Materials Design Analysis Reporting (MDAR) Checklist for Authors

The MDAR framework establishes a minimum set of requirements in transparent reporting applicable to studies in the life sciences (see Statement of Task: doi:10.31222/osf.io/9sm4x.). The MDAR checklist is a tool for authors, editors and others seeking to adopt the MDAR framework for transparent reporting in manuscripts and other outputs. Please refer to the MDAR Elaboration Document for additional context for the MDAR framework.

Materials

Antibodies	Yes (indicate where provided: section/paragraph)	n/a
For commercial reagents, provide supplier name, catalogue number and RRID, if available.	No antibodies were used.	X

Cell materials	Yes (indicate where provided: section/paragraph)	n/a
Cell lines: Provide species information, strain. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID	No cell materials were used.	X
Primary cultures: Provide species, strain, sex of origin, genetic modification status.	No cell materials were used.	X

Experimental animals	Yes (indicate where provided: section/paragraph)	n/a
Laboratory animals: Provide species, strain, sex, age, genetic modification status. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID	No experimental animals were used.	X
Animal observed in or captured from the field: Provide species, sex and age where possible	No experimental animals were used.	X
Model organisms: Provide Accession number in repository (where relevant) **OR** RRID	No experimental animals were used.	X

Plants and microbes	Yes (indicate where provided: section/paragraph)	n/a
Plants: provide species and strain, unique accession number if available, and source (including location for collected wild specimens)	No plants and microbes were used.	X
Microbes: provide species and strain, unique accession number if available, and source	No plants and microbes were used.	X

Human research participants	Yes (indicate where provided: section/paragraph)	n/a
Identify authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	No human research participants were used.	X
Provide statement confirming informed consent obtained from study participants.	No human research participants were used.	X
Report on age and sex for all study participants.	No human research participants were used.	X

Design

Study protocol	Yes (indicate where provided: section/paragraph)	n/a
For clinical trials, provide the trial registration number **OR** cite DOI in manuscript.	No human research participants were used.	X

Laboratory protocol	Yes (indicate where provided: section/paragraph)	n/a
Provide DOI or other citation details if detailed step-by-step protocols are available.	No laboratory protocol was used.	X

Experimental study design (statistics details)	Yes (indicate where provided: section/paragraph)	n/a
State whether and how the following have been done**, or** if they were not carried out.	There was no intervention or experimentation	X
Sample size determination	There was no intervention or experimentation.	X
Randomisation	There was no intervention or experimentation.	X
Blinding	There was no intervention or experimentation.	X
Inclusion/exclusion criteria	There was no intervention or experimentation.	X

Sample definition and in-laboratory replication	Yes (indicate where provided: section/paragraph)	n/a
State number of times the experiment was replicated in laboratory	No laboratory was involved.	X
Define whether data describe technical or biological replicates	No laboratory was involved.	X

Ethics	Yes (indicate where provided: section/paragraph)	n/a
Studies involving human participants: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	There were no human participants.	X
Studies involving experimental animals: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	There were no experimental animals.	X
Studies involving specimen and field samples: State if relevant permits obtained, provide details of authority approving study; if none were required, explain why.	There were no specimens or field samples.	X

Dual Use Research of Concern (DURC)	Yes (indicate where provided: section/paragraph)	n/a
If study is subject to dual use research of concern, state the authority granting approval and reference number for the regulatory approval	There was no dual use research of concern.	X

Analysis

Attrition	Yes (indicate where provided: section/paragraph)	n/a
State if sample or data point from the analysis is excluded, and whether the criteria for exclusion were determined and specified in advance.	As written in the Methods section under the Exclusion Criteria subheading (Pages 6-7, Line Numbers 131-139): "Charts were excluded in advance for the following conditions: 1) POCUS could not be performed or was not reasonably indicated due to inaccessible anatomic location (i.e. intra-abdominal abscess, dental abscess). 2) The diagnosis of abscess was clear from the outset, as per medical provider documentation describing an abscess already draining significantly. 3) Advanced imaging such as computed tomography (CT) or magnetic resonance imaging (MRI) was ordered, rendering a POCUS scan redundant. 4) A consultant was involved in the medical decision-making, and thus, the decision to scan or drain the SSTI may not have entirely been the EM physician's decision (Figure 1). Any charts indeterminate for exclusion were referred to the study leaders (SA, BPN) for final determination."	

Statistics	Yes (indicate where provided: section/paragraph)	n/a
Describe statistical tests used and justify choice of tests.	No statistical tests were used.	X

Data Availability	Yes (indicate where provided: section/paragraph)	n/a
State whether newly created datasets are available, including protocols for access or restriction on access.	Data is included in the manuscript itself. Further information is available via email, as described in the Data Sharing Agreement.	X
If data are publicly available, provide accession number in repository or DOI or URL.	Data are not publicly available.	X
If publicly available data are reused, provide accession number in repository or DOI or URL, where possible.	Data are not publicly available.	X

Code Availability	Yes (indicate where provided: section/paragraph)	n/a
For all newly generated code and software essential for replicating the main findings of the study:	There was no newly generated code.	X
State whether the code or software is available.	There was no newly generated code.	X
If code is publicly available, provide accession number in repository, or DOI or URL.	There was no newly generated code.	X

Reporting

Adherence to community standards	Yes (indicate where provided: section/paragraph)	n/a
MDAR framework recommends adoption of discipline-specific guidelines, established and endorsed through community initiatives. Journals have their own policy about requiring specific guidelines and recommendations to complement MDAR.	As written in the 2nd paragraph of the Introduction (Page 4, Line Numbers 93-96): "Many ED's have implemented electronic medical record (EMR) workflow solutions for properly ordering, documenting, and interpreting POCUS scans before ultimately producing a bill for healthcare revenue [18-21]. This practice is supported by guidelines from the American College of Emergency Physicians [22]."	
State if relevant guidelines (eg., ICMJE, MIBBI, ARRIVE) have been followed, and whether a checklist (eg., CONSORT, PRISMA, ARRIVE) is provided with the manuscript.	ICMJE guidelines have been followed for defining the role of authors and contributors.	

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