Appendix 2 (as supplied by the authors). Quality assessment of the 10 included studies prospectively validating the TIMI Risk Score in Emergency Department Patients.

Criterion	Author, year, (Ref.)									
	Body, 2009[20]	Campbell, 2009[18]	Conti, 2005[14]	García Almagro, 2005[15]	Hess, 2010[16]	Lyon, 2007[22]	Pelliccia, 2006[17]	Pollack, 2006[19]	Sanchis, 2005[21]	Tong, 2005[23]
1. Were the patients selected in an unbiased fashion (consecutive or random sample)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2. Do they represent a wide spectrum of the severity of disease (representative of all patients at that site with a given condition)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3. Were the predictor variables assessed without knowledge of the outcome?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Was the outcome assessed blindly (without knowledge of the predictor variables)?	NR	NR	NR	NR	Y	NR	NR	NR	NR	NR
5. Were the outcomes defined accurately (especially MI)?	Y	Y	Y	N	Y	NR	NR	Y	Y	Y
6. Was there an explicit interpretation of the risk score by clinicians in practice without knowledge of the outcome?	N	Y	N	N	N	N	Y	Y	N	N
7. Was follow-up adequate* (<10% lost to follow-up)?	Y	Y	NR	Y	Y	Y	NR	Y	Y	Y

Y, yes; N, no; NR, not reported.
*Based on a consensus among investigators, we arbitrarily defined adequate follow-up as a lost to follow-up rate of < 10%. The percentage of patients lost to follow-up in each study is shown in Table 1.