**Supplementary Table S1: classification of evidence for given diagnosis in patient’s clinical record (based on National TB Guideline 2014 [24] and expert opinion)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good evidence for given diagnosis** | **Limited evidence for given diagnosis** | **No evidence for given diagnosis** |
| **All sites of extrapulmonary tuberculosis** | * Diagnosed at other hospital | * Results can be TB, but there is also a good alternative diagnosis. * Diagnosed at GP. | * No (results of) investigations supporting diagnosis. * All results confirm an alternative diagnosis. * Mantoux negative in HIV-uninfected patients |
| **TB pleural effusion** | * X-ray done (not necessarily described) AND suggestive tap results: *exudate (protein >30g/l), ADA >30 U/L, straw coloured aspirate* | * X-ray described as: *(TB) pleural effusion / massive pleural effusion uni- or bilateral.* * No tap done OR tap done and no results in clinical record | * No evidence on X-ray, no tap done OR clear alternative diagnosis (e.g. cardiomegaly on X-ray suggesting heart failure instead of TB pleural effusion) |
| **TB pericarditis** | * Ultrasound described as: *suggestive of TB, protein rich with fibrin* | * Cardiomegaly on X-ray without results strongly suggesting alternative diagnosis (e.g. heart failure). | * Documented information do not suggest TB pericarditis |
| **Miliary TB** | * X-ray described as: *miliary pattern / miliary TB / miliary TB (PTB) / miliary PTB / miliary image (bilateral infiltration) / disseminated micronodules, miliary TB/ bilateral patchy consolidation – miliary TB picture / suggestive of miliary TB / reticonodular pattern / reticulonodular infiltrates* * X-ray not described but diagnosis miliary TB in clinical record | * Unclear description of X-ray and sputum ‘smear positive’. | * No X-ray done * X-ray description suggestive of other diagnosis (e.g. bilateral granuloma, cardiomegaly). |
| **TB of spine and bone** | * Patients <60 years and X-ray described as: *hip TB artritis, TB spine, collaps of vertebral body, kyphosis.* * MRI: TB spine. | * Patients >60 years and X-ray described as: *L5 destruction, collapsed lumbar vertebral body.* * Patients <60 years and X-ray not described. | * Documented information do not suggest TB of spine and bone |
| **TB lymphadenitis** | * Fine needle aspiration (FNA) confirm diagnosis: *AFB positive, granulomas, caseous material* | * FNA with suggestive results: *necrotic mass, suspicious but not diagnostic lymphadenitis* * Patients <1 year, lymphadenopathy, HIV uninfected and positive mantoux. * TB on X-ray and lymphadenopathy outside the chest | * Clinical lymphadenopathy. * Patients >1 year, lymphadenopathy, HIV-uninfected and positive mantoux without other results suggesting diagnosis. |
| **TB meningitis** | * Suggestive CSF-results: *clear CSF, protein >1 g/l, low glucose, ADA > 7.0 U/L, high lymphocyte count* | * History and physical examination are suggestive. | * Documented information do not suggest TB meningitis |
| **TB abdomen** | * Ascites and tap results are suggestive: *ADA > 20 U/L* | * Not applicable | * Documented information do not suggest TB abdomen |
| **Disseminated TB** | * Investigations confirm TB of at least one site (as described as ‘good evidence’). * Investigations are suggestive of TB in at least two sites (as described as limited evidence) | * Investigations suggest TB of one site.   . | * Documented information do not suggest disseminated TB |