Table 2. GRADE Summary of Findings of Test Accuracy Results for Prevalence/Pre-Test Probability of 10% for different Specimen Types

Sample site	**Saliva without coughing**	**Saliva with coughing**	**OP swab**	**AN swab**	**MT swab**	**Combined AN/OP swab**
Sensitivity	0.90 (95% CI: 0.85 to 0.93)	0.99 (95% CI: 0.94 to 1.00)	0.76 (95% CI: 0.58 to 0.88)	0.89 (95% CI: 0.83 to 0.94)	0.95 (95% CI: 0.83 to 0.99)	0.95 (95% CI: 0.69 to 0.99)
Specificity	0.98 (95% CI: 0.93 to 1.00)	0.96 (95% CI: 0.83 to 0.99)	0.98 (95% CI: 0.96 to 0.99)	1.00 (95% CI: 0.99 to 1.00)	1.00 (95% CI: 0.89 to 1.00)	0.99 (95% CI: 0.92 to 1.00)
Outcome	**Effect per 1,000 patients tested**					
	Pre-test probability of 10% [a, f]					
True positives (patients with COVID-19)	90 (85 to 93)	99 (94 to 100)	76 (58 to 88)	89 (83 to 94)	95 (83 to 99)	95 (69 to 99)
False negatives (patients incorrectly classified as not having COVID-19)	10 (7 to 15)	1 (0 to 6)	24 (12 to 42)	11 (6 to 17)	5 (1 to 17)	5 (1 to 31)
Quality of the evidence[b,c,d]	9 studies 387 patients ⊕⊕◯◯ LOW[b]	3 studies 137 patients ⊕⊕◯◯ LOW[b]	4 studies 64 patients ⊕◯◯◯ Very LOW[b,d,e]	2 studies 130 patients ⊕⊕◯◯ LOW[b]	5 studies 855 patients ⊕⊕◯◯ LOW[b]	2 studies 61 patients ⊕◯◯◯ Very LOW[b,d,e]
True negatives (patients without COVID-19)	882 (837 to 900)	864 (747 to 891)	882 (864 to 891)	900 (891 to 900)	900 (801 to 900)	891 (828 to 900)

False positives (patients incorrectly classified as having COVID-19)	18 (0 to 63)	36 (9 to 153)	18 (9 to 36)	0 (0 to 9)	0 (0 to 99)	9 (0 to 72)
Quality of Evidence	9 studies 2662 patients ⊕⊕◯◯ LOW[b,c]	3 studies 316 patients ⊕◯◯◯ Very LOW[b,d]	4 studies 368 patients ⊕⊕◯◯ LOW[b]	2 studies 722 patients ⊕⊕◯◯ LOW[b]	5 studies 682 patients ⊕◯◯◯ Very LOW[b,d]	2 studies 237 patients ⊕⊕◯◯ LOW[b]

Explanations: This table is based on applying the sensitivity and specificity estimates to calculate true and false positives and negatives in a hypothetical population of 1000 individuals

a. Typically seen in general population in an at-risk population
b. Using the NP swab as a reference standard increases the risk of bias for all the studies.
c. One study with unexplained inconsistent results noted. However, a sensitivity analysis without this study showed robustness of the overall pooled estimate of specificity.
d. Considering the upper and lower limits of the confidence interval might lead to different clinical decisions.
e. The test of interest was conducted in a small number of patients which might lead to imprecise results.
f. The different sample types were not assessed directly in the same studies.