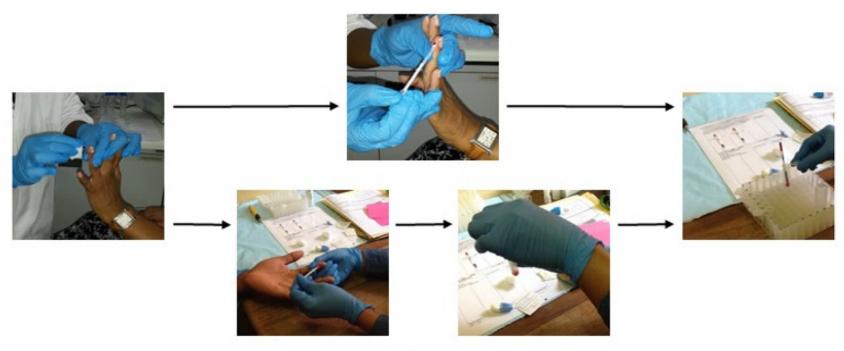
Direct application of LFA strip to finger-prick blood



Pipetting finger-prick blood

Patient	1) 32M, CD4 8, no previous CM, not on ART, day 35 fluconazole, LP negative, alive & well at 6 months	2) 40M, CD4 64, no previous CM, ART 6 months, not on fluconazole, LP not done, alive & well at 6 months	3) 31F, CD4 9, no previous CM, LP negative, RIP 2 weeks (MAI)	4) 27M, CD4 71, no previous CM, on ART, LP negative, RIP 2 weeks (TB)	5) 34M, CD4 27, no previous CM, not on ART, day 3 fluconazole, LP negative, alive & well at 6 months	6) 33F, CD4 11, no previous CM, not on ART, day 4 fluconazole, LP negative, RIP 3 months (TB)	7) 28F, CD4 20, unknown previous CM, not on ART or fluconazole, LP not done alive & well at 6 months	8) 45M, CD4 31, no previous CM, not on ART, day 1 fluconazole, LP negative, alive & well at 4months	9) 49M, CD4 17, no previous CM, defaulted ART, day 2 fluconazole, LP not done, alive & well at 4 months	11) 20F, CD4 29, no previous CM, not on ART, day 5 fluconazole, LP negative, alive & well at 5 months
Photo of IMMY CrAg LFAs performed on finger-prick blood (taken within 1 hour of reading)	To be the second	A SAMPE TO SEE SAME WITH A SECOND SEC	Manual Control of the	100 to the trans	THINK THE PARTY OF	Not available	Sherry Selection	Applied Applied Description		A STATE OF THE PROPERTY OF THE
POC method	Direct application	Direct application	Direct application	Direct application	Direct application	Direct application	Direct application	Direct application	Direct application	Pipette transfer
(10 mins) (20 mins)	Negative Not done	Negative Not done	Negative Not done	Negative Not done	Negative Not done	Negative Not done	Negative Positive	Negative Positive	Negative Positive	Negative Positive
Plasma CrAg titer	10	40	5	<5	<5	10	<5	5	5	10

Supplementary Digital Content 2 Clinical details and photos of IMMY CrAg LFAs performed at POC, that were negative at POC but whose CrAg reference standard test was positive in a case-control diagnostic accuracy study. Nine patients had false negative results at POC when the IMMY CrAg LFA was applied directly to finger-prick blood and read after 10 minutes; however, of three whose tests were also read at 20 minutes, all became positive. None of six patients who had an LP performed had cryptococcal meningitis, and all had CrAg titers of <=40. The final false negative (11) was performed using a pipette to transfer finger-prick blood and was also read as positive at 20 minutes. CrAg titer was 10.

Abbreviations: M = male; F = female; CM = cryptococcal meningitis; ART = antiretroviral therapy; LP = negative; RIP = died; MAI = mycobacterium avium intracellulare; TB = tuberculosis.

hoto of crAg LFAs erformed in finger- irick blood		The second of th	Trinite and the state of the st	APRINCIPAL	Tiday y Middle of the state of	THE PARTY OF THE P		APPECO DI APPECO	O Beset Constitution
OC nethod	Direct application	Direct application	Direct application	Direct application	Direct application	Pipette transfer	Pipette transfer	Pipette transfer	Pipettetransfer
OC result 0 mins 0 mins	Negative Negative	Negative Negative	Negative Negative	Negative Negative	Positive Positive	Positive Positive	Positive Positive	Positive Positive	Positive Positive
lasma rAg titre	10	Not done on fresh plasma (2560 on frozen& thawed blood)	40	20	160	2560	20	< 5	2621440
alse negativ rue positive wo had high	e POC results using a result at point of car a titers and were diag	direct application of t e, CrAg titer 160. For gnosed and treated for	he LFA strip to finger ur patients had true p or cryptococcal menii	-prick blood, CrAg tit lositive POC results u ngitis on the same da	point of care in the cli ers performed on fre using a pipette to tran y as screening. py; LP = negative; RII	sh plasma (3/4) wer Insfer finger-prick blo	e ≤40 and LPs perfori od to the diluent. Tw	med were negative. (o had CrAg titers of s	One patient had a £20, and the other

1) 49F, CD4 19, no

previouus CM,

negative day 8,

no fluconazole/

ART, RIP day 25

with suspected

CM

vomiting, LP

atient

2) 28F, CD4 3, no

photophobia, LP

negative day 51,

fluconazole (start

date unknown),

ART day 7, alive

and well at 6

months

previous CM,

vomiting,

headache,

received

3) 37F, CD4 62, no

previous CM, no

done, received

date unknown),

ART day 3, alive

and well at 6

months

symptoms, LP not

fluconazole (start

4) 34F, CD4 90, no

previous CM, no

fluconazole/ART

unknown, lost to

symptoms, LP

unknown,

follow up

5) 54M, CD4 104,

severe headache,

neck stiffness, LP

previous CM,

photophobia,

declined but

presumed CM,

ART day 3, lost to

treated as

follow up

6) 49F, CD4 128,

vomiting, neck

photophobia, LP

treatment started

14, alive & well at

confirmed CM,

day 0, ART day

headache,

stiffness,

1 month

2) 44M, CD4 79,

LP done,

fluconazole

started day 0,

no symptoms, no

ART day 10, alive

& well at 1 month

3) 43M, CD4 80,

photophobia, neck stiffness, LP

fluconazole day 0,

contraindication,

alive & well at 1

ART not started

headache,

declined,

due to

month

4) 35F, CD4 24,

photophobia,

neck stiffness,

confirmed CM, treatment starte

unknown, alive

well 1 month

vomiting, LP

day 0, ART

headache,