

<b>TITLE OR ABSTRACT</b>		<b>A field-deployable reverse transcription recombinase polymerase amplification assay for rapid detection of the Chikungunya virus</b>	
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	14-15
<b>ABSTRACT</b>			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	2
<b>INTRODUCTION</b>			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	4-5
	4	Study objectives and hypotheses	6
<b>METHODS</b>			
<i>Study design</i>	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	11-12
<i>Participants</i>	6	Eligibility criteria	6-7
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	6-7
	8	Where and when potentially eligible participants were identified (setting, location and dates)	6-7
	9	Whether participants formed a consecutive, random or convenience series	6-7
<i>Test methods</i>	10a	Index test, in sufficient detail to allow replication	10-11
	10b	Reference standard, in sufficient detail to allow replication	9-10
	11	Rationale for choosing the reference standard (if alternatives exist)	9-10
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	11
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	10
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	11-12
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	11-12
<i>Analysis</i>	14	Methods for estimating or comparing measures of diagnostic accuracy	11-12
	15	How indeterminate index test or reference standard results were handled	11-12
	16	How missing data on the index test and reference standard were handled	11-12
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	11-12
	18	Intended sample size and how it was determined	6-7
<b>RESULTS</b>			
<i>Participants</i>	19	Flow of participants, using a diagram	Supporting Information
	20	Baseline demographic and clinical characteristics of participants	6-7
	21a	Distribution of severity of disease in those with the target condition	6-7
	21b	Distribution of alternative diagnoses in those without the target condition	14-15
	22	Time interval and any clinical interventions between index test and reference standard	14-15
<i>Test results</i>	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	15, Fig 4
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	15, Fig 4
	25	Any adverse events from performing the index test or the reference standard	NA
<b>DISCUSSION</b>			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	16-17
	27	Implications for practice, including the intended use and clinical role of the index test	18
<b>OTHER INFORMATION</b>			
	28	Registration number and name of registry	NA
	29	Where the full study protocol can be accessed	6-12

NA: non-applicable