

Table s9. Sensitivity and Specificity of Self-Collected versus Healthcare-Collected Samples

	Self-collected nasal						Healthcare worker collected			
Sensitivity	0.95 (95% CI: 0.88 to 1.00)						0.94 (95% CI: 0.86 to 1.00)			
Specificity	1.00 (95% CI: 0.99 to 1.00)						1.00 (95% CI: 0.99 to 1.00)			
Outcome	№ of studies (№ of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested		Test accuracy CoE
								pre-test probability of 10% ^c		
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	Self-collected nasal	Health care worker collected	
True positives (patients with COVID-19)	3 studies 200 patients	cross-sectional (cohort type accuracy study)	serious ^a	serious ^b	not serious	not serious	none	95 (88 to 100)	94 (86 to 100)	⊕⊕○○ LOW
								1 more TP in Self-collected Nasal		
False negatives (patients incorrectly classified as not having COVID-19)								5 (0 to 12)	6 (0 to 14)	
								1 fewer FN in Self-collected Nasal		
True negatives (patients without COVID- 19)	3 studies 600 patients	cross-sectional (cohort type accuracy study)	serious ^a	serious ^b	not serious	not serious	none	900 (891 to 900)	900 (891 to 900)	⊕⊕○○ LOW
								0 fewer TN in Self-collected Nasal		
False positives (patients incorrectly classified as having COVID-19)								0 (0 to 9)	0 (0 to 9)	
								0 fewer FP in Self-collected Nasal		

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. There is a high risk of bias in regard to the reference test that is considered to be the healthcare provider collected swab result.

Supplementary Materials

- b. The studies provide test accuracy results or concordance results but do not provide patient-important outcomes based on those results.
- c. Typically seen in symptomatic outpatients who have not reached a hospital facility.