

<b>TEST NAME</b>	<b>TEST X</b>
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<b>Article Title</b>	Accuracy Study of Test X
<b>Authors (first 3)</b>	XX, YY, ZZ
<b>Year</b>	2015

<b>MT Stage</b>	<b>YES</b>	<b>NO</b>
<b>Technical Efficacy</b>		X
<b>Anaytical Validity</b>		X
<b>Clinical Validity</b>	X	
<b>Clinical Utility</b>		X
<b>Cost-Efectiveness</b>		X

**ADEQUACY OF REPORTING (ADAPTED FROM STARD CHECKLIST)**

<b>Assessment Question</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Commentary</b>
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<b>Title</b>	Is the study identified as a diagnosis accuracy one, with at least one measure of accuracy? (e.g. Sn, Sp, Predictive Values, AUC)		X		
<b>Abstract</b>	Is there a strutured summary of design, methods, results and conclusion?		X		
<b>Introduction</b>	Is there a scientific and clinical background, including intended use and clinical role?	X			
	Are the objectives and hypothesis specified?	X			
<b>Methods</b>	<b>Study Design</b>	Was data collection performed prospectively?	X		
	<b>Participants</b>	Are inclusion and exclusion criteria clearly specified?	X		
		How the enrollment was performed?	X		
		Is the cohort formed by a consecutive collection of patients, instead a random or convenience seires?	X		
	<b>Test Methods</b>	Is the index test detailed as much as to allow its replication?	X		
		Is the reference test detailed as much as to allow its replication?		X	
		Is it explained the rationale for choosing the reference standard?		X	
		(in case of non-training cohorts) Is the cut-off value specified for the index test?		X	
(in case of non-training cohorts) Is the cut-off value specified for the reference test?				X	
Was the index test result unnown when reference was interpreted?			X		

	<b>Analysis</b>	Was the reference test result unknown when index was interpreted?	X			
		Were the methods used to assess accuracy appropriate?		X		
		Were the "indeterminate results" properly handled?		X		
		Were "missing data" properly handled?		X		
		There was any analysis of variability in diagnostic accuracy? (differences between training v/s validation results)	X			
		Was the sample size correctly calculated by statistical methods?	X			
<b>Results</b>	<b>Participants</b>	Is there a diagram that shows the flow of participants?		X		
		Are the demographic and clinical characteristics properly described?		X		
		Is the severity of disease detailed?		X		
		Is the distribution of alternative diagnoses detailed?		X		
		Is the time interval between index test and reference standard appropriate?			X	
	<b>Test Results</b>	Is the cross-tabulation (2 x 2 table) specified for diagnostic accuracy?		X		
		Is the precision of diagnostic estimates specified?		X		
		Were any adverse effect of performing the tests reported?	X			
<b>Discussion</b>	Were limitations (e.g. sources of bias, uncertainty, potential utility) discussed?	X				
	Were implication for clinical practice (i.e. intended use and clinical role) discussed?		X			
<b>OVERALL ADEQUACY OF REPORTING</b>	<b>Low</b>					
	X					
<b>RISK OF BIAS</b>						
<b>Bias-Assessment Question</b>			<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Commentary</b>
<b>Population</b>	<b>Spectrum Effect</b>	Was the test performed in a consecutive collected cohort, avoiding Case-Control?	X			
	<b>Context Bias</b>	Was the prevalence maintained in a broad range, similar to real prevalence?		X		
	<b>Selection Bias</b>	Did the study avoid inappropriate exclusions?	X			
<b>Test Protocol</b>	<b>Test Execution</b>	Was the test execution protocol described?	X			
	<b>Test Technology</b>	Is the used technology and operators experience controlled?	X			
	<b>Treatment Paradox</b>	Was the Reference Test performed with unknowing of MT result?	X			
	<b>Disease-Progression Bias</b>	Was the Reference Test performed within a proper time from the MT?			X	

Verification Procedure	Innapropriate Reference Standard	Is the Reference Test likely to correctly classify the target condition?		X		
	Differential Verification Bias	Is the Reference Test the same between different studies?	X			
	Partial Verification Bias	Are all the samples verified by the Reference Test?	X			
Interpretation	Diagnosis Review Bias	Is the MT result unnown when Reference Test is interpreted?			X	
	Test Review Bias	Is the Reference Test result unknown when MT is interpreted?	X			
	Clinical Review Bias	Is any patients clinical data known when MT nor Reference results is interpreted?		X		
	Incorporation Bias	Is the MT result avoided to be used as the final diagnostic?		X		
	Observer Variability	Is the test result simimilarly interpreted by different observers?	X			
Analysis	Indeterminate Result	Are uninterpretable results include in the final analysis?		X		
	Threshold Value	Is the threshold value the same between different cohorts?		X		
OVERALL RISK OF BIAS		Low Risk	Medium Risk	High Risk		
			X			
SAMPLE SIZE						
Assessment Question			YES	NO	N/A	Commentary
Is the Sample Size correctly calculated by statistical methods?			X			
DATA ANALYSIS						
Assessment Question			YES	NO	N/A	Commentary
Is the Data Analysis performed by proper statistical methods?				X		
ETHICS						
Assessment Question			YES	NO	N/A	Commentary
Are all the ethics issues properly addressed?			X			
APPLICABILITY TO THE BODY OF EVIDENCE						
Assess			YES	NO	N/A	Commentary
PICOTS	Population	justification for lumping/split + identification/selection method + inclusion/exclusion criteria + demographic characteristics + pre-test probability + spectrum of disease	X			

	<b>Intervention</b>	test version + how the test is conducted in practice + who conduct the test in practice + cut-off/thresholds + skills required to interpret the results	X			
	<b>Comparator</b>	using of a Gold Standard + alternate tests + management strategy to use the test (replacement, add-on or triage) + comparison with no-testing or usual MT	X			
	<b>Outcome - Testing Process</b>	accuracy (Sn, Sp, LR's, NPV and PPV, AUC, Diagnostic OR, Accuracy and Error)	X			
	<b>Outcome - Test Result</b>	clinical outcomes, e.g. earlier diagnosis, earlier intervention, change in care sequence/intensity, change in testing sequence, QALY, costs	X			
	<b>Timing</b>	time to make results available for care team + placement of MT in sequence of care + timing of follow-up	X			
	<b>Setting</b>	setting of cares (primary v/s speciality) + in-patient v/s out-patient + lab requirements (e.g. centralized, Point of Care, trained personnel) + MT strategy (screening, diagnostic or prognostic)	X			
<b>Contextual Factors</b>	<b>Spectrum Factors</b>	Is there a possible effect of any of these contextual factors?		X		
	<b>Management Strategy</b>			X		
	<b>MT Methods</b>			X		
	<b>Secular Trends</b>			X		
	<b>Preventive Care</b>			X		
	<b>Treatment Trends</b>			X		
<b>OVERALL APPLICABILITY</b>		<b>Low</b>	<b>Medium</b>	<b>High</b>		
				X		