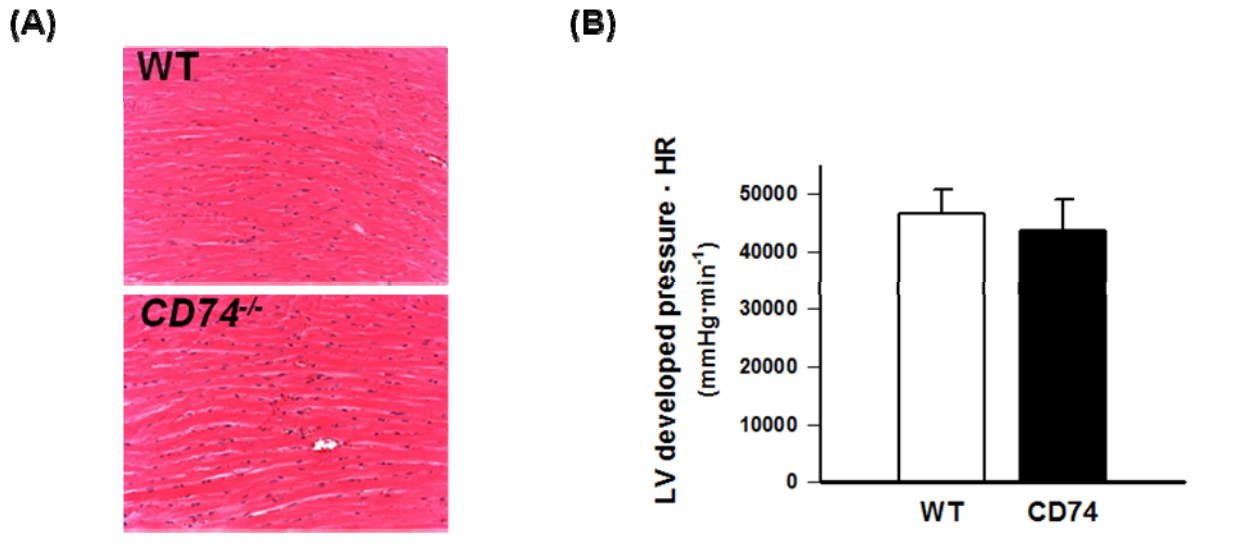
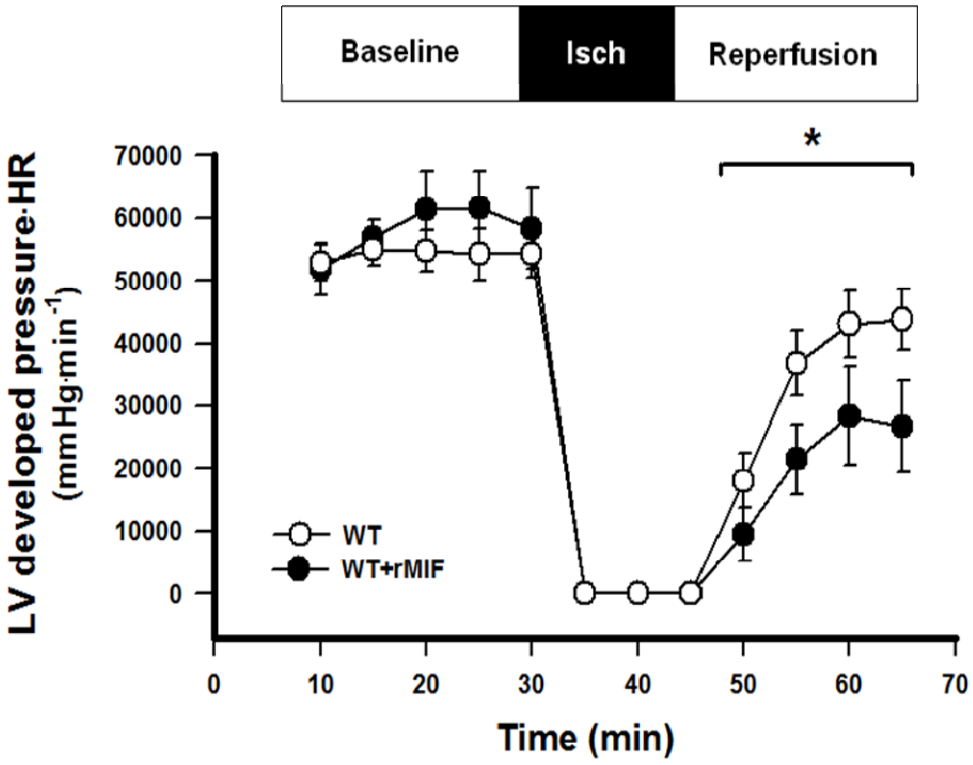
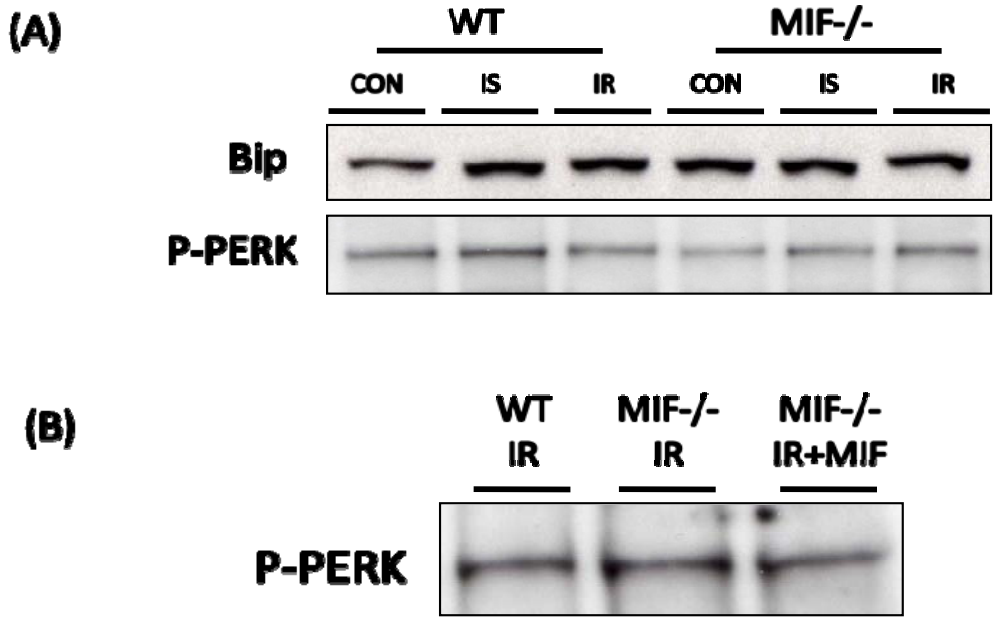
Online supplemental data



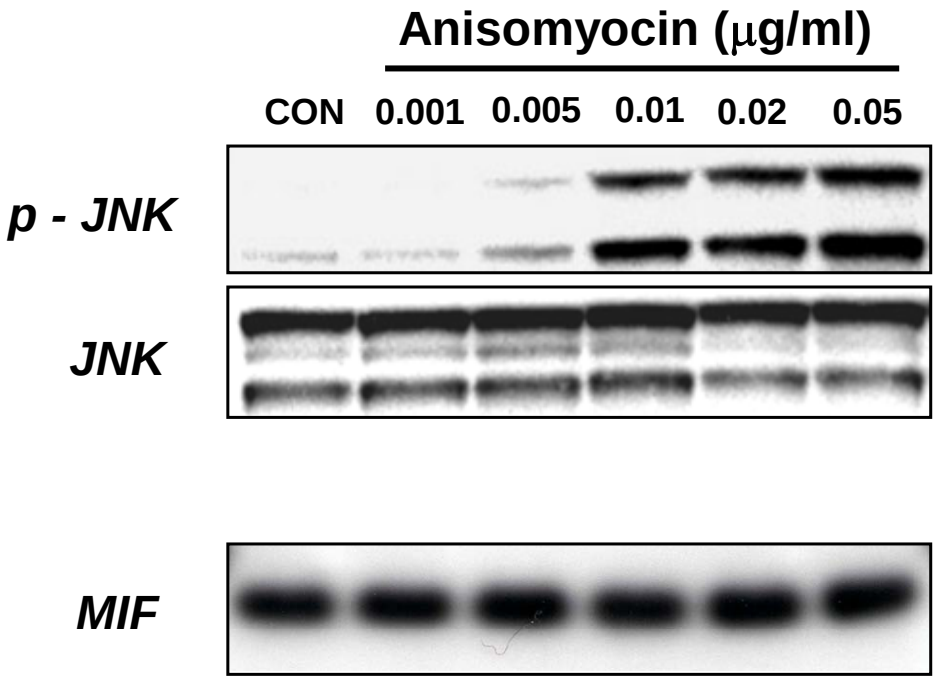
Supplemental Figure 1 *CD74*$^{-/-}$ heart histology and LV function. (**A**) Representative hematoxylin and eosin stained sections of formalin fixed hearts (20X). (**B**) Hearts from WT and *CD74*$^{-/-}$ mice underwent control perfusion for 30 min, LV contractile function was assessed as heart rate (HR) x left ventricular systolic pressure.



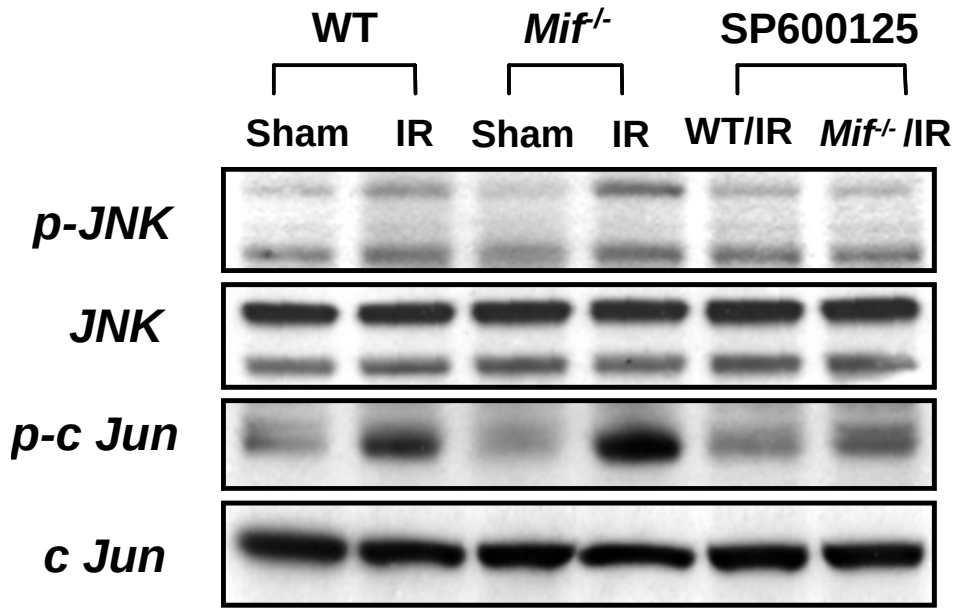
Supplemental Figure 2 Effects of MIF during reperfusion on LV function. Hearts from WT mice underwent 15 min global ischemia followed by 30 min reperfusion with or without rMIF (50ng/ml). LV function was assessed as heart rate (HR) x left ventricular systolic pressure. * significant difference, $P<0.05$.



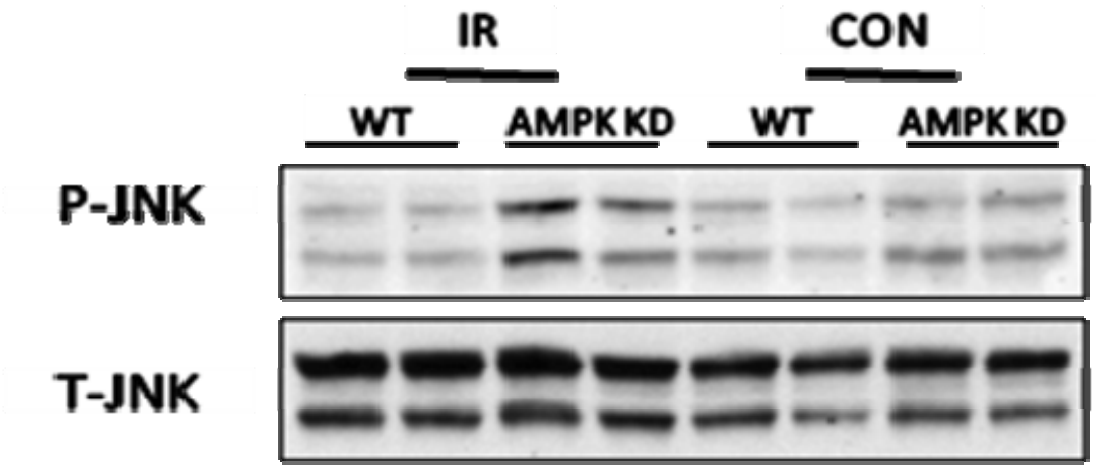
Supplemental Figure 3 ER stress markers following ischemia-reperfusion. (**A**) Hearts from WT and *Mif*$^{-/-}$ mice underwent 15 min global ischemia (IS) or ischemia with 30 min reperfusion (IR). (**B**) Hearts also were subjected to IR with and without the addition of rMIF (50 ng/ml) during reperfusion. Bip and phospho-PERK were assessed by western blot.



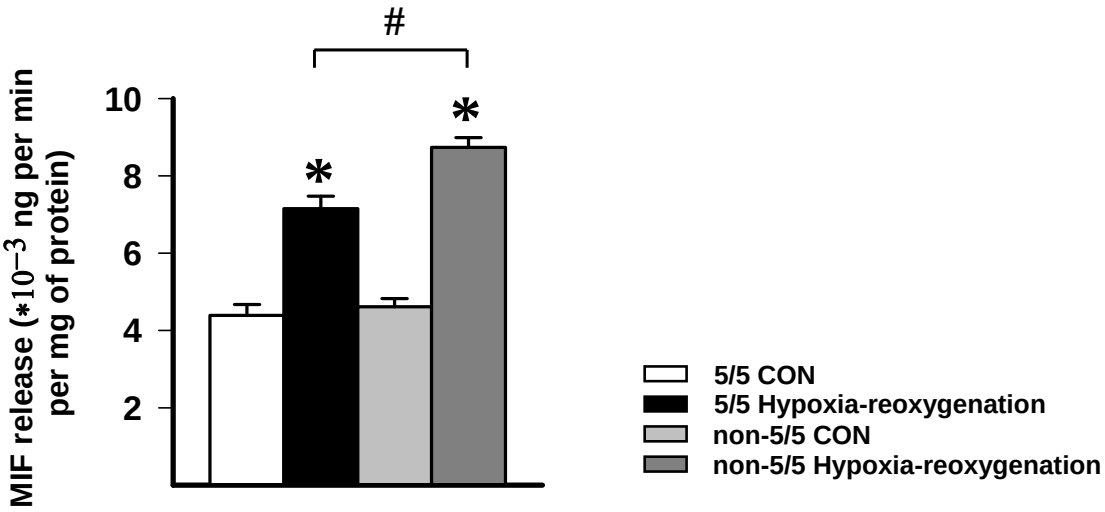
Supplemental Figure 4 JNK phosphorylation in anisomyocin treated H9C2 cells. H9C2 cells were incubated with various concentrations of anisomycin for 1 hour and lysates were western blotted. Anisomycin treatment did not affect MIF content.



Supplemental Figure 5 The action of SP600125 on JNK phosphorylation following regional ischemia-reperfusion in vivo. WT and MIF$^{-/-}$ mice were pretreated with SP600125 (1mg/kg) or vehicle intravenously 15 min prior to a 20 min coronary occlusion and 3h reperfusion or sham occlusion. JNK and c-Jun were assessed by western blotting by phospho-specific and total antibodies.



Supplemental Figure 6 The effects of AMPK deficiency on the JNK activation following ischemia-reperfusion. Hearts from WT and AMPK kinase dead (KD) mice (3 per group) were subjected to 20 min coronary artery ligation followed by 3h reperfusion (IR). JNK was assessed by western blotting by phospho-specific and total antibodies.



Supplemental Figure 7 MIF concentration in the medium of human fibroblasts following hypoxia-reoxygenation. Human dermal fibroblasts were incubated either for 9.5 h of normoxia (room air/5% CO_2, CON) or 9h of hypoxia (95% nitrogen/5% CO_2) followed by 30 min reoxygenation (Hypoxia-reoxygenation). The medium was collected and assayed for MIF by ELISA. *P < 0.05 vs. control; # P < 0.05 vs. 5/5 group.