STARD 2015 :stands for “Standards for Reporting Diagnostic accuracy studies

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