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

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| --- | --- | --- | --- |
|  | **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
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