

Supplemental Table 1. Association of DTNP_{V1}, prevalent cardiovascular disease, and index ECG referral with all-cause mortality in Cox regression analyses, after exclusion of patients with index ECG recorded in Intensive Care Units or Emergency Department

| Predictor | Model | HR(95%CI) | P-value |
|----------------------------------|-------|-----------------|---------|
| DTNP _{V1} | 1 | 2.16(1.85-2.53) | <0.0001 |
| DTNP _{V1} | 2 | 2.01(1.69-2.39) | <0.0001 |
| DTNP _{V1} | 3 | 2.00(1.68-2.39) | <0.0001 |
| DTNP _{V1} | 4 | 2.09(1.89-2.45) | <0.0001 |
| Cardiovascular disease | 4 | 1.20(1.02-1.41) | 0.033 |
| ECG referred by non-cardiologist | 4 | Reference | |
| Unknown ECG referral | 4 | 1.01(0.86-1.23) | 0.535 |
| ECG referred by cardiologist | 4 | 0.66(0.51-0.84) | 0.001 |

Model 1 was minimally adjusted by age and sex, and quality control metric (prescription of any medication at any time in the medical history). Model 2 was in addition adjusted for prevalent coronary heart disease, heart failure, history of myocardial infarction, coronary artery bypass grafting, newly (during follow-up) implanted pacemaker or ICD, history of comorbidities (diabetes, chronic obstructive pulmonary disease, chronic kidney disease, chronic liver disease), and ECG parameters (heart rate, PR and QTc intervals). Model 3 was in addition adjusted for the historical (current or discontinued) use of medications (angiotensin-converting-enzyme inhibitors /angiotensin II receptor blockers, beta-blockers, antiarrhythmics, calcium channel blockers, diuretics, antiplatelets (including aspirin), anticoagulants (including heparin), lipid-lowering drugs, and nitrates/hydralazine), and index ECG referral from cardiologist. Model 4 was adjusted for age, sex, and the use of any medication at any time in the medical record history (a proxy for OHSU healthcare system utilization).

Supplemental Table 2. Association of DTNP_{V1} with atrial fibrillation and atrial flutter in logistic regression after exclusion of patients with index ECG recorded in Intensive Care Units or Emergency Department

| | Atrial fibrillation | | Atrial flutter | |
|---------|---------------------|---------|-----------------|---------|
| | OR(95%CI) | P-value | OR(95%CI) | P-value |
| Model 1 | 0.85(0.73-0.999) | 0.048 | 1.49(1.09-2.02) | 0.012 |
| Model 2 | 1.29(1.06-1.58) | 0.012 | 1.43(1.01-2.02) | 0.047 |
| Model 3 | 1.30(1.05-1.61) | 0.017 | 1.48(1.03-2.13) | 0.033 |

Model 1 was minimally adjusted by age and sex, and quality control metric (prescription of any medication at any time in the medical history). Model 2 was in addition adjusted for prevalent coronary heart disease, heart failure, history of myocardial infarction, coronary artery bypass grafting, newly (during follow-up) implanted pacemaker or ICD, history of comorbidities (diabetes, chronic obstructive pulmonary disease, chronic kidney disease, chronic liver disease), and ECG parameters (heart rate, PR and QTc intervals). Model 3 was in addition adjusted for the historical (current or discontinued) use of medications (angiotensin-converting-enzyme inhibitors /angiotensin II receptor blockers, beta-blockers, antiarrhythmics, calcium channel blockers, diuretics, antiplatelets (including aspirin), anticoagulants (including heparin), lipid-lowering drugs, and nitrates/hydralazine), and index ECG referral from cardiologist.