Supplementary Table 1. Standards for Reporting Diagnostic accuracy studies (STARD) 2015 checklist.(10)

SESSION & Topic	No	Item	Reported on page #
TITLE OR ABSTRACT	1	Identification as a study of diagnostic accuracy using at least one measure of	1-4 Title and
		accuracy (such as sensitivity, specificity, predictive values, or AUC)	Abstract
ABSTRACT	2	Structured summary of study design, methods, results, and conclusions	3-4 Abstract
		(for specific guidance, see STARD for Abstracts)	
INTRODUCTION	3	Scientific and clinical background, including the intended use and clinical role of the index test	6-7 Introduction
	4	Study objectives and hypotheses	6-7 Introduction
METHODS		The state of the s	
Study design	5	Whether data collection was planned before the index test and reference	8-10 Methods
		standard were performed (prospective study) or after (retrospective study)	
Participants	6	Eligibility criteria	8-10 Methods
	7	On what basis potentially eligible participants were identified	8-10 Methods
		(such as symptoms, results from previous tests, inclusion in registry)	
	8	Where and when potentially eligible participants were identified (setting,	8-10 Methods
		location and dates)	
	9	Whether participants formed a consecutive, random or convenience series	8-10 Methods
Test methods	10a	Index test, in sufficient detail to allow replication	8-10 Methods
	10b	Reference standard, in sufficient detail to allow replication	8-10 Methods
	11	Rationale for choosing the reference standard (if alternatives exist)	6-7 Introduction
	12a	Definition of and rationale for test positivity cut-offs or result categories	8-10 Methods,
		of the index test, distinguishing pre-specified from exploratory	Table 1
	12b	Definition of and rationale for test positivity cut-offs or result categories	8-10 Methods
		of the reference standard, distinguishing pre-specified from exploratory	
	13a	Whether clinical information and reference standard results were available	8-10 Methods
		to the performers/readers of the index test	
	13b	Whether clinical information and index test results were available	8-10 Methods
		to the assessors of the reference standard	
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	8-10 Methods
	15	How indeterminate index test or reference standard results were handled	NA
	16	How missing data on the index test and reference standard were handled	NA
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified	8-10 Methods
		from exploratory	
	18	Intended sample size and how it was determined	NA
RESULTS			
Participants	19	Flow of participants, using a diagram	11-12 Results, no
			diagram
	20	Baseline demographic and clinical characteristics of participants	11-12 Results,
			Table 1
	21a	Distribution of severity of disease in those with the target condition	11-13 Results
	21b	Distribution of alternative diagnoses in those without the target condition	11-13 Results
	22	Time interval and any clinical interventions between index test and reference	NA
		standard	
Test results	23	Cross tabulation of the index test results (or their distribution)	11-13 Results,
Test results	25		
Test results	23	by the results of the reference standard	Table 2
Test results	24	,	Table 2 11-13 Results,
Test results		by the results of the reference standard	
Test results		by the results of the reference standard Estimates of diagnostic accuracy and their precision (such as 95% confidence	11-13 Results,
Test results DISCUSSION	24	by the results of the reference standard Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals) Any adverse events from performing the index test or the reference standard Study limitations, including sources of potential bias, statistical uncertainty, and	11-13 Results, Table 2
	24 25 26	by the results of the reference standard Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals) Any adverse events from performing the index test or the reference standard Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	11-13 Results, Table 2 NA 14-18 Discussion
	24	by the results of the reference standard Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals) Any adverse events from performing the index test or the reference standard Study limitations, including sources of potential bias, statistical uncertainty, and generalisability Implications for practice, including the intended use and clinical role of the index	11-13 Results, Table 2 NA
DISCUSSION	24 25 26 27	by the results of the reference standard Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals) Any adverse events from performing the index test or the reference standard Study limitations, including sources of potential bias, statistical uncertainty, and generalisability Implications for practice, including the intended use and clinical role of the index test	11-13 Results, Table 2 NA 14-18 Discussion
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