S2 Table – STARD Checklist for reporting studies of diagnostic accuracy

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)	2, Abstract
ABSTRACT			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	2, Abstract
INTRODUCTION			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	4, Introduction
	4	Study objectives and hypotheses	4, Introduction
METHODS			
Study design	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	7,8 Retrospective Study
Participants	6	Eligibility criteria	7,8
	7	On what basis potentially eligible participants were identified	7,8
		(such as symptoms, results from previous tests, inclusion in registry)	
	8	Where and when potentially eligible participants were identified (setting, location and dates)	7,8
	9	Whether participants formed a consecutive, random or convenience series	7,8 Convenience series
Test methods	10 a	Index test, in sufficient detail to allow replication	6 (Table 1), 13 Results (final peptide combination)
	10b	Reference standard, in sufficient detail to allow replication	7,8 (Chagatest v4.0 Wiener Labs)
	11	Rationale for choosing the reference standard (if alternatives exist)	16, Discussion Availability in Argentina, widespreaduse elsewhere
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	9, Methods, Data Analysis
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	Brochure of the manufacturer
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	7,8 (Methods) YES
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	NO
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	9 (Methods, Data analysis)
	15	How indeterminate index test or reference standard results were handled	9 (Methods, Data analysis) No indeterminates
	16	How missing data on the index test and reference standard were handled	Not applicable
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	
	18	Intended sample size and how it was determined	8 (Methods) >73 Chagas positive samples >73 Chagas-negative samples
RESULTS			
Participants	19	Flow of participants, using a diagram	S3 Figure
	20	Baseline demographic and clinical characteristics of participants	



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			Chagas (n=80) all asymptomatic without cardiac or gastrointestinal compromise.
	21b	Distribution of alternative diagnoses in those without the target condition	Not applicable
	22	Time interval and any clinical interventions between index test and reference standard	Not applicable. Samples from sera bank collection
Test results	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	S1 Table
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	13, 14; Table 3
	25	Any adverse events from performing the index test or the reference standard	None
DISCUSSION			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	17
	27	Implications for practice, including the intended use and clinical role of the index test	Proof of concept, Feasibility study
OTHER INFORMATION			
	28	Registration number and name of registry	Not applicable
	29	Where the full study protocol can be accessed	7
	30	Sources of funding and other support; role of funders	In submission form

