

**S3 Table. Comments received in response to technical and operational survey questions**

Area of survey	Examples of representative comments received (Number of comments)
<i>Treatment decisions to be guided by a new CA-LRTI POCT</i>	(5)  <i>'initial treatment targeting - whether to prescribe an antibiotic or not' should have been included in options'</i>
<i>Patient age group that a new CA-LRTI should benefit</i>	(2)  <i>'ideal test should be available for all age groups'</i>  (4)  <i>'in neonates, we are very careful and start antibiotics easily when infection appears'</i>  <i>'if I was considering near patient testing in a child, I would probably be admitting them..'</i>
<i>Category of staff that would use the test most often</i>	(8)  <i>'We have no nurses, practice nurse or nurse practitioner'</i>  <i>'Depends on the organisation of the healthcare system'</i>
<i>Aetiological agents and antibiotic resistances for CA-LRTI POCT detection</i>	(5)  <i>'I think it would depend on local prevalence'</i>  <i>'A test that could highlight an atypical organism may well have more clinical value..'</i>  <i>'Colonisation is important disturbing problem in microbiologic work-up'</i>
<i>POCT and detection of antibiotic resistance</i>	(3)  <i>'would depend on the country, and this would be directly related to my prescribing pattern'</i>  <i>'.. the ones we use! I haven't heard of half of the above!!'</i>
<i>Test prediction and speed</i>	(6)  <i>'Bearing in mind an average consultation in primary care is 10 mins.'</i>  <i>'Even shorter time periods, preferably within 3-5 minutes.'</i>  <i>'4 hours or less would be ideal'</i>  <i>'If not instant sub 4 hours is good'</i>
<i>Cost of instrumentation and test</i>	(6)  <i>'Maximum €500' (for instrument)</i>  <i>'even €10 would be too much' (test)</i>  <i>'€1 is the maximum acceptable test cost'</i>  <i>'depends on who is paying'</i>

