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SUPPLEMENTAL DATA

C-reactive protein, rather than pyuria, may help differentiate asymptomatic bacteriuria from symptomatic urinary tract infection

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Full article is available at the following link: C-reactive protein, rather than pyuria, may help differentiate asymptomatic bacteriuria from symptomatic urinary tract infection

Table S1. STARD 2015 checklist

No.	Item	Location in manuscript
TITLE OR ABSTRACT		
1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	Title; Abstract, Materials and Methods and Results
ABSTRACT		
2	Structured summary of study design, methods, results, and conclusions	Abstract
INTRODUCTION		
3	Scientific and clinical background, including the intended use and clinical role of the index test	Introduction, paragraphs 1 to 5
4	Study objectives and hypotheses	Introduction, final paragraph
METHODS		
5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	Materials and Methods, Study design and setting (retrospective; data extracted July to October 2026)
6	Eligibility criteria	Materials and Methods, Participants
7	On what basis potentially eligible participants were identified	Materials and Methods, Study design and setting (referral prompted by a urine culture reported as significant growth)
8	Where and when potentially eligible participants were identified	Materials and Methods, Study design and setting (single university hospital; 1 January 2021 to 1 June 2026)
9	Whether participants formed a consecutive, random or convenience series	Materials and Methods, Study design and setting (consecutive)
10a	Index test, in sufficient detail to allow replication	Materials and Methods, Variables and outcomes; Timing of assessments and laboratory methods
10b	Reference standard, in sufficient detail to allow replication	Materials and Methods, Definitions and group assignment (IDSA criteria applied by two independent assessors; blood-isolate concordance rule)
11	Rationale for choosing the reference standard	Materials and Methods, Definitions and group assignment; Introduction

No.	Item	Location in manuscript
12a	Definition of and rationale for test positivity cut-offs, distinguishing prespecified from exploratory	Materials and Methods, Statistical analysis; Results, Discrimination
12b	Definition of and rationale for reference standard categories	Materials and Methods, Definitions and group assignment (ASB versus symptomatic UTI; localized versus systemic UTI)
13a	Whether clinical information and reference standard results were available to the performers or readers of the index test	Materials and Methods, Definitions and group assignment (classification based on documented symptoms; assessors not formally blinded to laboratory results); Limitations, items 1 and 3
13b	Whether clinical information and index test results were available to the assessors of the reference standard	Materials and Methods, Definitions and group assignment; Limitations, items 1 and 3
14	Methods for estimating or comparing measures of diagnostic accuracy	Materials and Methods, Statistical analysis (AUC with patient-level cluster-bootstrap confidence intervals; Wilson intervals for threshold performance)
15	How indeterminate index test or reference standard results were handled	Materials and Methods, Definitions and group assignment (consensus adjudication by the third author; number requiring consensus not recorded)
16	How missing data on the index test and reference standard were handled	Materials and Methods, Variables and outcomes; Results (procalcitonin available in 229 episodes, selectively in sicker patients); Figure 1
17	Any analyses of variability in diagnostic accuracy, distinguishing prespecified from exploratory	Materials and Methods, Statistical analysis (prespecified, post-review and post hoc analyses identified); Results, Table 4
18	Intended sample size and how it was determined	Materials and Methods, Statistical analysis; Results, final paragraph (Riley criteria)
RESULTS		
19	Flow of participants, using a diagram	Figure 1 (number screened and excluded not recorded; stated in Methods and Limitations)

No.	Item	Location in manuscript
20	Baseline demographic and clinical characteristics of participants	Results, Cohort composition (study period 2021 to 2026); Table 1
21a	Distribution of severity of disease in those with the target condition	Results, Cohort composition; Table 1
21b	Distribution of alternative diagnoses in those without the target condition	Results, Cohort composition and Antibiotic exposure
22	Time interval and any clinical interventions between index test and reference standard	Materials and Methods, Timing of assessments and laboratory methods (index tests and repeat culture obtained at the index consultation, same day, before antibiotics prescribed by the service)
23	Cross tabulation of the index test results by the results of the reference standard	Results, Discrimination; Tables 1, 2 and 4; Figure 2
24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	Results, Discrimination (AUC with cluster-bootstrap 95% CI; threshold performance with Wilson 95% CI); Tables 2 and 4
25	Any adverse events from performing the index test or the reference standard	Not applicable; no intervention performed (Materials and Methods, Study design and setting)
DISCUSSION		
26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	Limitations, items 1 to 4 (no independent reference standard; assessors not blinded; selection into a consultation cohort; non-specificity of CRP)
27	Implications for practice, including the intended use and clinical role of the index test	Discussion, paragraphs on localized versus systemic infection, diagnostic stewardship and the exclusion threshold; Conclusion (hypothesis-generating; prospective validation required)
OTHER INFORMATION		
28	Registration number and name of registry	Not registered; retrospective observational study
29	Where the full study protocol can be accessed	Available from the corresponding author (Data availability statement)

No.	Item	Location in manuscript
30	Sources of funding and other support; role of funders	Funding (no funding received)

Locations refer to the relevant sections, tables, and figures in the main manuscript.

Table S2. STROBE statement checklist for cohort studies

Item	Recommendation	Location
1a	Indicate the study design with a commonly used term in the title or the abstract	Abstract, Materials and Methods
1b	Provide in the abstract an informative and balanced summary	Abstract
2	Explain the scientific background and rationale	Introduction
3	State specific objectives, including any prespecified hypotheses	Introduction, final paragraph
4	Present key elements of study design early in the paper	Materials and Methods, Study design and setting
5	Describe the setting, locations, and relevant dates	Materials and Methods, Study design and setting (single university hospital; 1 January 2021 to 1 June 2026; data extracted July to October 2026)
6a	Give the eligibility criteria, and the sources and methods of selection of participants	Materials and Methods, Study design and setting; Participants (eligibility culture, repeat culture, definition of a new episode)
6b	For matched studies, give matching criteria	Not applicable
7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers	Materials and Methods, Definitions and group assignment; Variables and outcomes
8	For each variable of interest, give sources of data and details of methods of assessment	Materials and Methods, Variables and outcomes; Timing of assessments and laboratory methods
9	Describe any efforts to address potential sources of bias	Materials and Methods, Definitions and group assignment (two independent assessors; blood-isolate concordance); Statistical analysis

Item	Recommendation	Location
		(cluster bootstrap; first-episode analysis); Limitations
10	Explain how the study size was arrived at	Materials and Methods, Statistical analysis; Results, final paragraph
11	Explain how quantitative variables were handled in the analyses	Materials and Methods, Statistical analysis (log-transformed markers; prespecified thresholds of 5 and 10 mg/L; Youden threshold descriptive only)
12a	Describe all statistical methods, including those used to control for confounding	Materials and Methods, Statistical analysis (patient-level cluster bootstrap; cluster-robust regression)
12b	Describe any methods used to examine subgroups and interactions	Materials and Methods, Statistical analysis; Results, Discrimination in clinical subgroups; Table 4
12c	Explain how missing data were addressed	Materials and Methods, Variables and outcomes (procalcitonin available in a subset; baseline creatinine measured in 311 episodes); Figure 1
12d	Explain how loss to follow-up was addressed	Not applicable; single time point at presentation
12e	Describe any sensitivity analyses	Materials and Methods, Statistical analysis (prespecified, post-review and post hoc sensitivity analyses); Results; Table 4
13	Report numbers of individuals at each stage of the study	Results, Cohort composition; Figure 1 (number screened and excluded not recorded)
14	Give characteristics of study participants and information on exposures and potential confounders	Results, Cohort composition; Table 1
15	Report numbers of outcome events or summary measures over time	Results; Tables 1 and 2
16	Give unadjusted and adjusted estimates and their precision	Results; Tables 2 and 3
17	Report other analyses done	Results, Discrimination in clinical subgroups; Association with severity and clinical outcomes; Table 4;

Item	Recommendation	Location
		Figure 5
18	Summarise key results with reference to study objectives	Discussion, first paragraph
19	Discuss limitations, taking into account sources of potential bias or imprecision	Limitations, items 1 to 4
20	Give a cautious overall interpretation of results	Discussion; Conclusion (findings described as hypothesis-generating)
21	Discuss the generalisability of the study results	Limitations, items 1, 2 and 4 (single center; consultation cohort; selective procalcitonin testing)
22	Give the source of funding and the role of the funders	Funding Sources

Locations refer to the relevant sections, tables, and figures in the main manuscript.