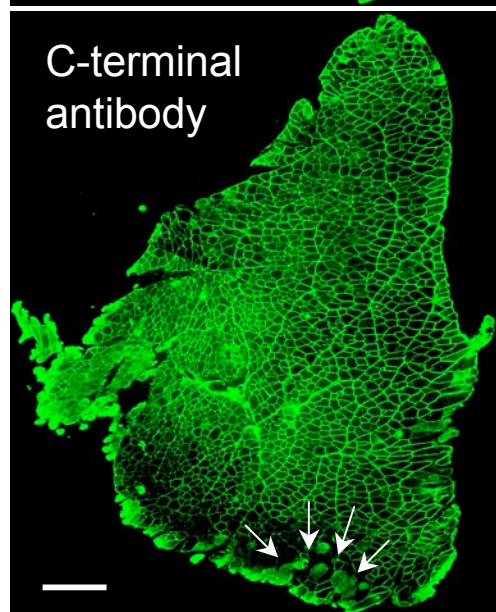
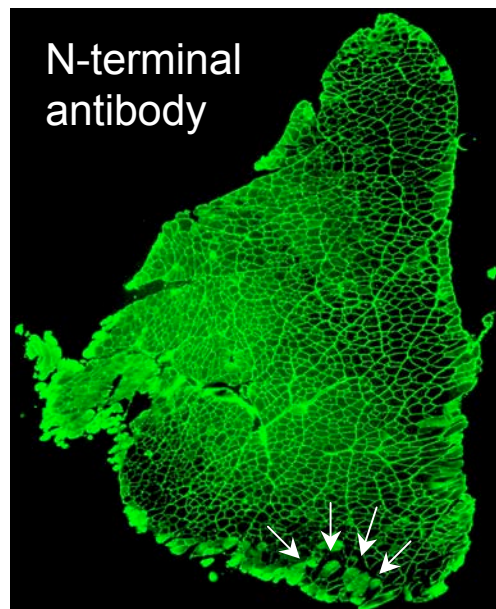
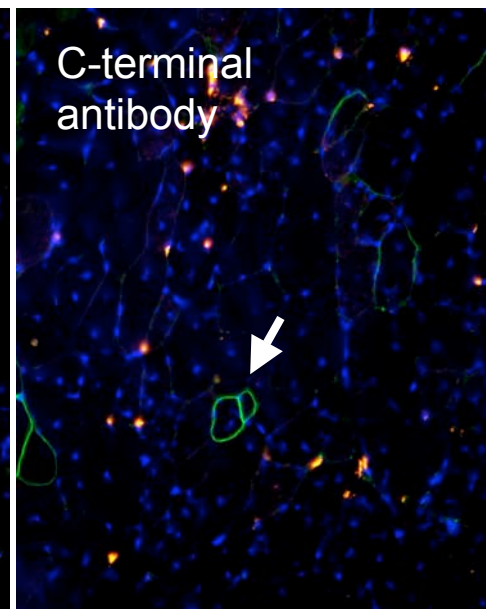
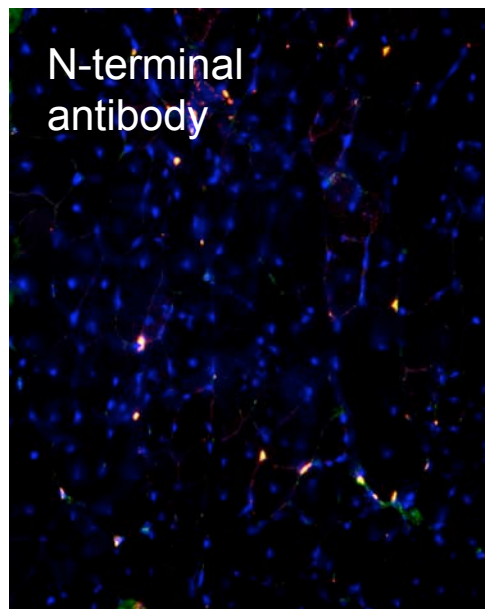


a

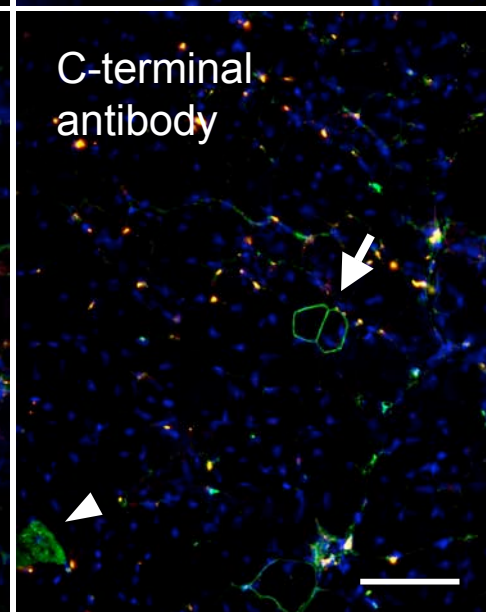
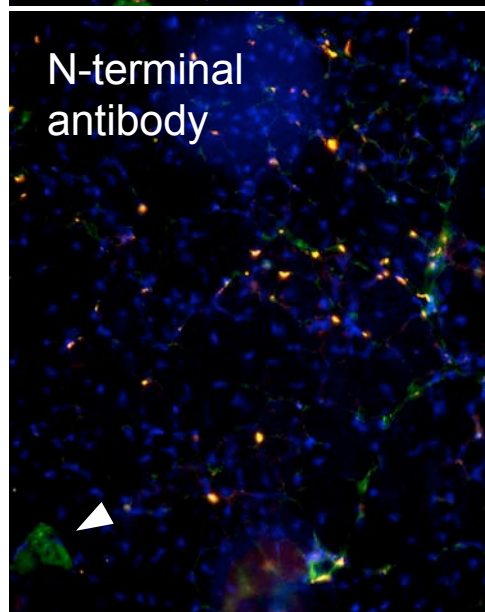


b

Only AV.Donor.60



Only AV.Acceptor.60



Supplementary Figure 2. Mini-dystrophin expression is observed only in AV.Donor.60 and AV.Acceptor.60 co-infected muscle but not in single vector infected muscle. **a**, Serial sections of the same TA muscle as shown in Fig. 3a were immunostained with monoclonal N-terminal (specific for human dystrophin) and C-terminal antibodies, respectively. These immunostainings show the same widespread transduction pattern as the polyclonal antibody immunostaining in Fig. 3a. However, monoclonal antibodies also reveal cytosolic immunoglobulin uptake in injured myofibers (arrows). These fibers are clearly dystrophin negative in Fig. 3a. Scale bar, 500 μm . **b**, Representative photomicrographs of TA muscles infected by AV.Donor.60 or AV.Acceptor.60 alone. No positive myofibers were detected with the human dystrophin specific N-terminal antibody. A few revertant myofibers were seen with the monoclonal C-terminal antibody (arrow). Leakage of immunoglobulin into injured myofibers resulted in cytoplasmic staining by the FITC-conjugated secondary antibody (arrowhead). Scale bar, 100 μm .