Supplementary Table 1. Sample 2 by 2 table for assessing diagnostic performance characteristics (sensitivity, specificity, positive predictive value, and negative predictive value) for ICD-10 code N17x

	Reference Standard: RIFLE Injury definition of AKI	
	≥ 2-fold increase in serum creatinine concentration from baseline	< 2-fold increase in serum creatinine concentration from baseline
Code N17x positive	True Positive (TP)	False Positive (FP)
Code N17x negative	False Negative (FN)	True Negative (TN)

Sensitivity (Sn) = TP ÷ (TP + FN); the proportion of patients with ≥ 2-fold increase in serum creatinine concentration from baseline who are code N17x positive
Specificity (Sp) = TN ÷ (FP + TN); the proportion of patients with < 2-fold increase in serum creatinine concentration from baseline who are code N17x negative
Positive Predictive Value (PPV) = TP ÷ (TP + FP); the proportion of patients who are code N17x positive with ≥ 2-fold increase in serum creatinine concentration from baseline
Negative Predictive Value (NPV) = TN ÷ (FN + TN); the proportion of patients who are code N17x negative with < 2-fold increase in serum creatinine concentration from baseline

Supplementary Table 2. STARD (STAndards for the Reporting of Diagnostic accuracy studies) checklist

Section and Topic	Item #		Page
TITLE/ABSTRACT/ KEYWORDS	1	Identify the article as a study of diagnostic accuracy (recommend MeSH heading 'sensitivity and specificity').	1-2
INTRODUCTION	2	State the research questions or study aims, such as estimating diagnostic accuracy or comparing accuracy between tests or across participant groups.	3
METHODS			
Participants	3	The study population: The inclusion and exclusion criteria, setting and locations where data were collected.	3-4
	4	Participant recruitment: Was recruitment based on presenting symptoms, results from previous tests, or the fact that the participants had received the index tests or the reference standard?	3-4
	5	Participant sampling: Was the study population a consecutive series of participants defined by the selection criteria in item 3 and 4? If not, specify how participants were further selected.	N/A
	6	Data collection: Was data collection planned before the index test and reference standard were performed (prospective study) or after (retrospective study)?	3
Test methods	7	The reference standard and its rationale.	4
	8	Technical specifications of material and methods involved including how and when measurements were taken, and/or cite references for index tests and reference standard.	4-5
	9	Definition of and rationale for the units, cut-offs and/or categories of the results of the index tests and the reference standard.	4-5
	10	The number, training and expertise of the persons executing and reading the index tests and the reference standard.	4-5
	11	Whether or not the readers of the index tests and reference standard were blind (masked) to the results of the other test and describe any other clinical information available to the readers.	N/A
Statistical methods	12	Methods for calculating or comparing measures of diagnostic accuracy, and the statistical methods used to quantify uncertainty (e.g. 95% confidence intervals).	5, Supplementary Table 1
	13	Methods for calculating test reproducibility, if done.	N/A
RESULTS			
Participants	14	Report when study was done, including beginning and ending dates of recruitment.	4,5
	15	Report clinical and demographic characteristics of the study population (e.g. age, sex, spectrum of presenting symptoms, comorbidity, current treatments, recruitment centers).	5-7
	16	Report the number of participants satisfying the criteria for inclusion that did or did not undergo the index tests and/or the reference standard; describe why participants failed to receive either test (a flow diagram is strongly recommended).	4, Supplementary Figure 1
Test results	17	Report time interval from the index tests to the reference standard, and any treatment administered between.	Supplementary Figure 1

	18	Report distribution of severity of disease (define criteria) in those with the target condition; other diagnoses in participants without the target condition.	5-7
	19	Report a cross tabulation of the results of the index tests (including indeterminate and missing results) by the results of the reference standard; for continuous results, the distribution of the test results by the results of the reference standard.	7-11
	20	Report any adverse events from performing the index tests or the reference standard.	N/A
Estimates	21		
	22	Report estimates of diagnostic accuracy and measures of statistical uncertainty (e.g. 95% confidence intervals).	7-10
	23	Report how indeterminate results, missing responses and outliers of the index tests were handled.	N/A
	24	Report estimates of variability of diagnostic accuracy between subgroups of participants, readers or centers, if done.	N/A
DISCUSSION	25	Report estimates of test reproducibility, if done.	N/A