### TITLE OR ABSTRACT

A field-deployable reverse transcription recombinase polymerase amplification assay for rapid detection of the Chikungunya virus

### ABSTRACT

1. Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)

### INTRODUCTION

2. Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)

### METHODS

3. Scientific and clinical background, including the intended use and clinical role of the index test

4. Study objectives and hypotheses

5. Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)

6. Eligibility criteria

7. On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)

8. Where and when potentially eligible participants were identified (setting, location and dates)

9. Whether participants formed a consecutive, random or convenience series

10a. Index test, in sufficient detail to allow replication

10b. Reference standard, in sufficient detail to allow replication

11. Rationale for choosing the reference standard (if alternatives exist)

12a. Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory

12b. Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory

13a. Whether clinical information and reference standard results were available to the performers/readers of the index test

13b. Whether clinical information and index test results were available to the assessors of the reference standard

14. Methods for estimating or comparing measures of diagnostic accuracy

15. How indeterminate index test or reference standard results were handled

16. How missing data on the index test and reference standard were handled

17. Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory

18. Intended sample size and how it was determined

### RESULTS

19. Flow of participants, using a diagram

20. Baseline demographic and clinical characteristics of participants

21a. Distribution of severity of disease in those with the target condition

21b. Distribution of alternative diagnoses in those without the target condition

22. Time interval and any clinical interventions between index test and reference standard

23. Cross tabulation of the index test results (or their distribution) by the results of the reference standard

24. Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)

25. Any adverse events from performing the index test or the reference standard

### DISCUSSION

26. Study limitations, including sources of potential bias, statistical uncertainty, and generalisability

27. Implications for practice, including the intended use and clinical role of the index test

### OTHER INFORMATION

28. Registration number and name of registry

29. Where the full study protocol can be accessed
NA: non-applicable