 1.E+0 8 | 7.E+0 7 | NA | 9.E+07 | 2.E+07 |
| D08_10 | 7.E+06 | NA | 8.E+0 6 | 6.E+0 6 | 3.E+0 7 | 2.E+0 7 | 3.E+0 7 | 3.E+0 7 | 3.E+0 7 | 7.E+0 7 | 1.E+0 7 | 2.E+07 | 5.E+07 | 2.E+07 |
| D08_11 | 6.E+06 | NA | NA | 2.E+0 7 | 7.E+0 7 | 4.E+0 7 | 2.E+0 7 | 5.E+0 7 | 9.E+0 7 | 8.E+0 7 | 9.E+0 6 | 3.E+06 | 6.E+06 | 1.E+07 |
| D08_12 | 2.E+06 | 1.E+07 | 3.E+0 7 | 2.E+0 7 | 2.E+0 7 | 3.E+0 7 | 9.E+0 6 | 7.E+0 7 | 3.E+0 7 | 8.E+0 7 | 8.E+0 6 | NA | 1.E+08 | 1.E+07 |
| D08_13 | 5.E+06 | NA | 1.E+0 7 | 7.E+0 6 | 3.E+0 7 | 8.E+0 6 | 2.E+0 7 | 8.E+0 7 | 8.E+0 6 | 1.E+0 8 | NA | NA | 7.E+07 | 3.E+07 |
| D08_14 | NA | NA | 1.E+0 7 | NA | 2.E+0 7 | NA | 2.E+0 7 | 5.E+0 7 | NA | 8.E+0 7 | NA | NA | 2.E+07 | 8.E+06 |
| D08_15 | 9.E+05 | 1.E+07 | 2.E+0 7 | 6.E+0 6 | 6.E+0 7 | 3.E+0 7 | 1.E+0 7 | 2.E+0 8 | 2.E+0 6 | 2.E+0 8 | 3.E+0 6 | 4.E+07 | 6.E+07 | 2.E+07 |
| D08_16 | 2.E+06 | NA | NA | NA | 1.E+0 7 | NA | 1.E+0 7 | 4.E+0 7 | 2.E+0 6 | 5.E+0 8 | NA | 4.E+07 | 4.E+07 | 1.E+07 |
| D08_17 | NA | NA | 1.E+0 7 | NA | 2.E+0 7 | 1.E+0 7 | 1.E+0 7 | 7.E+0 7 | 4.E+0 6 | 3.E+0 8 | NA | 4.E+06 | 9.E+07 | 1.E+07 |
| D08_18 | 1.E+06 | 3.E+07 | NA | NA | 2.E+0 7 | NA | 1.E+0 7 | 2.E+0 7 | 2.E+0 6 | 4.E+0 8 | NA | 2.E+07 | 6.E+07 | 1.E+07 |
| D08_19 | NA | 8.E+06 | NA | NA | 3.E+0 6 | NA | NA | NA | NA | 1.E+0 7 | NA | NA | 6.E+06 | NA |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D08_2 | 2.E+08 | 6.E+06 | 3.E+06 | 2.E+07 | 2.E+07 | 9.E+07 | 1.E+07 | 5.E+07 | 7.E+07 | 1.E+08 | 2.E+08 | 6.E+06 | 1.E+08 | 9.E+06 |
| D08_20 | 7.E+06 | NA | NA | NA | NA | 8.E+06 | NA | NA | NA | 5.E+07 | NA | NA | NA | NA |
| D08_21 | NA | 6.E+07 | NA | NA | NA | NA | NA | NA | NA | 1.E+07 | NA | NA | NA | NA |
| D08_22 | NA | 4.E+07 | NA | NA | 6.E+06 | NA | NA | 2.E+06 | NA | 7.E+07 | NA | NA | 1.E+08 | 8.E+06 |
| D08_23 | NA | NA | NA | NA | 2.E+06 | NA | 1.E+07 | 5.E+06 | NA | 1.E+08 | NA | NA | 6.E+07 | 6.E+06 |
| D08_24 | 2.E+06 | 1.E+09 | NA | NA | 3.E+06 | NA | 1.E+07 | 1.E+07 | 8.E+05 | 1.E+08 | 2.E+06 | 6.E+06 | 4.E+07 | NA |
| D08_25 | NA | NA | 8.E+06 | NA | 2.E+07 | 2.E+06 | 2.E+07 | 2.E+06 | 2.E+06 | 7.E+07 | NA | 2.E+07 | 2.E+07 | 2.E+07 |
| D08_26 | NA | NA | 3.E+06 | NA | 3.E+06 | NA | 2.E+07 | NA | NA | 1.E+08 | 2.E+06 | NA | 7.E+07 | 1.E+07 |
| D08_27 | 8.E+06 | NA | NA | NA | 2.E+06 | NA | 1.E+07 | 1.E+07 | NA | 3.E+07 | NA | NA | 7.E+07 | 8.E+06 |
| D08_28 | NA | NA | 1.E+06 | NA | 3.E+06 | NA | 1.E+07 | 3.E+06 | NA | 6.E+07 | NA | NA | 6.E+07 | 6.E+06 |
| D08_29 | NA | 5.E+06 | 5.E+06 | NA | 4.E+06 | NA | 1.E+07 | 2.E+06 | 1.E+06 | 8.E+07 | NA | 5.E+06 | 3.E+07 | 1.E+07 |
| D08_3 | 4.E+07 | 1.E+07 | 1.E+07 | 2.E+07 | 3.E+07 | 3.E+07 | 2.E+07 | 3.E+07 | 7.E+07 | 1.E+08 | 3.E+07 | NA | 4.E+07 | 2.E+07 |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D08_30 | NA | NA | NA | NA | 2.E+06 | NA | 8.E+06 | 6.E+07 | NA | 4.E+07 | NA | NA | 2.E+07 | NA |
| D08_31 | NA | NA | NA | NA | 5.E+06 | NA | 2.E+06 | 4.E+07 | NA | 6.E+07 | NA | NA | 2.E+07 | NA |
| D08_32 | NA | 1.E+09 | NA | NA | NA | NA | 6.E+06 | 2.E+07 | NA | 2.E+07 | NA | NA | NA | NA |
| D08_33 | NA | 4.E+08 | NA | NA | NA | NA | 5.E+06 | 2.E+07 | NA | 4.E+07 | 2.E+06 | NA | NA | NA |
| D08_4 | 1.E+08 | 3.E+07 | 1.E+07 | 2.E+07 | 2.E+07 | 4.E+07 | 1.E+07 | 7.E+07 | 8.E+07 | 3.E+08 | 1.E+08 | NA | 6.E+07 | 2.E+07 |
| D08_5 | 2.E+07 | NA | 3.E+07 | 2.E+07 | 1.E+07 | 2.E+07 | 1.E+07 | 4.E+07 | 3.E+07 | 1.E+08 | 3.E+07 | NA | 6.E+07 | 2.E+07 |
| D08_6 | 2.E+07 | NA | 9.E+06 | NA | 4.E+06 | 3.E+07 | 2.E+07 | 4.E+07 | 2.E+07 | 5.E+07 | 4.E+07 | 2.E+06 | 4.E+07 | 1.E+07 |
| D08_7 | 3.E+07 | 3.E+06 | 1.E+07 | 9.E+06 | 4.E+07 | 2.E+07 | 2.E+07 | 2.E+07 | 2.E+07 | 9.E+07 | 2.E+07 | 5.E+06 | 5.E+07 | 2.E+07 |
| D08_8 | 8.E+06 | NA | NA | NA | 2.E+06 | NA | NA | 6.E+07 | 4.E+07 | 8.E+07 | NA | NA | 1.E+07 | NA |
| D08_9 | 4.E+07 | NA | 5.E+07 | 2.E+07 | 3.E+07 | 4.E+07 | 1.E+07 | 3.E+08 | 2.E+07 | 4.E+08 | 3.E+07 | 2.E+07 | 2.E+08 | 2.E+07 |
| D09_1 | 5.E+07 | NA | NA | 6.E+06 | 6.E+07 | 6.E+06 | 2.E+07 | 4.E+06 | 6.E+07 | 5.E+08 | 5.E+06 | 2.E+07 | 2.E+07 | 2.E+07 |
| D09_10 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 9.E+06 | NA | NA | NA | 7.E+06 |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D09_11 | 2.E+06 | 2.E+08 | NA | NA | NA | NA | 6.E+06 | 2.E+07 | NA | 8.E+07 | NA | NA | NA | NA |
| D09_12 | 6.E+06 | NA | NA | NA | 8.E+06 | NA | NA | 2.E+07 | NA | 1.E+08 | NA | NA | NA | NA |
| D09_13 | NA | 3.E+08 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| D09_2 | 6.E+07 | 3.E+07 | 2.E+07 | 1.E+07 | 8.E+06 | 4.E+07 | 3.E+07 | 3.E+07 | 4.E+07 | 1.E+09 | 4.E+07 | 1.E+08 | 1.E+08 | 4.E+07 |
| D09_3 | 1.E+08 | NA | 7.E+06 | 1.E+07 | 8.E+07 | 2.E+07 | 2.E+07 | 4.E+07 | 9.E+07 | 3.E+08 | 1.E+07 | 7.E+07 | 2.E+07 | 1.E+07 |
| D09_4 | 4.E+08 | 1.E+08 | NA | 5.E+06 | 6.E+06 | 7.E+06 | 2.E+07 | 3.E+07 | 4.E+07 | 2.E+09 | 6.E+06 | 3.E+08 | 3.E+07 | 3.E+07 |
| D09_5 | 2.E+07 | 1.E+07 | 3.E+07 | NA | 1.E+07 | 1.E+07 | 2.E+07 | 1.E+08 | 2.E+07 | 1.E+09 | 6.E+06 | 3.E+07 | 2.E+07 | 2.E+07 |
| D09_6 | 7.E+06 | 1.E+07 | NA | NA | 5.E+06 | NA | NA | 9.E+06 | 2.E+07 | 2.E+08 | NA | NA | 1.E+08 | 1.E+07 |
| D09_7 | 1.E+06 | 3.E+07 | NA | NA | 3.E+06 | NA | 2.E+07 | NA | 8.E+06 | 1.E+08 | NA | 8.E+06 | 3.E+07 | NA |
| D09_8 | 2.E+06 | 5.E+07 | 1.E+06 | NA | 6.E+06 | NA | 1.E+07 | 2.E+07 | 6.E+06 | 2.E+08 | NA | 2.E+06 | NA | NA |
| D09_9 | NA | 8.E+07 | NA | NA | NA | NA | 5.E+06 | 2.E+07 | 3.E+06 | 4.E+07 | 9.E+05 | NA | 7.E+06 | 2.E+06 |
| D10_1 | 2.E+07 | 1.E+08 | NA | 6.E+06 | 4.E+06 | 8.E+06 | 1.E+07 | 3.E+07 | 7.E+07 | 1.E+09 | 5.E+06 | 2.E+08 | 4.E+07 | 3.E+07 |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D10_2 | 4.E+06 | NA | 6.E+06 | 2.E+07 | 6.E+07 | 7.E+06 | 2.E+07 | 2.E+07 | 6.E+07 | 9.E+07 | 6.E+06 | 6.E+06 | 3.E+07 | 2.E+07 |
| D10_3 | NA | 3.E+07 | 1.E+06 | NA | NA | NA | 5.E+06 | 3.E+07 | 6.E+06 | 1.E+07 | 2.E+06 | NA | 2.E+07 | 4.E+06 |
| D10_4 | 5.E+07 | 9.E+06 | NA | NA | 1.E+07 | 4.E+07 | 1.E+07 | 4.E+07 | 3.E+07 | 2.E+08 | 6.E+07 | NA | 9.E+07 | 7.E+06 |
| D10_5 | NA | 2.E+07 | NA | NA | 1.E+07 | NA | 1.E+07 | 1.E+07 | 8.E+06 | 2.E+08 | NA | 3.E+06 | 8.E+07 | 8.E+06 |
| D10_6 | 2.E+06 | NA | 8.E+06 | NA | 4.E+06 | NA | 9.E+06 | 1.E+07 | 4.E+06 | 1.E+08 | NA | 1.E+07 | 1.E+08 | 2.E+07 |
| D10_7 | NA | 6.E+08 | NA | NA | NA | NA | NA | 2.E+07 | NA | 2.E+06 | NA | NA | NA | NA |
| D10_8 | NA | NA | NA | NA | NA | NA | NA | NA | NA | 7.E+06 | NA | NA | NA | NA |
| D11_1 | 1.E+08 | NA | 1.E+07 | NA | 5.E+07 | 1.E+07 | 2.E+07 | 3.E+07 | 4.E+07 | 3.E+08 | 1.E+07 | 2.E+07 | 4.E+07 | 2.E+07 |
| D11_10 | NA | NA | NA | NA | 4.E+06 | NA | 1.E+07 | 2.E+07 | 5.E+06 | 2.E+08 | NA | 1.E+07 | 2.E+07 | 8.E+06 |
| D11_11 | NA | 2.E+07 | 3.E+06 | NA | 5.E+06 | NA | 1.E+07 | 1.E+07 | 5.E+06 | 2.E+08 | 2.E+06 | NA | 2.E+07 | 1.E+07 |
| D11_12 | NA | NA | NA | NA | 1.E+06 | NA | 2.E+07 | 9.E+06 | 3.E+06 | 5.E+07 | 4.E+06 | NA | 1.E+07 | NA |
| D11_13 | NA | NA | NA | NA | 5.E+06 | NA | NA | 2.E+07 | NA | 1.E+07 | NA | NA | NA | 3.E+06 |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D11_14 | 1.E+07 | NA | NA | NA | NA | NA | 1.E+07 | NA | NA | 6.E+07 | NA | NA | 2.E+07 | 6.E+06 |
| D11_15 | 2.E+06 | NA | NA | NA | 3.E+06 | NA | 8.E+06 | 3.E+07 | 5.E+06 | 3.E+07 | NA | NA | 1.E+07 | NA |
| D11_16 | 2.E+06 | 3.E+07 | NA | NA | NA | NA | 1.E+07 | 5.E+06 | 2.E+06 | 4.E+07 | NA | NA | NA | 7.E+06 |
| D11_17 | NA | NA | NA | NA | NA | NA | 1.E+07 | 4.E+06 | NA | 5.E+07 | NA | NA | NA | NA |
| D11_18 | 1.E+06 | NA | NA | NA | 1.E+07 | NA | 1.E+07 | NA | 7.E+06 | 5.E+07 | 2.E+06 | 2.E+06 | 1.E+07 | 2.E+06 |
| D11_19 | NA | 4.E+07 | NA | NA | 6.E+06 | NA | 4.E+06 | 1.E+07 | NA | 1.E+07 | NA | NA | NA | NA |
| D11_2 | 2.E+08 | NA | 3.E+07 | 2.E+07 | 4.E+06 | 7.E+07 | 1.E+07 | 8.E+07 | 6.E+07 | 5.E+08 | 6.E+07 | 1.E+07 | 2.E+08 | 3.E+07 |
| D11_20 | NA | NA | NA | NA | NA | NA | 2.E+06 | 1.E+07 | NA | 5.E+06 | NA | NA | NA | NA |
| D11_21 | 4.E+06 | 9.E+07 | 1.E+06 | NA | NA | NA | 3.E+06 | 2.E+07 | NA | 3.E+07 | NA | NA | 2.E+07 | NA |
| D11_22 | NA | 3.E+08 | NA | NA | NA | NA | NA | NA | NA | 8.E+06 | NA | NA | NA | NA |
| D11_23 | NA | 3.E+07 | 1.E+06 | NA | 6.E+06 | NA | 4.E+06 | 3.E+07 | NA | 3.E+07 | NA | NA | NA | NA |
| D11_24 | 8.E+06 | NA | 2.E+06 | NA | 6.E+06 | NA | NA | 9.E+07 | 3.E+06 | 3.E+07 | NA | NA | 5.E+06 | NA |

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|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D11_25 | NA | NA | NA | NA | 8.E+06 | NA | NA | 7.E+07 | NA | 2.E+07 | NA | NA | NA | NA |
| D11_3 | 1.E+08 | NA | 6.E+07 | 3.E+07 | 1.E+08 | 4.E+07 | 1.E+07 | 3.E+07 | 1.E+08 | 1.E+08 | 3.E+07 | 4.E+06 | 6.E+07 | 2.E+07 |
| D11_4 | 9.E+07 | NA | 3.E+07 | 4.E+07 | 1.E+08 | 3.E+07 | 1.E+07 | 4.E+07 | 9.E+07 | 2.E+08 | 2.E+07 | 2.E+07 | 4.E+07 | 1.E+07 |
| D11_5 | 1.E+08 | NA | NA | 3.E+07 | 5.E+06 | 2.E+07 | 1.E+07 | 8.E+07 | 4.E+07 | 4.E+08 | 1.E+08 | 7.E+07 | 7.E+07 | 4.E+07 |
| D11_6 | 2.E+07 | NA | 5.E+06 | NA | 2.E+07 | 9.E+06 | 2.E+07 | 1.E+08 | 2.E+07 | 2.E+08 | 3.E+07 | 7.E+05 | 5.E+07 | 1.E+07 |
| D11_7 | 8.E+07 | NA | NA | 2.E+07 | 2.E+07 | 3.E+07 | 2.E+07 | 1.E+08 | 4.E+07 | 5.E+08 | 1.E+08 | 2.E+07 | 1.E+08 | 2.E+07 |
| D11_8 | 4.E+06 | 2.E+06 | 2.E+07 | 1.E+07 | 8.E+07 | 8.E+06 | 2.E+07 | 8.E+07 | 3.E+07 | 2.E+08 | 8.E+06 | 3.E+07 | 2.E+07 | 1.E+07 |
| D11_9 | 3.E+06 | NA | NA | 2.E+06 | 2.E+07 | 3.E+06 | 3.E+07 | 4.E+07 | 2.E+07 | 4.E+08 | 2.E+06 | 2.E+08 | 2.E+07 | 3.E+06 |

APPENDIX P: Relative abundance values for proteins identified through literature

| Sample ID | Donor | DES | GSTP1 | NEB | TNNI1 | TNNI2 | TNNT1 | TNNT3 | TPM1 | TPM3 |
|-----------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_1 | Donor 03 | 3.E+08 | 5.E+07 | 7.E+08 | 4.E+08 | 1.E+08 | 3.E+09 | 2.E+09 | 3.E+08 | 3.E+09 |
| D03_10 | Donor 03 | 8.E+07 | 2.E+07 | 1.E+09 | 3.E+08 | 8.E+07 | 2.E+09 | 9.E+08 | 2.E+08 | 2.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_11 | Donor 03 | 2.E+08 | 2.E+07 | 1.E+09 | 3.E+08 | 7.E+07 | 3.E+09 | 6.E+08 | 2.E+08 | 3.E+09 |
| D03_12 | Donor 03 | 3.E+08 | 3.E+07 | 8.E+08 | 5.E+08 | 9.E+07 | 4.E+09 | 1.E+09 | 5.E+08 | 8.E+09 |
| D03_13 | Donor 03 | 4.E+08 | 5.E+07 | 7.E+08 | 3.E+08 | 1.E+08 | 2.E+09 | 5.E+08 | 4.E+08 | 5.E+09 |
| D03_14 | Donor 03 | 2.E+08 | 2.E+07 | 7.E+08 | 4.E+08 | 6.E+07 | 1.E+09 | 2.E+08 | 2.E+08 | 2.E+09 |
| D03_15 | Donor 03 | 4.E+08 | 9.E+06 | 9.E+08 | 6.E+08 | 2.E+08 | 2.E+09 | 1.E+09 | 6.E+08 | 6.E+09 |
| D03_16 | Donor 03 | 2.E+08 | 2.E+07 | 1.E+09 | 4.E+08 | 2.E+08 | 2.E+09 | 8.E+08 | 3.E+08 | 3.E+09 |
| D03_17 | Donor 03 | 4.E+08 | 2.E+07 | 5.E+08 | 2.E+08 | 3.E+07 | 1.E+09 | 3.E+08 | 4.E+08 | 6.E+09 |
| D03_18 | Donor 03 | 6.E+08 | 1.E+07 | 7.E+08 | 2.E+08 | 1.E+08 | 8.E+08 | 3.E+08 | 5.E+08 | 3.E+09 |
| D03_19 | Donor 03 | 1.E+08 | NA | 6.E+08 | 3.E+08 | 2.E+08 | 1.E+09 | 4.E+08 | 2.E+08 | 2.E+09 |
| D03_2 | Donor 03 | 3.E+08 | 2.E+07 | 6.E+08 | 2.E+08 | 2.E+08 | 6.E+08 | 4.E+08 | 5.E+08 | 5.E+09 |
| D03_20 | Donor 03 | 1.E+09 | 3.E+06 | 5.E+08 | 2.E+08 | 7.E+07 | 3.E+09 | 7.E+08 | 6.E+08 | 6.E+09 |
| D03_21 | Donor 03 | 1.E+08 | 1.E+07 | 2.E+07 | 6.E+07 | 8.E+06 | 2.E+08 | 2.E+07 | 1.E+08 | 2.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_22 | Donor 03 | 2.E+08 | 1.E+07 | 7.E+08 | 3.E+08 | 9.E+07 | 1.E+09 | 3.E+08 | 2.E+08 | 2.E+09 |
| D03_23 | Donor 03 | 3.E+08 | 2.E+07 | 7.E+08 | 3.E+08 | 9.E+07 | 2.E+09 | 5.E+08 | 3.E+08 | 3.E+09 |
| D03_24 | Donor 03 | 6.E+08 | 2.E+07 | 5.E+08 | 3.E+08 | 4.E+07 | 8.E+08 | 9.E+08 | 2.E+07 | 2.E+09 |
| D03_25 | Donor 03 | 5.E+08 | 1.E+07 | 8.E+08 | 2.E+08 | 1.E+07 | 1.E+09 | 7.E+07 | 5.E+08 | 4.E+09 |
| D03_26 | Donor 03 | 1.E+08 | 2.E+07 | 7.E+08 | 4.E+08 | 8.E+07 | 1.E+09 | 1.E+08 | 1.E+08 | 2.E+09 |
| D03_27 | Donor 03 | 2.E+08 | 4.E+07 | 5.E+08 | 2.E+08 | 8.E+07 | 1.E+09 | 2.E+08 | 4.E+08 | 3.E+09 |
| D03_3 | Donor 03 | 3.E+08 | 1.E+07 | 9.E+08 | 5.E+08 | 1.E+08 | 2.E+09 | 5.E+08 | 1.E+08 | 4.E+09 |
| D03_4 | Donor 03 | 2.E+08 | 2.E+07 | 9.E+08 | 5.E+08 | 8.E+07 | 2.E+09 | 4.E+08 | 2.E+08 | 3.E+09 |
| D03_5 | Donor 03 | 2.E+08 | 4.E+07 | 9.E+08 | 2.E+08 | 4.E+07 | 1.E+09 | 4.E+08 | 2.E+08 | 2.E+09 |
| D03_6 | Donor 03 | 3.E+08 | 3.E+07 | 9.E+08 | 4.E+08 | 1.E+08 | 4.E+09 | 1.E+09 | 8.E+08 | 5.E+09 |
| D03_7 | Donor 03 | 9.E+07 | NA | 1.E+09 | 2.E+08 | 5.E+07 | 2.E+09 | 4.E+08 | 1.E+08 | 2.E+09 |
| D03_8 | Donor 03 | 4.E+08 | NA | 1.E+09 | 5.E+08 | 7.E+07 | 2.E+09 | 4.E+08 | 4.E+08 | 6.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D03_9 | Donor 03 | 4.E+08 | 7.E+07 | 5.E+08 | 2.E+08 | 1.E+08 | 1.E+09 | 3.E+08 | 4.E+08 | 3.E+09 |
| D04_1 | Donor 04 | 5.E+08 | 2.E+07 | 2.E+09 | 7.E+08 | 2.E+08 | 2.E+09 | 8.E+08 | 2.E+08 | 2.E+09 |
| D04_2 | Donor 04 | 5.E+08 | 2.E+07 | 2.E+09 | 8.E+08 | 2.E+08 | 3.E+09 | 1.E+09 | 5.E+08 | 3.E+09 |
| D04_3 | Donor 04 | 8.E+06 | 6.E+06 | 4.E+08 | 9.E+08 | 1.E+08 | 1.E+09 | 7.E+08 | 1.E+08 | 9.E+08 |
| D04_4 | Donor 04 | 3.E+06 | 5.E+06 | 5.E+08 | 7.E+08 | 1.E+08 | 9.E+08 | 5.E+08 | 5.E+06 | 1.E+08 |
| D04_5 | Donor 04 | 1.E+07 | NA | 7.E+07 | 1.E+09 | 5.E+07 | 3.E+09 | 6.E+08 | NA | 2.E+07 |
| D04_6 | Donor 04 | 2.E+06 | NA | 5.E+07 | 8.E+08 | 1.E+08 | 5.E+08 | 3.E+08 | NA | 1.E+07 |
| D04_7 | Donor 04 | 5.E+06 | NA | 9.E+06 | 4.E+08 | 8.E+06 | 1.E+07 | 9.E+06 | NA | 2.E+07 |
| D04_8 | Donor 04 | NA | NA | 9.E+06 | 6.E+08 | NA | 2.E+07 | 2.E+06 | 9.E+06 | 3.E+07 |
| D04_9 | Donor 04 | 6.E+07 | NA | 3.E+06 | 2.E+08 | 3.E+07 | 6.E+08 | 2.E+08 | NA | 3.E+07 |
| D05_1 | Donor 05 | 7.E+07 | 6.E+07 | 2.E+09 | 3.E+08 | 8.E+07 | 1.E+09 | 3.E+08 | 3.E+07 | 4.E+08 |
| D05_10 | Donor 05 | 2.E+07 | NA | 2.E+07 | 1.E+08 | NA | 4.E+07 | 1.E+07 | 2.E+07 | 6.E+07 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D05_11 | Donor 05 | 3.E+08 | 2.E+07 | 1.E+09 | 3.E+08 | 1.E+08 | 2.E+09 | 7.E+08 | 3.E+08 | 3.E+09 |
| D05_12 | Donor 05 | 9.E+06 | 7.E+06 | 4.E+06 | 4.E+07 | NA | 8.E+08 | 7.E+07 | NA | 1.E+07 |
| D05_2 | Donor 05 | 1.E+08 | 2.E+07 | 1.E+09 | 9.E+08 | 1.E+08 | 3.E+09 | 3.E+08 | 1.E+08 | 2.E+09 |
| D05_3 | Donor 05 | 4.E+08 | 2.E+07 | 7.E+08 | 1.E+09 | 8.E+07 | 4.E+09 | 8.E+08 | 1.E+08 | 2.E+09 |
| D05_4 | Donor 05 | 1.E+08 | 8.E+07 | 7.E+08 | 5.E+08 | 3.E+07 | 5.E+09 | 8.E+08 | 9.E+07 | 2.E+09 |
| D05_5 | Donor 05 | 2.E+08 | 4.E+07 | 1.E+09 | 8.E+08 | 8.E+07 | 3.E+09 | 5.E+08 | 2.E+08 | 2.E+09 |
| D05_6 | Donor 05 | 2.E+08 | 4.E+07 | 1.E+09 | 1.E+09 | 9.E+07 | 6.E+09 | 7.E+08 | 2.E+08 | 5.E+09 |
| D05_7 | Donor 05 | 3.E+07 | 6.E+07 | 1.E+06 | 6.E+06 | 3.E+06 | 3.E+06 | 1.E+06 | 3.E+07 | 9.E+07 |
| D05_8 | Donor 05 | 9.E+06 | 1.E+07 | 2.E+08 | 2.E+08 | 3.E+06 | 4.E+08 | 4.E+07 | 2.E+07 | 2.E+09 |
| D05_9 | Donor 05 | 1.E+07 | NA | 1.E+07 | 2.E+07 | NA | 1.E+09 | NA | NA | 2.E+08 |
| D06_1 | Donor 06 | 3.E+08 | 3.E+07 | 1.E+09 | 6.E+07 | 1.E+09 | 1.E+09 | 5.E+09 | 2.E+09 | 2.E+09 |
| D06_10 | Donor 06 | 5.E+08 | 2.E+07 | 4.E+08 | 2.E+07 | 4.E+08 | 1.E+08 | 4.E+09 | 3.E+07 | 1.E+08 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D06_11 | Donor 06 | 5.E+08 | 3.E+07 | 8.E+08 | 1.E+08 | 2.E+08 | 1.E+09 | 3.E+09 | 1.E+09 | 2.E+09 |
| D06_12 | Donor 06 | 4.E+08 | 3.E+07 | 8.E+08 | 1.E+08 | 4.E+08 | 9.E+08 | 3.E+09 | 7.E+08 | 1.E+09 |
| D06_13 | Donor 06 | 7.E+08 | 2.E+07 | 1.E+09 | 3.E+08 | 7.E+08 | 2.E+09 | 6.E+09 | 1.E+09 | 2.E+09 |
| D06_14 | Donor 06 | 5.E+08 | 3.E+07 | 1.E+09 | 3.E+08 | 1.E+09 | 4.E+09 | 8.E+09 | 2.E+09 | 5.E+09 |
| D06_15 | Donor 06 | 1.E+09 | 3.E+07 | 1.E+09 | 4.E+08 | 6.E+08 | 4.E+09 | 6.E+09 | 2.E+09 | 5.E+09 |
| D06_16 | Donor 06 | 5.E+08 | 3.E+07 | 8.E+08 | 2.E+08 | 3.E+08 | 2.E+09 | 3.E+09 | 1.E+09 | 3.E+09 |
| D06_17 | Donor 06 | 1.E+09 | 2.E+07 | 6.E+08 | 2.E+08 | 4.E+08 | 1.E+09 | 2.E+09 | 1.E+09 | 4.E+09 |
| D06_18 | Donor 06 | 5.E+08 | 2.E+07 | 1.E+09 | 3.E+08 | 4.E+08 | 3.E+09 | 5.E+09 | 1.E+09 | 2.E+09 |
| D06_19 | Donor 06 | 1.E+09 | 3.E+07 | 3.E+08 | 1.E+08 | 4.E+08 | 8.E+08 | 2.E+09 | 1.E+09 | 2.E+09 |
| D06_2 | Donor 06 | 4.E+08 | 3.E+07 | 1.E+09 | 4.E+08 | 1.E+09 | 3.E+09 | 6.E+09 | 2.E+09 | 4.E+09 |
| D06_20 | Donor 06 | 1.E+09 | 4.E+07 | 7.E+08 | 2.E+07 | 5.E+08 | 5.E+08 | 1.E+09 | 2.E+09 | 6.E+09 |
| D06_21 | Donor 06 | 3.E+08 | 2.E+07 | 6.E+08 | 4.E+08 | 4.E+08 | 1.E+09 | 1.E+09 | 1.E+09 | 4.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D06_22 | Donor 06 | 2.E+08 | 1.E+07 | 4.E+08 | 1.E+08 | 3.E+08 | 1.E+09 | 4.E+08 | 1.E+09 | 4.E+09 |
| D06_23 | Donor 06 | 3.E+08 | 2.E+07 | 4.E+08 | 7.E+07 | 3.E+08 | 1.E+08 | 6.E+08 | 1.E+09 | 2.E+09 |
| D06_24 | Donor 06 | 2.E+08 | 2.E+07 | 1.E+09 | 3.E+08 | 5.E+08 | 6.E+09 | 9.E+09 | 9.E+08 | 3.E+09 |
| D06_25 | Donor 06 | 4.E+08 | 9.E+06 | 4.E+08 | 3.E+08 | 4.E+08 | 1.E+09 | 9.E+08 | 2.E+09 | 4.E+09 |
| D06_26 | Donor 06 | 2.E+08 | NA | 4.E+08 | NA | 5.E+08 | 4.E+08 | 2.E+09 | 1.E+09 | 2.E+09 |
| D06_27 | Donor 06 | 1.E+08 | 9.E+06 | 5.E+08 | 4.E+08 | 4.E+08 | 1.E+09 | 1.E+09 | 8.E+08 | 2.E+09 |
| D06_28 | Donor 06 | 1.E+08 | 7.E+06 | 7.E+08 | 5.E+08 | 5.E+08 | 1.E+09 | 2.E+09 | 1.E+09 | 3.E+09 |
| D06_3 | Donor 06 | 4.E+08 | 4.E+07 | 2.E+09 | 6.E+08 | 9.E+08 | 3.E+09 | 9.E+09 | 2.E+09 | 4.E+09 |
| D06_4 | Donor 06 | 8.E+08 | 3.E+07 | 1.E+09 | 3.E+08 | 8.E+08 | 2.E+09 | 7.E+09 | 1.E+09 | 3.E+09 |
| D06_5 | Donor 06 | 5.E+08 | 4.E+07 | 6.E+08 | 1.E+08 | 6.E+08 | 1.E+09 | 2.E+09 | 4.E+07 | 2.E+09 |
| D06_6 | Donor 06 | 8.E+08 | 6.E+07 | 4.E+08 | 6.E+07 | 5.E+08 | 2.E+09 | 2.E+09 | 2.E+09 | 4.E+09 |
| D06_7 | Donor 06 | 5.E+08 | 3.E+07 | 8.E+08 | 2.E+08 | 3.E+08 | 3.E+09 | 4.E+09 | 2.E+09 | 4.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D06_8 | Donor 06 | 5.E+08 | 3.E+07 | 8.E+08 | 3.E+08 | 7.E+08 | 4.E+09 | 7.E+09 | 4.E+09 | 8.E+09 |
| D06_9 | Donor 06 | 4.E+08 | 2.E+07 | 1.E+09 | 2.E+08 | 3.E+08 | 1.E+09 | 2.E+09 | 1.E+09 | 1.E+09 |
| D07_1 | Donor 07 | 3.E+08 | 9.E+07 | 4.E+08 | 3.E+08 | 4.E+08 | 3.E+09 | 2.E+09 | 4.E+08 | 2.E+09 |
| D07_10 | Donor 07 | 7.E+08 | 3.E+07 | 6.E+07 | NA | 6.E+07 | 3.E+08 | 1.E+08 | 2.E+08 | 3.E+09 |
| D07_11 | Donor 07 | 7.E+08 | 3.E+07 | 4.E+07 | NA | 1.E+08 | 7.E+07 | 4.E+08 | 3.E+08 | 4.E+09 |
| D07_12 | Donor 07 | 1.E+09 | 3.E+07 | 8.E+07 | 1.E+06 | 9.E+07 | 2.E+08 | 2.E+08 | 5.E+08 | 7.E+09 |
| D07_13 | Donor 07 | 5.E+08 | 2.E+07 | 2.E+07 | 3.E+06 | 3.E+07 | 1.E+08 | 1.E+08 | 4.E+08 | 5.E+09 |
| D07_14 | Donor 07 | 4.E+08 | 3.E+07 | 4.E+07 | 3.E+06 | 2.E+07 | 2.E+08 | 3.E+08 | 4.E+07 | 2.E+09 |
| D07_15 | Donor 07 | 4.E+08 | NA | 6.E+07 | NA | 6.E+08 | 2.E+09 | 2.E+09 | 1.E+08 | 1.E+09 |
| D07_16 | Donor 07 | 2.E+08 | 2.E+07 | 7.E+07 | 3.E+06 | 1.E+08 | 1.E+08 | 3.E+08 | 6.E+08 | 6.E+09 |
| D07_17 | Donor 07 | 4.E+07 | 1.E+07 | 1.E+07 | 1.E+06 | NA | 2.E+06 | NA | 4.E+08 | 4.E+09 |
| D07_18 | Donor 07 | 2.E+08 | 1.E+07 | 8.E+07 | NA | 2.E+07 | 1.E+07 | 3.E+07 | 6.E+08 | 3.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D07_19 | Donor 07 | 2.E+08 | 2.E+07 | 2.E+08 | 5.E+06 | 8.E+07 | 2.E+08 | 2.E+08 | 7.E+08 | 5.E+09 |
| D07_2 | Donor 07 | 5.E+08 | 5.E+07 | 8.E+08 | 4.E+08 | 1.E+08 | 4.E+09 | 1.E+09 | 3.E+08 | 3.E+09 |
| D07_20 | Donor 07 | 1.E+08 | 2.E+07 | 2.E+08 | 4.E+06 | NA | 1.E+08 | 2.E+07 | 7.E+08 | 6.E+09 |
| D07_21 | Donor 07 | 1.E+08 | 2.E+07 | 9.E+07 | 2.E+07 | 1.E+07 | 1.E+08 | 8.E+07 | 7.E+08 | 5.E+09 |
| D07_22 | Donor 07 | 2.E+08 | 1.E+07 | 3.E+08 | NA | 8.E+06 | 1.E+08 | 7.E+07 | 1.E+09 | 5.E+09 |
| D07_23 | Donor 07 | 8.E+07 | NA | 2.E+07 | NA | 9.E+06 | 2.E+08 | 7.E+07 | 9.E+08 | 6.E+09 |
| D07_24 | Donor 07 | 3.E+07 | NA | 1.E+07 | NA | 8.E+07 | 2.E+08 | 2.E+08 | 3.E+08 | 6.E+09 |
| D07_25 | Donor 07 | 2.E+08 | NA | 1.E+07 | 4.E+06 | 3.E+06 | 6.E+07 | 3.E+06 | 4.E+08 | 5.E+09 |
| D07_26 | Donor 07 | 3.E+07 | 4.E+06 | 7.E+06 | NA | 4.E+07 | 4.E+07 | 4.E+08 | 3.E+08 | 2.E+09 |
| D07_27 | Donor 07 | 1.E+08 | 4.E+06 | 5.E+06 | 3.E+06 | 2.E+07 | 9.E+07 | 2.E+08 | 3.E+08 | 4.E+09 |
| D07_28 | Donor 07 | 4.E+07 | NA | 1.E+07 | NA | 2.E+08 | 9.E+07 | 9.E+07 | 1.E+07 | 2.E+08 |
| D07_29 | Donor 07 | 2.E+06 | NA | 4.E+07 | 9.E+07 | 1.E+06 | 2.E+08 | 7.E+06 | 8.E+06 | 1.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D07_3 | Donor 07 | 6.E+08 | 9.E+07 | 3.E+08 | 8.E+08 | 2.E+08 | 5.E+09 | 2.E+09 | 4.E+08 | 4.E+09 |
| D07_30 | Donor 07 | 8.E+06 | NA | 1.E+08 | 3.E+07 | 9.E+06 | 1.E+08 | 4.E+07 | 3.E+07 | 2.E+09 |
| D07_31 | Donor 07 | 3.E+07 | NA | 1.E+07 | 3.E+07 | 3.E+07 | 2.E+08 | 2.E+07 | 3.E+06 | 3.E+08 |
| D07_32 | Donor 07 | 3.E+07 | NA | 1.E+07 | 5.E+06 | NA | 5.E+07 | 2.E+08 | 4.E+06 | 1.E+08 |
| D07_4 | Donor 07 | 7.E+08 | 3.E+07 | 7.E+08 | 3.E+08 | 3.E+08 | 2.E+09 | 3.E+09 | 2.E+09 | 3.E+09 |
| D07_5 | Donor 07 | 1.E+09 | 3.E+07 | 7.E+07 | NA | 5.E+07 | 3.E+08 | 2.E+08 | 4.E+08 | 6.E+09 |
| D07_6 | Donor 07 | 4.E+08 | 5.E+07 | 6.E+08 | 4.E+08 | 3.E+08 | 4.E+09 | 2.E+09 | 4.E+08 | 3.E+09 |
| D07_7 | Donor 07 | 8.E+08 | 5.E+07 | 4.E+08 | 5.E+08 | 2.E+08 | 4.E+09 | 2.E+09 | 4.E+08 | 4.E+09 |
| D07_8 | Donor 07 | 2.E+08 | NA | 9.E+07 | 1.E+08 | 1.E+08 | 2.E+08 | 5.E+07 | 1.E+08 | 2.E+09 |
| D07_9 | Donor 07 | 6.E+08 | 4.E+07 | 3.E+07 | 7.E+07 | 1.E+08 | 1.E+09 | 1.E+09 | 5.E+08 | 5.E+09 |
| D08_1 | Donor 08 | 2.E+08 | 2.E+07 | 2.E+09 | 9.E+07 | 7.E+08 | 6.E+08 | 4.E+09 | 9.E+08 | 1.E+09 |
| D08_10 | Donor 08 | 2.E+08 | 4.E+07 | 1.E+09 | 2.E+08 | 3.E+08 | 5.E+08 | 2.E+09 | 5.E+08 | 8.E+08 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D08_11 | Donor 08 | 2.E+08 | 3.E+07 | 1.E+09 | 3.E+08 | 3.E+08 | 2.E+09 | 3.E+09 | 1.E+08 | 3.E+08 |
| D08_12 | Donor 08 | 1.E+08 | 2.E+07 | 8.E+08 | 2.E+08 | 6.E+08 | 2.E+09 | 5.E+09 | 9.E+08 | 2.E+09 |
| D08_13 | Donor 08 | 3.E+08 | 2.E+07 | 6.E+08 | 4.E+07 | 1.E+09 | 3.E+08 | 4.E+09 | 1.E+09 | 2.E+09 |
| D08_14 | Donor 08 | 1.E+08 | 5.E+07 | 1.E+09 | 8.E+06 | 6.E+08 | 3.E+07 | 2.E+09 | 1.E+08 | 7.E+08 |
| D08_15 | Donor 08 | 3.E+08 | 2.E+07 | 6.E+08 | 6.E+07 | 2.E+09 | 1.E+09 | 2.E+10 | 1.E+09 | 1.E+09 |
| D08_16 | Donor 08 | 5.E+08 | 4.E+07 | 8.E+07 | 3.E+07 | 2.E+08 | 4.E+08 | 1.E+09 | 1.E+09 | 1.E+09 |
| D08_17 | Donor 08 | 4.E+08 | 2.E+07 | 5.E+08 | 8.E+07 | 8.E+08 | 1.E+09 | 5.E+09 | 1.E+09 | 1.E+09 |
| D08_18 | Donor 08 | 7.E+08 | 3.E+07 | 1.E+08 | NA | 5.E+08 | 6.E+08 | 3.E+09 | 3.E+09 | 2.E+09 |
| D08_19 | Donor 08 | 2.E+07 | NA | 7.E+07 | 5.E+06 | NA | 8.E+07 | 5.E+07 | 3.E+08 | 3.E+09 |
| D08_2 | Donor 08 | 2.E+08 | 2.E+07 | 3.E+09 | 3.E+08 | 9.E+08 | 2.E+09 | 7.E+09 | 1.E+09 | 2.E+09 |
| D08_20 | Donor 08 | 2.E+08 | NA | 4.E+06 | NA | 6.E+08 | 9.E+07 | 2.E+09 | 9.E+07 | 9.E+08 |
| D08_21 | Donor 08 | 4.E+07 | NA | 7.E+05 | 5.E+06 | 2.E+06 | 1.E+08 | 7.E+07 | NA | 5.E+06 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D08_22 | Donor 08 | 3.E+08 | NA | 7.E+07 | 4.E+06 | 3.E+08 | 4.E+08 | 5.E+08 | 1.E+09 | 1.E+09 |
| D08_23 | Donor 08 | 4.E+08 | 2.E+07 | 1.E+08 | 3.E+06 | 5.E+08 | 5.E+08 | 3.E+08 | 2.E+09 | 1.E+09 |
| D08_24 | Donor 08 | 3.E+08 | 2.E+07 | 4.E+07 | 4.E+06 | 3.E+08 | 5.E+08 | 5.E+08 | 2.E+09 | 1.E+09 |
| D08_25 | Donor 08 | 1.E+08 | 2.E+07 | 1.E+08 | 3.E+06 | 1.E+08 | 7.E+07 | 1.E+08 | 4.E+08 | 1.E+09 |
| D08_26 | Donor 08 | 2.E+08 | 2.E+07 | 3.E+07 | 3.E+06 | 2.E+08 | 2.E+08 | 1.E+08 | 2.E+09 | 2.E+09 |
| D08_27 | Donor 08 | 4.E+07 | 1.E+07 | 7.E+07 | 5.E+06 | 4.E+08 | 1.E+08 | 5.E+08 | 2.E+09 | 2.E+09 |
| D08_28 | Donor 08 | 1.E+08 | 1.E+07 | 4.E+07 | NA | 8.E+07 | 3.E+07 | 7.E+07 | 3.E+09 | 4.E+09 |
| D08_29 | Donor 08 | 2.E+08 | 1.E+07 | 3.E+07 | 2.E+06 | 2.E+08 | 5.E+07 | 2.E+08 | 2.E+09 | 2.E+09 |
| D08_3 | Donor 08 | 1.E+08 | 3.E+07 | 2.E+09 | 2.E+08 | 6.E+08 | 8.E+08 | 3.E+09 | 7.E+08 | 9.E+08 |
| D08_30 | Donor 08 | 5.E+06 | NA | 3.E+07 | 1.E+08 | 2.E+07 | 2.E+08 | 3.E+08 | 2.E+08 | 3.E+08 |
| D08_31 | Donor 08 | 3.E+07 | NA | 6.E+07 | 1.E+08 | 2.E+08 | 2.E+08 | 3.E+08 | 8.E+07 | 3.E+08 |
| D08_32 | Donor 08 | 1.E+07 | NA | 3.E+06 | 1.E+08 | 3.E+07 | 1.E+08 | 2.E+08 | 4.E+07 | 2.E+08 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D08_33 | Donor 08 | 5.E+06 | NA | 1.E+07 | 3.E+07 | 1.E+07 | 9.E+07 | 2.E+08 | NA | 6.E+06 |
| D08_4 | Donor 08 | 4.E+08 | 2.E+07 | 2.E+09 | 3.E+08 | 9.E+08 | 3.E+09 | 1.E+10 | 1.E+09 | 3.E+09 |
| D08_5 | Donor 08 | 2.E+08 | 1.E+07 | 2.E+09 | 3.E+08 | 9.E+08 | 1.E+09 | 2.E+09 | 5.E+08 | 1.E+09 |
| D08_6 | Donor 08 | 1.E+08 | 4.E+07 | 1.E+09 | 2.E+08 | 6.E+08 | 9.E+08 | 3.E+09 | 1.E+09 | 2.E+09 |
| D08_7 | Donor 08 | 2.E+08 | 3.E+07 | 1.E+09 | 1.E+08 | 4.E+08 | 7.E+08 | 2.E+09 | 6.E+08 | 1.E+09 |
| D08_8 | Donor 08 | 2.E+08 | NA | 5.E+08 | 8.E+07 | 3.E+08 | 9.E+08 | 5.E+09 | 1.E+09 | 2.E+09 |
| D08_9 | Donor 08 | 3.E+08 | 9.E+06 | 5.E+08 | 1.E+08 | 7.E+08 | 1.E+09 | 8.E+09 | 2.E+09 | 4.E+09 |
| D09_1 | Donor 09 | 2.E+08 | 4.E+07 | 4.E+08 | 3.E+08 | 1.E+08 | 9.E+08 | 4.E+08 | 7.E+07 | 1.E+09 |
| D09_10 | Donor 09 | 2.E+06 | NA | 3.E+07 | NA | NA | 1.E+09 | 5.E+08 | NA | 2.E+07 |
| D09_11 | Donor 09 | 3.E+07 | NA | 4.E+06 | 7.E+07 | 2.E+08 | 1.E+08 | 7.E+08 | 3.E+07 | 6.E+07 |
| D09_12 | Donor 09 | 8.E+07 | NA | 1.E+07 | 1.E+08 | 1.E+07 | 6.E+07 | 8.E+07 | 2.E+07 | 8.E+07 |
| D09_13 | Donor 09 | 1.E+08 | NA | 1.E+07 | NA | 7.E+06 | 7.E+08 | 9.E+08 | NA | 1.E+07 |

Appendices

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|-------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D09_2 | Donor 09 | 2.E+08 | 7.E+07 | 9.E+07 | 3.E+08 | 1.E+08 | 3.E+09 | 1.E+09 | 4.E+08 | 3.E+09 |
| D09_3 | Donor 09 | 2.E+08 | 5.E+07 | 2.E+09 | 7.E+08 | 1.E+08 | 2.E+09 | 1.E+09 | 2.E+08 | 1.E+09 |
| D09_4 | Donor 09 | 8.E+07 | 4.E+07 | 2.E+08 | 9.E+07 | 4.E+07 | 9.E+08 | 2.E+08 | 8.E+07 | 5.E+08 |
| D09_5 | Donor 09 | 1.E+08 | 5.E+07 | 5.E+08 | 2.E+08 | 7.E+07 | 3.E+09 | 1.E+09 | 1.E+08 | 2.E+09 |
| D09_6 | Donor 09 | 4.E+08 | 5.E+07 | 7.E+08 | 8.E+07 | 3.E+08 | 2.E+09 | 1.E+09 | 7.E+08 | 5.E+09 |
| D09_7 | Donor 09 | 2.E+08 | 1.E+07 | 3.E+08 | 8.E+07 | 3.E+06 | 2.E+08 | 7.E+07 | 6.E+08 | 3.E+09 |
| D09_8 | Donor 09 | 8.E+07 | 2.E+07 | 6.E+06 | 1.E+08 | 5.E+06 | 3.E+08 | 2.E+08 | 7.E+07 | 7.E+08 |
| D09_9 | Donor 09 | 3.E+06 | NA | 8.E+06 | 3.E+08 | NA | 3.E+08 | 2.E+06 | 5.E+07 | 1.E+09 |
| D10_1 | Donor 10 | 2.E+08 | 2.E+07 | 1.E+08 | 3.E+07 | 3.E+08 | 2.E+09 | 3.E+09 | 5.E+08 | 1.E+09 |
| D10_2 | Donor 10 | 1.E+08 | 3.E+07 | 2.E+09 | 5.E+08 | 2.E+08 | 1.E+09 | 8.E+08 | 1.E+08 | 7.E+08 |
| D10_3 | Donor 10 | 1.E+07 | 8.E+06 | 3.E+07 | 1.E+08 | 1.E+08 | 8.E+08 | 5.E+08 | 2.E+08 | 1.E+09 |
| D10_4 | Donor 10 | 2.E+08 | 4.E+07 | 1.E+09 | 4.E+07 | 1.E+08 | 2.E+09 | 1.E+09 | 4.E+08 | 2.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D10_5 | Donor 10 | 3.E+08 | 2.E+07 | 1.E+08 | 3.E+07 | 3.E+08 | 9.E+08 | 2.E+09 | 1.E+09 | 4.E+09 |
| D10_6 | Donor 10 | 2.E+08 | 1.E+07 | 3.E+08 | 4.E+08 | 2.E+08 | 8.E+08 | 9.E+08 | 5.E+08 | 3.E+09 |
| D10_7 | Donor 10 | 3.E+07 | 5.E+06 | 7.E+06 | 5.E+07 | 4.E+07 | 6.E+08 | 4.E+08 | NA | 1.E+08 |
| D10_8 | Donor 10 | 1.E+07 | 2.E+07 | 7.E+06 | 3.E+07 | 4.E+07 | 4.E+08 | 5.E+08 | 8.E+06 | 2.E+07 |
| D11_1 | Donor 11 | 2.E+08 | 3.E+07 | 1.E+09 | 7.E+08 | 8.E+07 | 1.E+09 | 4.E+08 | 7.E+07 | 1.E+09 |
| D11_10 | Donor 11 | 5.E+08 | 2.E+07 | 7.E+08 | 2.E+08 | 2.E+07 | 8.E+08 | 2.E+08 | 2.E+08 | 3.E+09 |
| D11_11 | Donor 11 | 4.E+08 | 2.E+07 | 2.E+08 | 3.E+08 | 8.E+07 | 1.E+09 | 2.E+08 | 7.E+07 | 2.E+09 |
| D11_12 | Donor 11 | 2.E+08 | 1.E+07 | 2.E+08 | 2.E+08 | 2.E+06 | 3.E+08 | 3.E+07 | 2.E+08 | 4.E+09 |
| D11_13 | Donor 11 | 2.E+08 | NA | 3.E+07 | 2.E+07 | 1.E+08 | 6.E+08 | 1.E+09 | 3.E+07 | 2.E+09 |
| D11_14 | Donor 11 | 9.E+08 | 1.E+07 | 3.E+08 | 1.E+08 | 2.E+07 | 5.E+08 | 6.E+07 | 3.E+08 | 6.E+09 |
| D11_15 | Donor 11 | 1.E+08 | 1.E+07 | 4.E+08 | 5.E+08 | 3.E+06 | 7.E+08 | 3.E+07 | 1.E+08 | 3.E+09 |
| D11_16 | Donor 11 | 2.E+08 | 7.E+06 | 3.E+08 | 7.E+07 | 1.E+07 | 2.E+08 | 9.E+07 | 4.E+07 | 4.E+09 |

Appendices

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|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D11_17 | Donor 11 | 9.E+07 | NA | 3.E+08 | 2.E+08 | 2.E+07 | 2.E+08 | 5.E+07 | 1.E+08 | 4.E+09 |
| D11_18 | Donor 11 | 1.E+08 | 7.E+06 | 5.E+08 | 1.E+08 | 4.E+07 | 4.E+08 | 4.E+07 | 2.E+08 | 4.E+09 |
| D11_19 | Donor 11 | 6.E+07 | 4.E+06 | 1.E+07 | 6.E+07 | 2.E+06 | 3.E+08 | 7.E+06 | 6.E+07 | 2.E+09 |
| D11_2 | Donor 11 | 5.E+08 | 4.E+07 | 1.E+09 | 1.E+09 | 5.E+07 | 5.E+09 | 4.E+08 | 9.E+07 | 4.E+09 |
| D11_20 | Donor 11 | 3.E+07 | NA | 5.E+07 | 1.E+08 | 6.E+06 | 4.E+08 | 2.E+07 | 3.E+07 | 7.E+08 |
| D11_21 | Donor 11 | 2.E+07 | 1.E+06 | 2.E+07 | 2.E+08 | 4.E+07 | 2.E+08 | 1.E+08 | 7.E+07 | 2.E+09 |
| D11_22 | Donor 11 | 2.E+07 | 4.E+06 | 1.E+07 | 3.E+06 | NA | 2.E+07 | 1.E+07 | 2.E+07 | 8.E+08 |
| D11_23 | Donor 11 | 7.E+06 | NA | 2.E+07 | 9.E+08 | 7.E+05 | 1.E+09 | 4.E+07 | 3.E+07 | 2.E+09 |
| D11_24 | Donor 11 | 3.E+06 | 3.E+06 | 1.E+08 | 2.E+09 | 5.E+06 | 2.E+09 | 4.E+07 | 2.E+07 | 9.E+08 |
| D11_25 | Donor 11 | 2.E+07 | NA | 6.E+07 | 1.E+09 | 5.E+07 | 1.E+09 | 5.E+07 | 2.E+08 | 3.E+09 |
| D11_3 | Donor 11 | 2.E+08 | 1.E+07 | 2.E+09 | 1.E+09 | 8.E+07 | 3.E+09 | 5.E+08 | 5.E+07 | 9.E+08 |
| D11_4 | Donor 11 | 3.E+08 | 1.E+07 | 2.E+09 | 9.E+08 | 2.E+08 | 2.E+09 | 1.E+09 | 9.E+07 | 9.E+08 |

Appendices

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|-------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D11_5 | Donor 11 | 7.E+08 | 2.E+07 | 8.E+08 | 1.E+09 | 1.E+08 | 4.E+09 | 7.E+08 | 1.E+08 | 3.E+09 |
| D11_6 | Donor 11 | 2.E+08 | 4.E+07 | 6.E+08 | 4.E+08 | 2.E+08 | 3.E+09 | 1.E+09 | 2.E+08 | 1.E+09 |
| D11_7 | Donor 11 | 4.E+08 | 4.E+07 | 1.E+09 | 8.E+08 | 1.E+08 | 5.E+09 | 7.E+08 | 2.E+08 | 4.E+09 |
| D11_8 | Donor 11 | 2.E+08 | 2.E+07 | 1.E+09 | 9.E+08 | 6.E+07 | 3.E+09 | 9.E+08 | 7.E+07 | 1.E+09 |
| D11_9 | Donor 11 | 3.E+08 | 2.E+07 | 4.E+08 | 3.E+08 | 1.E+08 | 3.E+09 | 4.E+08 | 1.E+08 | 2.E+09 |