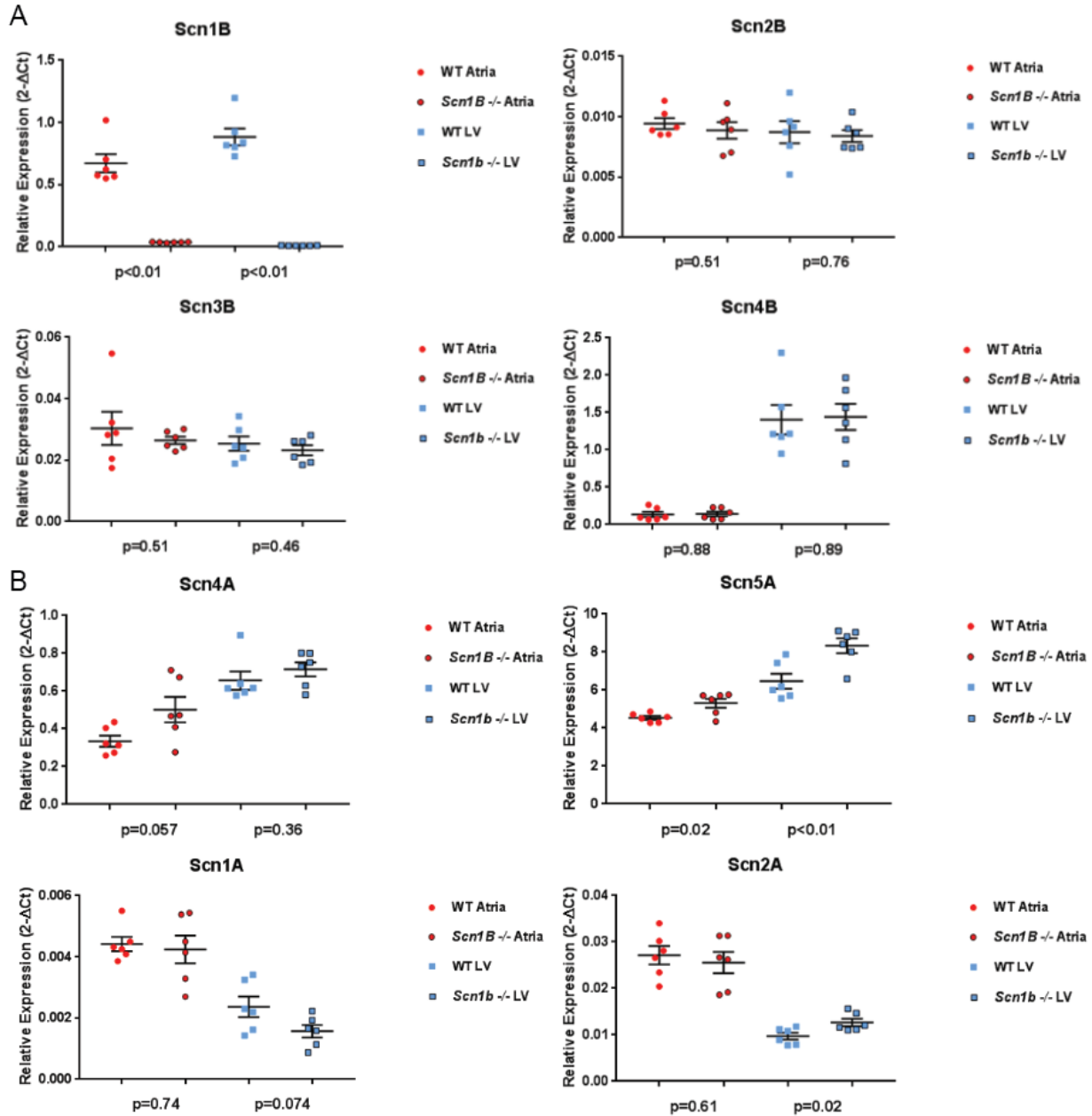


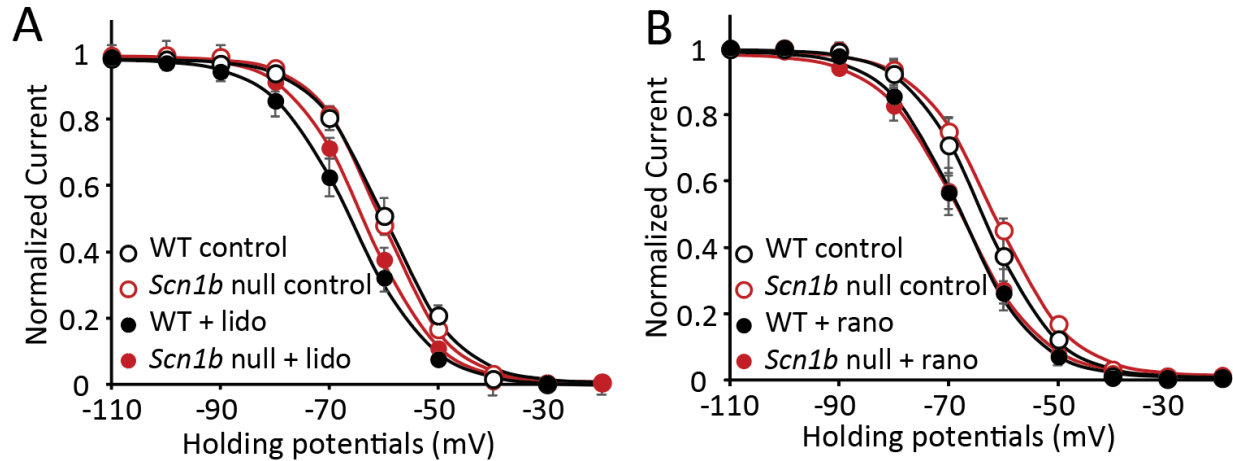
**Supplement Figure 1: qRT-PCR analyses of the transcripts encoding all Nav $\beta$  subunits and the major Nav  $\alpha$  subunits in the atria and left ventricles (LV) of WT and *Scn1b* null mice.**



A. The *Scn1B* transcript is undetectable in the atria and LV of *Scn1b* null mice. The expression of the *Scn2B*, *Scn3B*, and *Scn4B* transcripts in *Scn1b* null and WT atria and LV are indistinguishable from WT atria and LV. B. Expression of the *Scn5A* transcript, however, is

higher in the atria and LV of *Scn1b* null, compared to WT, mice. *Scn2A* transcript expression is also increased in *Scn1b* null LV, compared with WT LV.

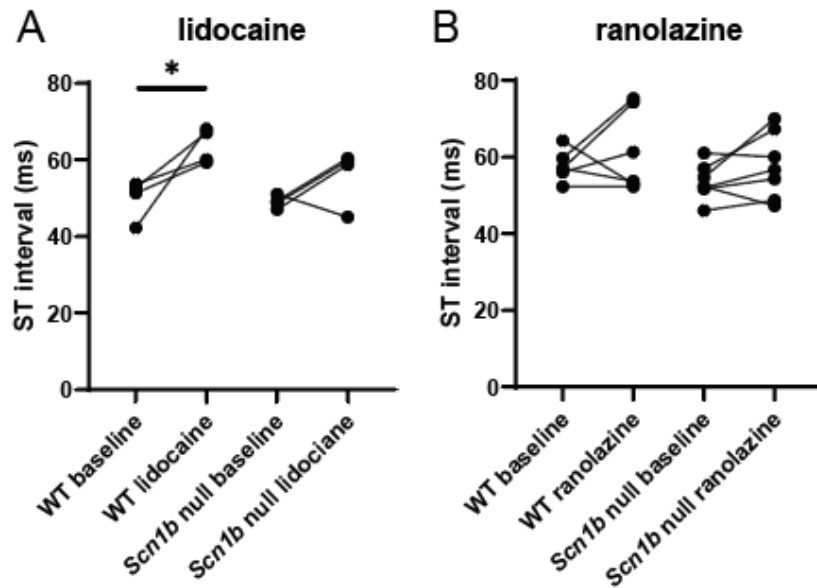
**Supplement Figure 2: Effects of lidocaine and ranolazine on the voltage dependence of steady-state inactivation of  $I_{Na}$  in WT and *Scn1b* null mouse LV myocytes.**



A. 100 $\mu$ M Lidocaine induced a small hyperpolarizing shift in the voltage dependence of  $I_{Na}$

- 5 inactivation in WT and *Scn1b* null LV myocytes, although the magnitude of the shift is smaller in *Scn1b* null myocytes. B. 100 $\mu$ M ranolazine resulted in similar small shifts in the voltage dependences of  $I_{Na}$  inactivation in WT and *Scn1b* null LV myocytes.

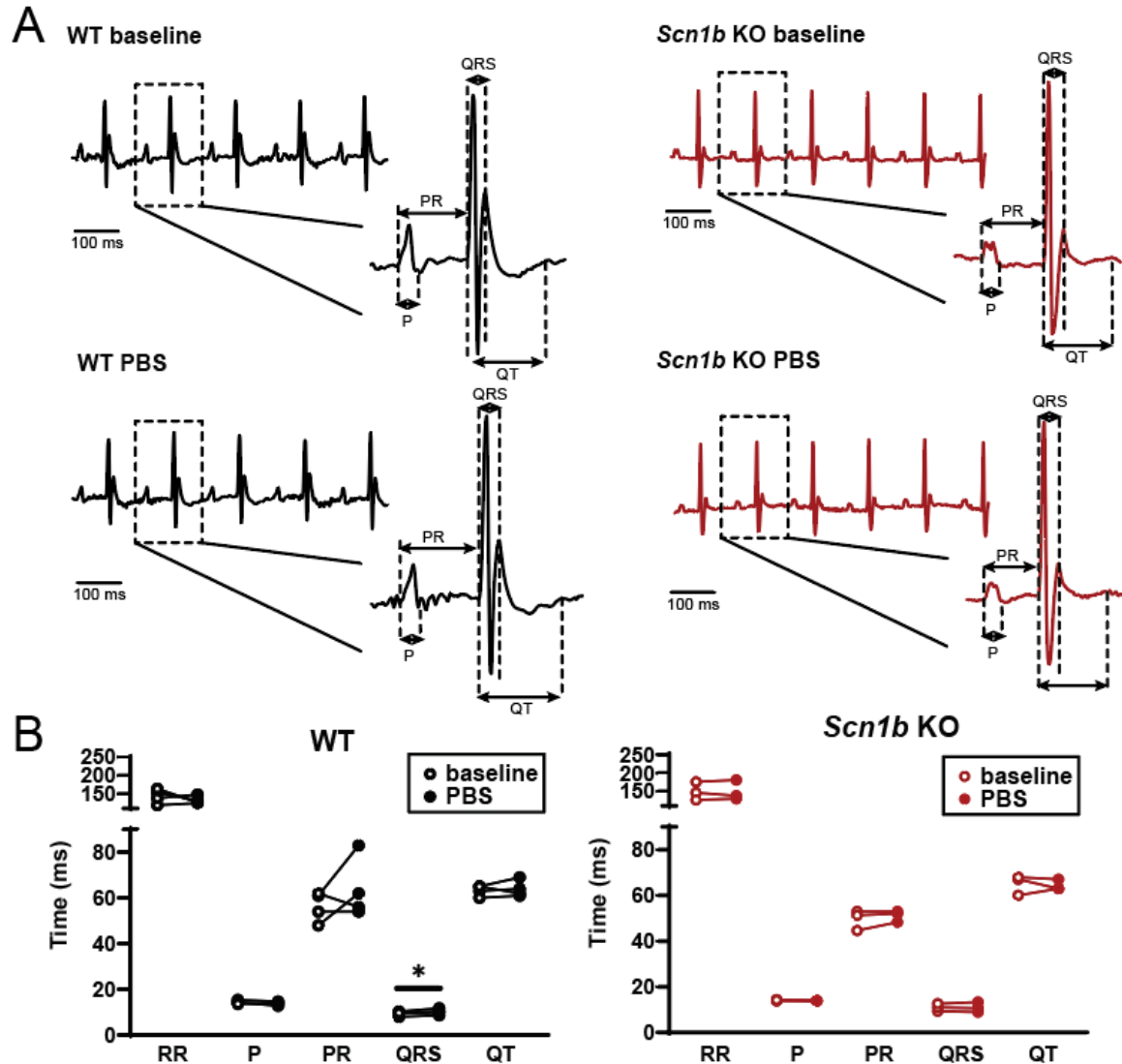
**Supplement Figure 3: Quantified ST interval from ECG recordings obtained from WT and *Scn1b* null mice before and after IP injections of lidocaine or ranolazine.**



A. The ST interval is increased in WT, but not *Scn1b* null, mice in response to lidocaine. B. ST

5 intervals are not measurably changed in either WT or *Scn1b* null mice after ranolazine injection.

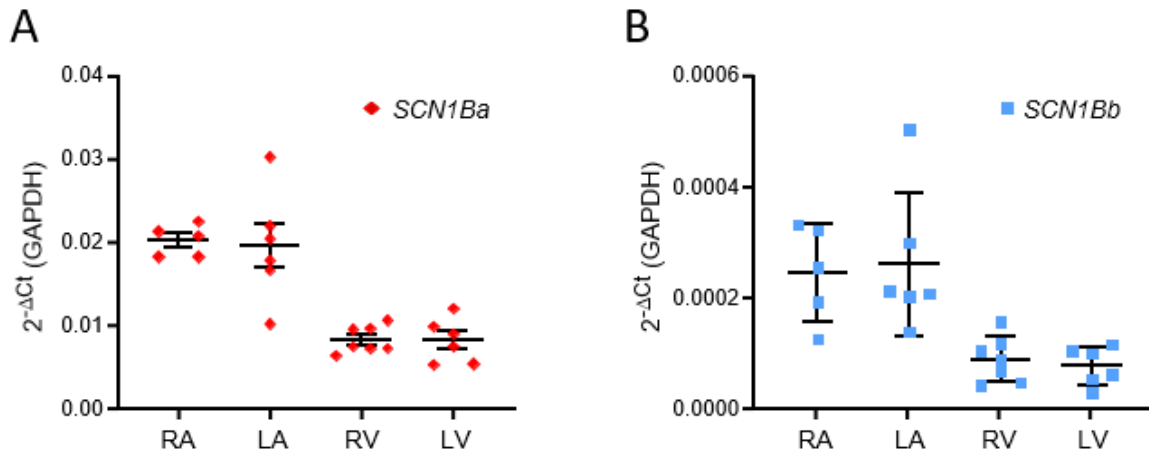
**Supplement Figure 4: ECG recordings obtained from WT and *Scn1b* null mice before and after IP injections of control (PBS) buffer.**



A. Representative ECG recordings from WT (black traces) and *Scn1b* null (red traces) mice at

5 baseline and 10 minutes after IP injections of PBS. B. Quantification of ECG parameters, including RR intervals, P wave durations, PR, QRS, and QT intervals revealed that injection of PBS does not measurably affect ECG parameters.

**Supplement Figure 5: qRT-PCR analyses of expression of the two *SCN1B* splice variants, *SCN1Ba* and *SCN1Bb*, in the four chambers of the human heart.**

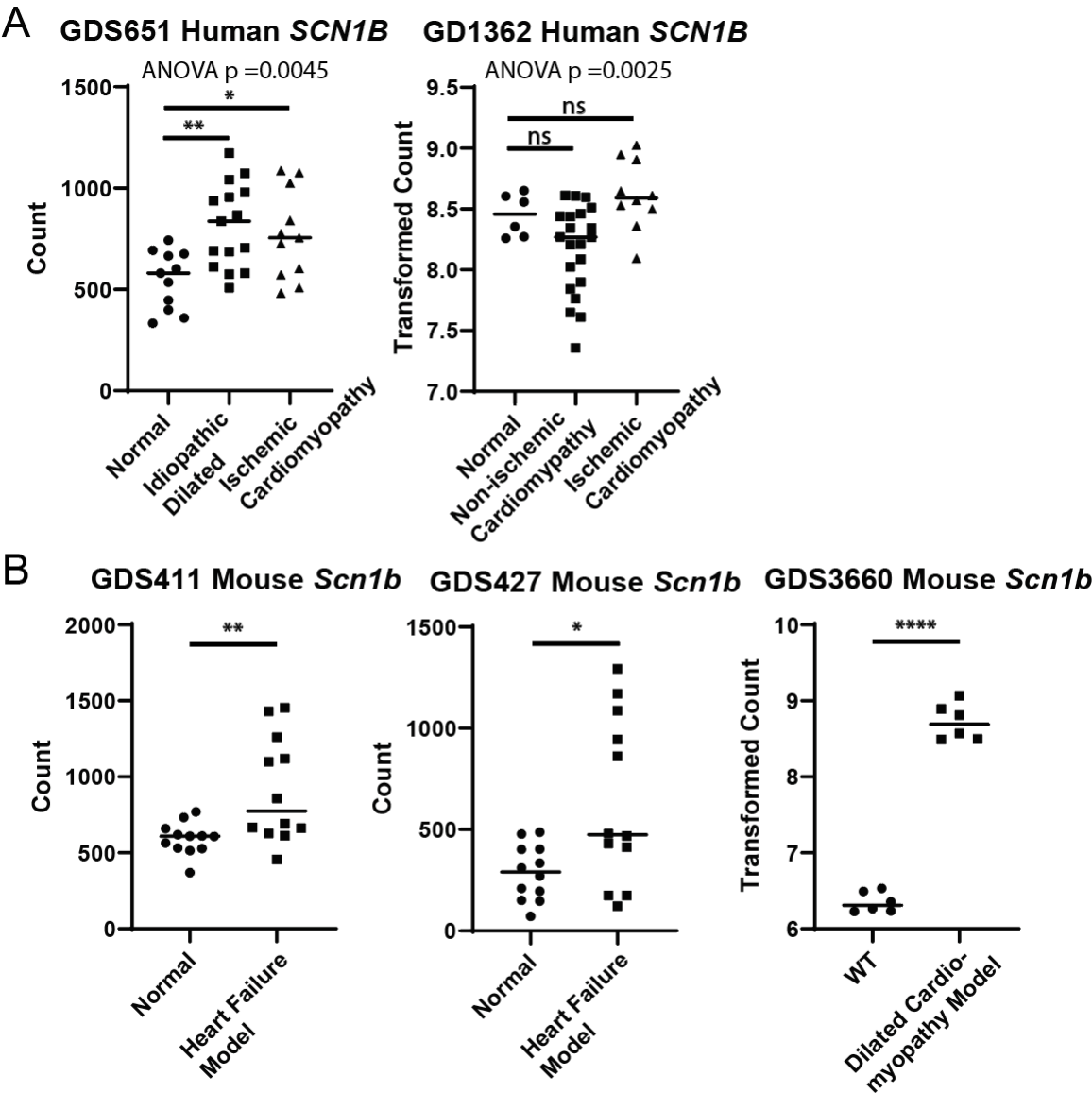


Note that the *SCN1Ba* transcript (A), which encodes the  $\text{Na}_v\beta 1$  protein, is expressed at  $\sim 100$ -

5 fold higher levels than the *SCN1Bb* (B) transcript, which encodes the secreted  $\text{Na}_v\beta 1b$  protein.

In addition, the expression levels of both the *SCN1Ba* (A) and the *SCN1Bb* (B) transcripts are higher in the right and left atria (RA and LA), compared to the right and left ventricles (RV and LV).

Supplement Figure 6: Expression profile of human *SCN1B* and mouse *Scn1b* in normal and failing ventricular tissues.



Microarray data showing *SCN1B* and *Scn1b* expression were extracted from the GEO Profile  
5 database (GEO accession GDS651, GDS1362, GDS411, GDS427, and GDS3660). All studies  
investigating dilated cardiomyopathy from the GEO database are shown here for comparison,  
with a filter of overall sample size greater than 20 and samples collected from the ventricles. A.  
Two studies assessing gene expression change in non-ischemic and ischemic cardiomyopathy in

human heart. Both studies indicated an increase in *SCN1B* expression in ischemic cardiomyopathy. B. *Scn1b* is upregulated in murine heart failure models compared to control. Genetic heart failure models were generated by deleting the muscle LIM protein gene (MLP<sup>-/-</sup>) or overexpressing the calsequestrin protein (GDS411 and GDS427). The dilated cardiomyopathy models used in GDS3660 were transgenic mice expressing a dominant negative CREB transcription factor.



**Supplement Table 1: ECG parameters for WT and *Scn1b* null mice before and after ranolazine or lidocaine IP injection.**

<i>Mouse genotypes</i>			WT Total n = 13			
<i>ECG parameters (msec)</i>	Baseline	Ranolazine	p-value	Baseline	Lidocaine	p-value
<i>RR interval</i>	161.3 ± 10.1	170.2 ± 21.2	0.601	139.0 ± 4.9	165.3 ± 3.8	0.116
<i>P wave duration</i>	13.1 ± 0.2	13.5 ± 0.4	0.233	13.5 ± 0.7	15.6 ± 0.5	0.009
<i>PR interval</i>	52.1 ± 2.3	56.2 ± 1.8	0.199	62.8 ± 3.3	66.8 ± 5.2	0.041
<i>QRS duration</i>	10.1 ± 0.7	12.0 ± 0.8	0.001	12.0 ± 0.6	13.0 ± 0.6	<0.0001
<i>QT interval</i>	67.8 ± 1.5	73.7 ± 5.0	0.269	62.0 ± 1.8	77 ± 2.1	0.035
<i>QTc interval *</i>	53.7 ± 1.4	56.9 ± 0.8	0.087	52.6 ± 0.8	59.9 ± 1.0	0.038

<i>Mouse genotypes</i>			<i>Scn1b</i> null Total n = 12			
<i>ECG parameters (msec)</i>	Baseline	Ranolazine	p-value	Baseline	Lidocaine	p-value
<i>RR interval</i>	145.1 ± 8.4	158.1 ± 12.1	0.018	137.8 ± 4.5	157.0 ± 11.2	0.212
<i>P wave duration</i>	13.0 ± 0.8	16.2 ± 0.8	0.043	13.8 ± 0.3	15.2 ± 0.4	0.008
<i>PR interval</i>	55.9 ± 2.9	68.5 ± 3.6	0.200	47.6 ± 2.6	61.3 ± 3.7	0.004
<i>QRS duration</i>	9.6 ± 0.3	12.7 ± 0.2	0.177	9.5 ± 0.2	13.3 ± 0.9	0.029
<i>QT interval</i>	63.1 ± 1.7	70.4 ± 3.2	0.038	58.5 ± 1.0	69.3 ± 4.5	0.134
<i>QTc interval *</i>	52.6 ± 1.2	56.2 ± 0.9	0.016	50.3 ± 0.6	55.2 ± 1.6	0.092

\* Corrected QT (QTc) intervals shown were calculated based on Bazett's formula adapted for

5 mice  $QTc = QT/(RR/f)^{1/2}$ ,  $f=100ms$ .