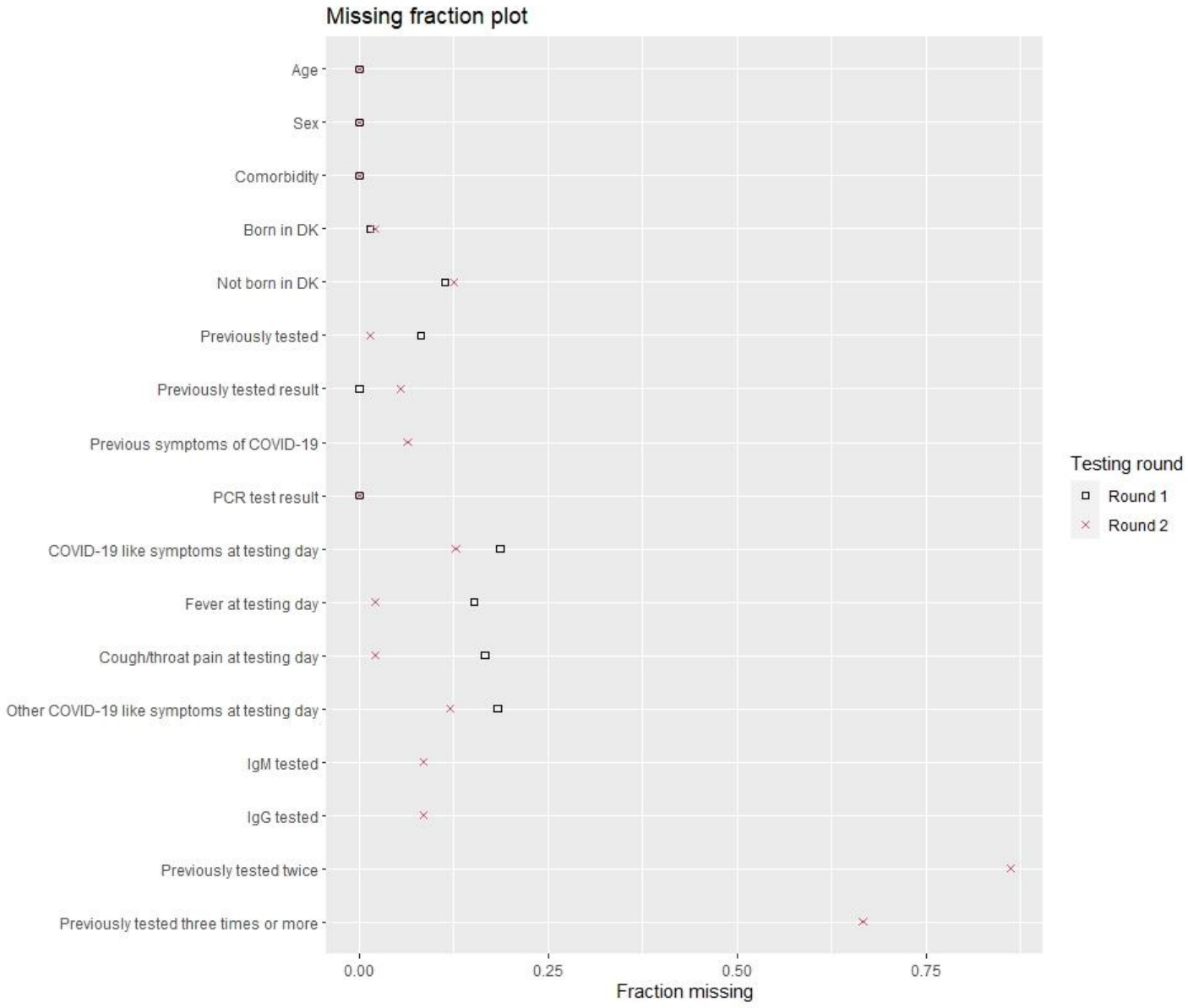
Dan Med J 2020;67(X):A08200594

Appendix 1

Street plan registration test 2 COVID-19

Date Time	Filled out by	
CPR:	Name and phone number:	
Other diseases? _____ _____ _____ _____	Born in Denmark? Yes ☐ No ☐ Where:_____	
Symptoms (tick boxes)	Fever	
	Cough / throat pain	
	Other symptoms giving suspicion of COVID-19? Which?	
Past symptoms of COVID-19 in Feb, Mar, Apr, May? Yes ☐ No ☐ If yes, which _____		
Previously tested for COVID-19? Yes ☐ No ☐ If yes, result:_____		
Have you had contact with someone with tuberculosis?? Yes ☐ No ☐ What relation:_____		
If any, comments:		
Test results Antibody test IgM Pos ☐ Neg ☐ IgG Pos ☐ Neg ☐		

Appendix 2


Missing fraction plot
Age
Sex
Comorbidity
Born in DK
Not born in DK
Previously tested
Previously tested result
Previous symptoms of COVID-19
PCR test result
COVID-19 like symptoms at testing day
Fever at testing day
Cough/throat pain at testing day
Other COVID-19 like symptoms at testing day
IgM tested
IgG tested
Previously tested twice
Previously tested three times or more
0.00
0.25
0.50
0.75
Fraction missing
Testing round
Round 1
Round 2