| 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 | 2 |
| | | (such as sensitivity, specificity, predictive values, or AUC) | |
| ABSTRACT | | | |
| | 2 | Structured summary of study design, methods, results, and conclusions | 2 |
| | | (for specific guidance, see STARD for Abstracts) | |
| INTRODUCTION | | | |
| | 3 | Scientific and clinical background, including the intended use and clinical role of the index test | 3 |
| | 4 | Study objectives and hypotheses | 4 |
| METHODS | | | |
| Study design | 5 | Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study) | 15 |
| Participants | 6 | Eligibility criteria | 15 |
| · | 7 | On what basis potentially eligible participants were identified | 15 |
| | | (such as symptoms, results from previous tests, inclusion in registry) | |
| | 8 | Where and when potentially eligible participants were identified (setting, location and dates) | 15 |
| | 9 | Whether participants formed a consecutive, random or convenience series | 15 |
| Test methods | 10a | Index test, in sufficient detail to allow replication | 16 |
| | 10b | Reference standard, in sufficient detail to allow replication | 16 |
| | 11 | Rationale for choosing the reference standard (if alternatives exist) | 16 |
| | 12a | Definition of and rationale for test positivity cut-offs or result categories | NA |
| | | of the index test, distinguishing pre-specified from exploratory | |
| | 12b | Definition of and rationale for test positivity cut-offs or result categories | NA |
| | | of the reference standard, distinguishing pre-specified from exploratory | |
| | 13a | Whether clinical information and reference standard results were available | NA |
| | | to the performers/readers of the index test | |
| | 13b | Whether clinical information and index test results were available | NA |
| | | to the assessors of the reference standard | |
| Analysis | 14 | Methods for estimating or comparing measures of diagnostic accuracy | 17-18 |
| | 15 | How indeterminate index test or reference standard results were handled | 16 |
| | 16 | How missing data on the index test and reference standard were handled | 16-17 |
| | 17 | Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory | 17-18 |
| | 18 | Intended sample size and how it was determined | 15 |
| RESULTS | | | |
| Participants | 19 | Flow of participants, using a diagram | Page 5, Figure 1 |
| | 20 | Baseline demographic and clinical characteristics of participants | Page 23, Table 2 |
| | 21 a | Distribution of severity of disease in those with the target condition | NA |
| | 21b | Distribution of alternative diagnoses in those without the target condition | NA |
| | 22 | Time interval and any clinical interventions between index test and reference standard | NA |
| Test results | 23 | Cross tabulation of the index test results (or their distribution) by the results of the reference standard | Pages 6-10, Figures 3, 4, 5 |
| | 24 | Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals) | Pages 6-10 |
| | 25 | Any adverse events from performing the index test or the reference standard | NA |
| DISCUSSION | | | |
| | 26 | Study limitations, including sources of potential bias, statistical uncertainty, and generalisability | 13 |
| | 27 | Implications for practice, including the intended use and clinical role of the index test | 14 |
| OTHER INFORMATION | | | |
| | 28 | Registration number and name of registry | NA |
| | 29 | Where the full study protocol can be accessed | |
| | 30 | Sources of funding and other support; role of funders | 1, 19 |
| | • | | 1 |





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Kidd 1



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| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Joel T. Dudley | |
| 5. Manuscript Title Evaluation of Dir | | Volume Lab Tests in Healt | hy Adults | |
| 6. Manuscript Ider 86318-JCI-CMED | ntifying Number (if you kr -RV-2 | now it) | | |
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Zimmerman 1



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Babic 1



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| | ted work (including bu | ut not limited to grants, o | m a third party (government, cor data monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, |
| Section 3. Rele | evant financial ac | tivities outside the | submitted work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | |
| Section 4. Inte | ellectual Property | Patents & Copyr | ights | |
| Do you have any pater | nts, whether planned | d, pending or issued, l | proadly relevant to the work? | Yes 🗸 No |

Babic 2



| Section 5. | |
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| | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Babic has no | thing to disclose. |

Evaluation and Feedback

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Babic 3



Instructions

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

1 Doust



| Section 1. Identifying Inform | nation | | | |
|---|---------------------------------|--|--|--|
| 1. Given Name (First Name) Matthew | 2. Surname (Last Name) Doust | 3. Date 05-February-2016 | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Joel Dudley | | |
| 5. Manuscript Title Evaluation of Direct-to-Consumer Low- | Volume Lab Tests in Healt | hy Adults | | |
| 6. Manuscript Identifying Number (if you kr | now it) | | | |
| | | _ | | |
| Section 2. The Work Under Co | onsideration for Public | cation | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | |
| Section 3. Relevant financial | activities outside the | submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | |
| Section 4. Intellectual Brono | | | | |
| Intellectual Proper | rty Patents & Copyric | ants ———————————————————————————————————— | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Doust 2



| Section 5. | |
|------------------|---|
| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Doust has no | othing to disclose. |

Evaluation and Feedback

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Doust 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Li 1



| Section 1. | Identifying Inform | ation | | | |
|---|--------------------------|----------------------------|---|--|--|
| 1. Given Name (First | t Name) | 2. Surname (Last Nam Li | 3. Date 05-February-2016 | | |
| 4. Are you the corre | sponding author? | Yes ✓ No | Corresponding Author's Name Joel Dudley | | |
| 5. Manuscript Title Evaluation of Direct | ct-to-Consumer Low- | Volume Lab Tests in H | ealthy Adults | | |
| 6. Manuscript Identi | ifying Number (if you kn | now it) | | | |
| | | | | | |
| Section 2. | Γhe Work Under Co | onsideration for Pu | ıblication | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | |
| | | | | | |
| Section 3. | Relevant financial | activities outside t | he submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | | |
| | | | | | |
| Section 4. | ntellectual Proper | ty Patents & Cop | yrights | | |
| Do you have any p | patents, whether plan | ned, pending or issued | d, broadly relevant to the work? Yes V No | | |

Li 2



| Section 5. Polationships not severed above |
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| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
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| Dr. Li has nothing to disclose. |

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

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Morgan 1



| Section 1. | Identifying Inform | nation | | | |
|---|----------------------------|---------------------------|------------------------|---------------------------|----------------------------------|
| 1. Given Name (Fi Joseph | rst Name) | 2. Surname (Las Morgan | it Name) | | 3. Date 04-February-2016 |
| 4. Are you the cor | responding author? | Yes ✓ | No Correspo Joel Du | onding Author's N dley | lame |
| 5. Manuscript Title Evaluation of Dir | e ect-to-Consumer Low- | Volume Lab Test | s in Healthy Adults | | |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | | |
| | _ | | | | |
| Section 2. | The Work Under Co | onsideration f | or Publication | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo | | | | | |
| Section 3. | Relevant financial | activities outs | ide the submitte | d work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below. | | | | | |
| Name of Entity | | Grant? Perso | 2 2 | Other? Co | omments |
| The Mount Sinai Scho | ool of Medicine | | | Harr | is Center for Precision Wellness |
| Section 4. | Intellectual Proper | rty Patents & | · Copyrights | | |
| Do you have any | patents, whether plan | <u>'</u> | .,, | vant to the work | k? ☐ Yes 🗸 No |

Morgan 2



| Section 5. Polationships not severed above |
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| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
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| |
| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Morgan reports personal fees from The Mount Sinai School of Medicine, outside the submitted work; . |

Evaluation and Feedback

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Morgan 3



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administrative support, etc.

Dudley 1



| Section 1. | Identifying Inform | ation | | | | |
|---|--------------------------------------|----------------------|-----------------------|----------------------|------------------------|-------------|
| 1. Given Name (Fii Joel | rst Name) | 2. Surname Dudley | e (Last Name) | | 3. Date 04-February | -2016 |
| 4. Are you the cor | responding author? | ✓ Yes | No | | | |
| 5. Manuscript Title Evaluation of Dir | e rect-to-Consumer Low- | Volume Lab | Tests in Healthy Adul | ts | | |
| 6. Manuscript Ider 86318-JCI-CMED | ntifying Number (if you kr I-RV-2 | ow it) | | | | |
| | ı | | | | | |
| Section 2. | The Work Under Co | onsiderati | on for Publication | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | | |
| Section 3. | Relevant financial | activities (| outside the submit | ted work. | | |
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| Section 4. | Intellectual Proper | tv Paten | nts & Copyrights | | | |
| Do you have any | patents, whether plan | | | elevant to the works | ? Yes [| √ No |

Dudley 2



| Section 5. | Deletionaline not account above |
|----------------------------|--|
| | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
| Yes, the follow | ving relationships/conditions/circumstances are present (explain below): |
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Dudley 3



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Royalties: Funds are coming in to you or your institution due to your patent

Botwin 1



| Section 1. Identifying Information | | | | |
|---|----------|--|--|--|
| 1. Given Name (First Name) 2. Surname (Last Name) 3. Date Gregory Botwin 05-February-2016 | | | | |
| 4. Are you the corresponding author? ☐ Yes ✓ No Corresponding Author's Name Joel Dudley and Eric Schadt | | | | |
| 5. Manuscript Title Evaluation of Direct-to-Consumer Low-Volume Lab Tests in Healthy Adults | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | |
| | | | | |
| Section 2. The Work Under Consideration for Publication | | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation statistical analysis, etc.)? | | | | |
| Are there any relevant conflicts of interest? ✓ Yes No | | | | |
| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to ade Excess rows can be removed by pressing the "X" button. | d a row. | | | |
| Name of Institution/Company Grant? Personal Fees? Non-Financial Support? Other? Comments | | | | |
| Harris Family Charitable Foundation Gift | | | | |
| National Institutes of Health | | | | |
| | | | | |
| Section 3. Relevant financial activities outside the submitted work. | | | | |
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| Are there any relevant conflicts of interest? | | | | |
| Are there any relevant conflicts of interest: | | | | |
| Section 4. Intellectual Property Patents & Copyrights | | | | |

Botwin 2



| Section 5. Relationships not severed above |
|--|
| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
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| Mr. Botwin reports other from Harris Family Charitable Foundation, grants from National Institutes of Health, during the conduct of the study; . |

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Intellectual Property.

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Hoffman 1



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|---|--------------------------------------|-----------------------------------|---|--|--|
| | | 2. Surname (Last Name) Hoffman | 3. Date 04-February-2016 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Joel T Dudley | | |
| 5. Manuscript Title Evaluation of Dir | | Volume Lab Tests in Healt | hy Adults | | |
| 6. Manuscript Ider 86318-JCI-CMED | ntifying Number (if you kr I-RV-2 | now it) | | | |
| | | | | | |
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| Section 4. | Intellectual Proper | rty Patents & Copyri | ghts | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No | | |

Hoffman 2



| Section 5. | |
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| Dr. Hoffman has | nothing to disclose. |

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Stock 1



| Section 1. | Identifying Inform | nation | | |
|---|----------------------------|---------------------------------|--|--|
| Given Name (First Name) Gregory | | 2. Surname (Last Name) Stock | 3. Date 05-February-2016 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Joel Dudley | |
| 5. Manuscript Title Evaluation of Dir | | ·Volume Lab Tests in Healt | hy Adults | |
| 6. Manuscript Ide | ntifying Number (if you kr | now it) | | |
| | | | | |
| Section 2. | The Work Under C | onsideration for Public | cation | |
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| Section 2 | | | | |
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| | _ | | | |
| Section 4. | Intellectual Prope | rty Patents & Copyric | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No | |

Stock 2



| Section 5. Polationships not severed above | | | | |
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| Relationships not covered above | | | | |
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| Dr. Stock has nothing to disclose. | | | | |

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Royalties: Funds are coming in to you or your institution due to your patent

Schadt 1



| Section 1. | Identifying Inform | nation | | | |
|---|--------------------|----------------------------------|---------------|-----------------------------|--|
| 1. Given Name (First Name) Eric | | 2. Surname (Last Name) Schadt | | 3. Date 04-February-2016 | |
| 4. Are you the corre | esponding author? | ✓ Yes No | | | |
| 5. Manuscript Title Evaluation of Direct-to-Consumer Low-Volume Lab Tests in Healthy Adults | | | | | |
| 6. Manuscript Identifying Number (if you know it) 86318-JCI-CMED-RV-2 | | | | | |
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| Section 4. | Intellectual Prope | rty Patents & Copyrigh | ts | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Schadt 2



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| Dr. Schadt has nothing to disclose. | | | | |

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