Legend to Supplementary Figures

**Suppl. Fig. 1**: Patients undergoing peripheral blood stem cell transplant have early recovery of CD8$^+$ and CD4$^+$ responses to CMV. a) PBMC obtained post transplant (day 56-80) from three CMV seropositive patients (PBSC 1-3) who had undergone PBSC transplant from a CMV seronegative donor were analyzed for CMV-specific CD8$^+$ T cells by CFC for IFN$\gamma$ after stimulation with autologous RV798-infected (top panels) or mock infected (bottom panels) fibroblasts. b) CMV-specific lymphoproliferative responses of PBMC obtained from 3 CMV seropositive patients at the indicated time points after PBSCT from a CMV negative donor.

**Suppl. Fig. 2**: CD4$^+$ T cell responses to CMV after in vitro stimulation of PBMC from UCBT recipients with CMV antigen. a) CFC and CD4 staining for IFN$\gamma$ of T cell lines generated by stimulation of PBMC from representative UCBT recipients with a positive direct LPA response with CMV antigen at the indicated time points after transplant. Numbers indicate % of CMV-specific CD4$^+$ T cells of all CD4$^+$ T cells. Controls were cell lines not stimulated with CMV antigen. b) CFC and CD4 staining for IFN$\gamma$ of T cell lines generated at the indicated time points post UCBT from 3 patients who had a negative LPA response by direct assay of PBMC.

**Suppl. Fig. 3**: MMF and CsA inhibit proliferation of CMV-specific CD8$^+$ T cells. CD8$^+$ T cell lines were generated from PBMC obtained between days 56 and 180 from 4 CMV positive patients undergoing UBCT by a single in vitro stimulation with RV798-infected fibroblasts with or without the addition of MMF (0.125µg/ml) and CSA (20µg/ml) to cultures containing 2 U/ml IL-2. The cell lines were counted and assayed for IFN$\gamma$ by CFC to quantify the absolute number of CMV-specific T cells in cultures with and without MMF/CsA.

**Suppl. Fig. 4**: CMV-specific cell lines generated from UCBT recipients recognize previously described CMV epitopes. CFC of CMV-specific T cell lines derived from UCBT recipients against predicted class I HLA binding peptides derived from the coding sequence of CMV ORFs identified in the genome scan. LCL expressing a known HLA allele were pulsed with a peptide that was predicted to bind to the HLA molecule, and evaluated by CFC to detect IFN$\gamma^+$ cells. Data is shown for three patients.