Appendix 3: Clinical Full-Text Screening Checklist

Reviewer: _____ Date: _____

Ref ID: Author: Publication Year:			
Did the study include:	**Yes** **(Include)**	**Unclear** **(Include or exclude)[a]**	**No** **(Exclude)**
6) Adults (i.e., aged ≥ 18 years), being tested for PE (as per Table 2)	☐	☐	☐
7) The interventions of interest: **Risk Stratification Strategies** • Wells or Geneva rules • PERC • D-Dimer • Biochemical or imaging studies **Imaging** • CT-based studies • MRI-based studies • VQ-based studies • PET-based studies • Thoracic ultrasound	☐	☐	☐
8) The comparators of interest: **Risk Stratification Strategies** • Composite reference standard • Any alternative clinical decision rule or modified/tailored tool ± PERC ± D-dimer ± biochemical or imaging-based risk stratification • No clinical rule (Gestalt) **Imaging** • Composite reference standard • CT-based studies • MRI-based studies • VQ-based studies • PET-based studies • Thoracic ultrasound	☐	☐	☐
9) The outcomes of interest: • DTA • Clinical utility • Direct patient harms	☐	☐	☐
10) The study designs of interest: • SR • MA • HTA • RCT • NRS • CS	☐	☐	☐
Decision to include the study:[b]	Yes ☐		No ☐

Ref ID:	
Author:	
Publication Year:	

Reason(s) for exclusion:	☐ Inappropriate study population
	☐ No intervention of interest
	☐ No or inappropriate comparator
	☐ No relevant outcomes
	☐ Irrelevant study design
	☐ Study description only
	☐ Other:

CS = case series; CT = computed tomography; DTA = diagnostic test accuracy; HTA = health technology assessment; MA = meta-analysis; MRI = magnetic resonance imaging; NRS = non-randomized study; PE = pulmonary embolism; PERC = Pulmonary Embolism Rule-Out Criteria; PET = positron emission tomography; RCT = randomized controlled trial; SR = systematic review; VQ = ventilation-perfusion.

[a] This will be discussed with a second reviewer.

[b] If all items above are answered "yes" or "unclear," then the study will be included.

Did the study report any data relevant to another research question (RQ)?   ☐ Yes: RQ# _____ ☐ No