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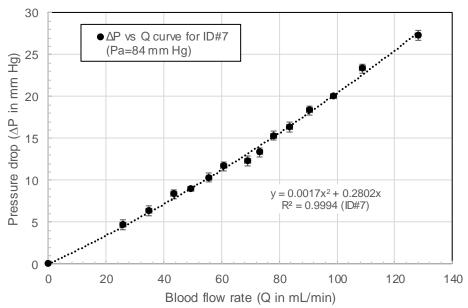
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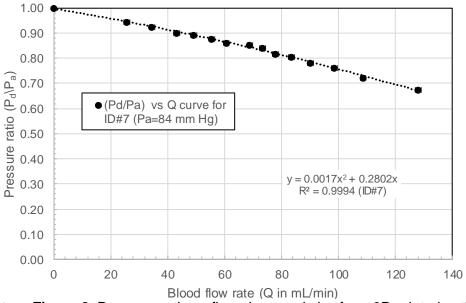
This supplementary file describes the determination of hyperemia from the in vitro experiments and thus FFR_{3D}.

Pressure drop- Flow rate Characteristics. Young et al. 1-4 developed fluid dynamic equations that describe the relationship between the pressure distal to a stenosis and the flow. The ΔP -Q characteristics across the stenosis can be expressed as a quadratic relation $\Delta P = P_a$ - $P_d = A_vQ + BQ^2$; where A_v and B are the viscous loss along the stenosis and exit loss (due to the change in momentum) coefficients, respectively. When coronary flow increases, the coronary perfusion pressure distal to the stenosis decreases in a nonlinear fashion, according to the equation, $P_d = P_a - A_vQ - BQ^2$.

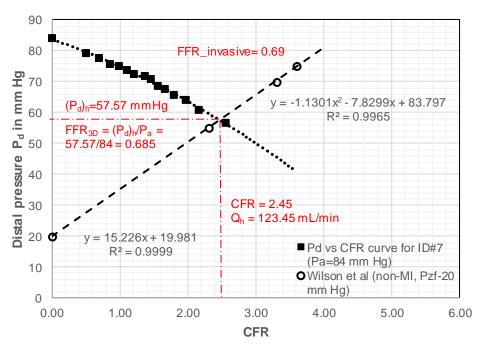
Regression analysis was used to fit a quadratic relationship in the (i) pressure drop (ΔP) – flow rate (Q) and (ii) pressure ratio (P_d/P_a) – flow rate (Q) characteristics from the *in vitro* experiment, respectively, as shown in Supplementary Figures 1 and 2. Similarly, as demonstrated in Supplementary Figure 3, linear regression analysis was used to fit a linear curve on the *clinical* hyperemic coronary flow reserve (CFR) – distal pressure (P_d) characteristics.



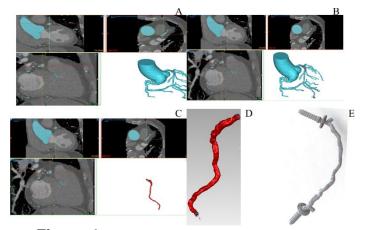
<u>Supplementary Figure 1</u>: Pressure drop (ΔP=Pa-Pd) vs flow (Q) characteristics for a 3D printed patient-specific LAD model at fixed aortic pressures of 84 mm Hg (from ICA). P_a, aortic pressure in mm Hg; P_d, distal pressure in mm Hg; Q, flow rate in mL/min.



<u>Supplementary Figure 2:</u> Pressure ratio vs flow characteristics for a 3D printed patient-specific LAD model at fixed patient-specific aortic pressures of 84 mm Hg (from ICA). P_a, aortic pressure in mm Hg; P_d, distal pressure in mm Hg; Q, flow rate in mL/min.



Supplementary Figure 3: Pd vs CFR characteristics for a 3D printed patient-specific LAD model at fixed aortic pressures of 84 mm Hg (from ICA). CFR indicates coronary flow reserve; P_d, pressure distal to stenosis; DS, Pzf, zero-flow mean pressure; Wilson et al⁵



<u>Supplementary Figure 4:</u> Comparison of the aorto-coronary and coronary segmented model with the 3D printed part. (A,B) Segmented aortocoronary model in different views (C) extraction of single coronary artery from aortocoronary model (D) remeshing the coronary mesh and thickening it to 1 mm (representative of coronary thickness) (E) 3D model with barbs attached for maintain a leakless watertight fit in the invitro setup

References:

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