

**Table S1. Pathology inclusion and exclusion criteria.** The qualifying enrollment biopsy report is reviewed by Participating Clinical Center (PCC) pathologists to confirm diagnosis and eligibility by the criteria listed below. If the biopsy report is not sufficient to determine eligibility, the slides and images are reviewed.

Disease	Overall Requirements	Light Microscopy	Immunofluorescence	Electron Microscopy
MCD	≥ 10 glomeruli. No findings indicative of other disease.	Histologically unremarkable. Mesangial hypercellularity, global glomerulosclerosis, arteriosclerosis allowed.*	< 1+ glomerular IgG, IgA. Any staining for IgM allowed.* ≤ 1+ C3, C1q. > 1+ C1q reflexes to C1q nephropathy.	Any extent of foot process effacement. No immune-type deposits (except in C1q nephropathy).
FSGS	≥ 5 glomeruli. ≥ 1 glomerulus with segmental sclerosis. No findings indicative of other disease.	Mesangial hypercellularity, arteriosclerosis allowed.*	< 1+ glomerular IgG, IgA. ≤ 1+ C3, C1q, IgM (areas of sclerosis excluded). > 1+ C1q reflexes to C1q nephropathy.	Only small segmental mesangial immune-type deposits (except in C1q nephropathy).
C1q Nephropathy	See above for MCD and FSGS.	Fulfills criteria for MCD or FSGS. Global glomerulosclerosis, mild mesangial hypercellularity, arteriosclerosis allowed.	>1+ glomerular C1q with/without any IgG, IgA, IgM, C3.	Mesangial with/without scattered subendothelial, subepithelial immune-type deposits. No evidence of lupus nephritis.
MN	≥ 5 glomeruli. No findings indicative of other disease.	Glomerular capillaries are normal or thickened with or without "spikes". Segmental sclerosis, < 10% crescents, mesangial hypercellularity, mild focal segmental endocapillary hypercellularity, arteriosclerosis allowed.	Granular capillary wall IgG with/without IgA, IgM, C1q, C3.	Subepithelial/intramembranous Immune-type deposits (Ehrenreich/Churg stage I, II, III and/or IV). No evidence of lupus nephritis.
IgAN	≥ 5 glomeruli. No findings indicative of other disease.	Normal glomeruli and all Oxford IgA lesions allowed.	≥ 1+ IgA dominant or co-dominant diffuse mesangial staining.	EM not required. Segmental thin GBMs and segmental subendothelial or subepithelial immune-type deposits allowed.

Abbreviations: FSGS, focal segmental glomerulosclerosis; GBM, glomerular basement membrane; IgAN, immunoglobulin A nephropathy; IgG, immunoglobulin G; IgM, immunoglobulin M; MCD, minimal change disease; MN, membranous nephropathy.

\*Although mesangial hypercellularity is allowed for enrollment as MCD or FSGS, and any degree of IgM staining is allowed for FSGS, the extent of these findings will be recorded during pathology scoring and thus correlation of MCD and FSGS cohorts with clinical or biomarker data can be performed either excluding or including these pathology features.