

Study	Reason for exclusion
(Deakin et al. 2006)	Included all medical (non-chest pain) calls as TN.
(Scott et al. 2017)	The authors didn't provide details on dispatch priority or sensitivity of triage accuracy.
(Herlitz et al. 2002)	Population Included based on any symptom that raise suspicion of AMI.
(Rawshani et al. 2017)	Duplicate data.
(Grzybowski et al. 2000)	No dispatch triage priority or sensitivity of triage accuracy.
(Plat et al. 2018)	Included all medical calls not only chest pain.
(Ball et al. 2016)	Included all medical and trauma calls.
(Sporer et al. 2008)	Included all patients transported by ambulance.
(Andersen et al. 2016)	included chronic diseases patients.
(Wouters et al. 2020)	Included patients called out of hours primary care not the emergency medical services.
(Rawshani et al. 2016)	Duplicate data.
(Sørensen et al. 2013)	Included patients based on ECG findings
(Thakore, McGugan, and Morrison 2002; Braunwald et al. 2002)	Included medical and trauma conditions.
(Higgins et al. 1993)	Included patients who arrived to ED only.
(Nehme, Andrew, and Smith 2016)	Measuring response time to time critical emergencies with no final diagnosis.
(Clawson et al. 2018)	Included AMI confirmed cases only and didn't provide non-cardiac chest pain to measure accuracy.
(Sporer and Wilson 2013)	Measured triage for accurately sending ALS or BLS team for drug administration.
(Adams et al. 2010)	No dispatch triage. Prioritizing patients based on ECG findings.
(Manzo-Silberman et al. 2015)	Calls collected from general practitioner and EMS dispatch with no linkage of priority to final diagnosis.
(Pedersen et al. 2019)	No dispatch priority assigned to the final diagnosis.
(Carmen Martín-Castro 2001)	Non-English.
(Pandey and Khandekar 2009)	Article retracted due to data issue.
(Bhargava et al. 2012)	Abstract.

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