

**Table s1.** PICO Questions Identified by the Panel

The panel identified 14 questions of interest. Of these, 10 were addressed in the first diagnosis guideline, 3 were determined to be important to be addressed in the second diagnosis guideline and one was determined to be important to discuss but not necessary address as a recommendation.

Questions addressed in the first IDSA COVID-19 molecular diagnosis guideline
<p><b>In symptomatic individuals suspected of COVID-19</b></p> <ul style="list-style-type: none"> <li>• In symptomatic individuals in the community suspected of having COVID-19, should testing vs no testing be done to guide decisions about isolation and contact tracing?</li> <li>• In symptomatic individuals suspected of having COVID-19, is the use of rapid vs lab-based testing (different EUA approved NAATs) affect the diagnostic accuracy of the test?</li> <li>• In symptomatic individuals suspected of having COVID-19, should one test vs repeated testing be done to guide decisions about isolation and going back to work?</li> <li>• In symptomatic individuals with URTI or ILI suspected of having COVID-19, should noninvasive specimens be collected by healthcare providers vs patients? (will collection by HCP vs patients affect the diagnostic accuracy of the test)?</li> <li>• In symptomatic individuals with URTI or ILI suspected of having COVID-19, which of the following specimen types (nasal vs. mid turbinate vs. oral vs. NP vs. combo) should be used to diagnose COVID 19? (will specimen type it affect the diagnostic accuracy of the test)?</li> <li>• In symptomatic individuals with LRTI suspected of having COVID-19, which of the different specimen type (upper vs lower sampling) should be used? (will specimen type (upper vs lower sampling) affect the diagnostic accuracy of the test)?</li> </ul> <p><b>In asymptomatic individuals exposed or not exposed</b></p> <ul style="list-style-type: none"> <li>• In asymptomatic individuals who have been exposed to COVID-19, should testing vs no testing be done to diagnose COVID19 (to guide decisions about quarantine and contact tracing).</li> <li>• In asymptomatic individuals, should testing vs no testing be done on admission to the hospital to diagnose COVID19 (to guide decisions about quarantine and contact tracing).</li> <li>• In asymptomatic individuals, should testing vs no testing be done before aerosol generating surgeries or procedures to diagnose COVID19 and inform PPE use.</li> <li>• In asymptomatic individuals, should testing vs no testing be done before immunosuppressive procedures such as solid or stem cell transplantation or cytotoxic chemotherapy to diagnose COVID19 and inform candidacy.</li> </ul>
Questions revisited for the update
<ul style="list-style-type: none"> <li>• In symptomatic individuals suspected of having COVID-19, can specimen types other than a nasopharyngeal swab (i.e., anterior nasal vs. mid turbinate vs. oropharyngeal vs. saliva vs. a combination) should be used to diagnose COVID 19? (will specimen type it affect the diagnostic accuracy of the test relative to an NP swab)?</li> <li>• In symptomatic individuals suspected of having COVID-19, does the use of rapid vs. standard lab-based tests affect the diagnostic accuracy of the test?</li> </ul>

- In asymptomatic individuals with cancer or autoimmune disease, should testing vs no testing be done before immunosuppressive procedures to inform management?