

Supplemental Table 1. Summary of demographic and clinical characteristics of study

groups. Patients were included in the study if they were > 18 years of age and were within 24 h after admission to the ICU. Exclusion criteria were pregnancy, immunosuppression, leukopenia, hematological malignancies, or the initiation of palliative care. Only volunteers with a Charlson Comorbidity Index of ≤ 1 [1] were included as controls.

Variable	Sepsis - NGS^a (n=7)	Sepsis – RT-qPCR^b confirmation (n=15)	Healthy volunteers NGS (n=7)	Healthy volunteers RT-qPCR^b (n=16)
Male/female gender (n)	6/1	9/6	4/3	6/10
Age (years)	54.6 ± 6.9	69.6 ± 19.1*	51.0 ± 7.90	53.9 ± 11.1
Weight (kg)	85.7 ± 21.0	77.8 ± 14.4	72.9 ± 13.0	73.2 ± 13.0
Height (cm)	177.0 ± 8.1	171.3 ± 7.0	172.3 ± 9.5	171.0 ± 8.9
Body mass index (BMI)	27.3 ± 4.9	27.0 ± 5.0	24.3 ± 2.6	25.0 ± 2.9
Septic Shock (n)	7 [§]	6		
Source of infection (n)			n/a	n/a
Pneumonia	3	1		
Urinary tract		1		
Other/unknown	4	13		
Organism (n)			n/a	n/a
Gram-positive bacteria	4	7		
Mixed		6		
Gram-negative bacteria		1		
Unknown	2	1		
Other	1			
Mechanical ventilation (n)	7 ⁺	6	n/a	n/a
Acute pulmonary injury (n) (ARDS ^c)	5	4	n/a	n/a
Acute kidney injury ^d (n)	5	9	n/a	n/a
AKIN score ^e	1.3±1.3	1.3±1.3	n/a	n/a
Apache II ^f score	25.6±4.3 ⁺⁺	13.5±9.3	n/a	n/a
SOFA ^g score	14.1±3.0 ⁺⁺	5.8±4.1	n/a	n/a
Serum lactate levels (mmol/l)	8.7±8.7	4.9±7.9 ^h	n/a	n/a

ICU length-of-stay (days)	34.0±25.8 [#]	10.3±12.8	n/a	n/a
Hospital length-of-stay (days)	42.4±31.5	25.3±13.6	n/a	n/a
Death (n)	3	4	n/a	n/a

^aoriginal sample; ^bconfirmatory samples; ^cAcute Respiratory Distress Syndrome (defined according to Berlin criteria [2]); ^dDefined according to Acute Kidney Injury Network (AKIN) criteria [3]; ^eAcute Kidney Injury Network Staging System for Acute Kidney Injury classification system with a range of 1 to 3 with higher scores indicating more severe injury [3]; ^fAcute Physiology and Chronic Health Evaluation II is a severity-of-disease classification system for critically ill patients. Scores range from 0 to 71, higher scores correspond to more severe disease and a higher risk of death [4]; ^gSequential Organ Failure Assessment (SOFA) score is a scoring system to determine the extent of a person's organ function or rate of failure. Scores less than 9 indicate predictive mortality at 33% while above 11 can be close to or above 95% [5]; ^hInitial lactate measurements at admission to the ICU were missing in 3 patients from the RT-qPCR group; ^{*}indicates significantly higher patient age in the sepsis RT-qPCR group as compared to healthy volunteers ($p \leq 0.033$); ⁺significantly more patients from the NGS – group required mechanical ventilation during ICU therapy compared to the RT-qPCR group ($p = 0.017$); [§]all patients from the NGS group had septic shock whereas 6/15 patients from the RT-qPCR group had the condition ($p = 0.010$); ⁺⁺significantly higher Apache II and SOFA scores in patients from the NGS group ($p = 0.004$ and $p < 0.001$, respectively); [#]significantly longer duration of ICU-therapy in patients from the NGS group ($p = 0.008$). n, number; n/a, not applicable. Data are mean \pm SD.

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