Table s13. GRADE Evidence Profile of Test Accuracy Results for Prevalence/Pre-Test Probability of 1%, 10%, and 40% for rapid RT-PCR vs. standard non-rapid lab-based NAAT or composite reference standard when available

Rapid RT-PCR											
Sensitivity	0.97 (95% CI: 0.94 to 0.99)										
Specificity	0.96 (95% CI: 0.94 to 0.98)										
Outcome	**№ of studies (№ of patients)**	**Study design**	**Factors that may decrease certainty of evidence**					**Effect per 1,000 patients tested**			**Test accuracy CoE**
			Risk of bias	**Indirectness**	**Inconsistency**	**Imprecision**	**Publication bias**	**pre-test probability of 1%**	**pre-test probability of 10%**	**pre-test probability of 40%**	
True positives (patients with SARS-CoV2 infection)	12 studies 974 patients	cohort & case-control type studies	Not serious [a]	not serious	serious [b]	serious [c]	none	10 (9 to 10)	97 (94 to 99)	388 (376 to 396)	⨁⨁◯◯ LOW
False negatives (patients incorrectly classified as not having SARS-CoV2 infection)								0 (0 to 1)	3 (1 to 6)	12 (4 to 24)	
True negatives (patients without SARS-CoV2 infection)	12 studies 802 patients	cohort & case-control type studies	not serious [a]	not serious	serious [d]	not serious	none	950 (931 to 970)	864 (846 to 882)	576 (564 to 588)	⨁⨁◯◯ LOW
False positives (patients incorrectly classified as having SARS-CoV2 infection)								40 (20 to 59)	36 (18 to 54)	24 (12 to 36)	

Explanations

a. The reference test used in many of the studies was a single non-rapid test with no second test for discordant results. However, sensitivity analysis limited to studies with multiple reference tests showed that the results did not change.
b. There was evidence of some inconsistency, it was driven mainly by one study that used a lab-developed test as a reference standard.
c. This specially applies to the 40% probability.
d. The point estimates ranged from 0.92 to 1.00