RECORD reporting checklist

Where Do Patients Receive Tuberculosis Treatment in Indonesia? A Nationwide Spatial Analysis of Cross-Province Care, 2022–2025

Companion to the STROBE cross-sectional checklist. All 13 RECORD extension items are mapped to manuskript_2(1).docx supplied on 16 October 2026. Locations use section headings rather than page numbers, which may change during revision. Reporting focuses are paraphrased; official item identifiers are retained.

Reported = addressed; Partial = further detail needed; Not reported = absent; Not applicable = does not apply. Proposed additions below are not treated as statements already present in the manuscript. This is a reporting assessment, not a methodological quality score.

Data identification and population selection

Item	Reporting focus	Manuscript location	Assessment and action
1.1	Identify routine data and database	Abstract—Methods.	Reported. Names Indonesia's Tu Information System. Consider e "routinely collected national sur records".
1.2	Identify geography and period	Title; Abstract—Methods.	Reported. Indonesia and 2022–2
1.3	Identify database linkage in abstract	Methods—Data source and study population; Geographic harmonisation and spatial data.	Not applicable to person-level h linkage: none performed. Annua concatenation is not patient link matching to GADM is describe
6.1	Detail population-selection rules	Methods—Data source and study population; Data processing and missing information.	Partial. Study years, paired geog age/sex exclusions described. Pr selection rules or an appendix, a custodian's criteria for construct extract.

Validation coding access and cleaning

Item	Reporting focus	Manuscript location	Assessment and action
6.2	Report validation of selection rules	Methods—Data processing and missing information; Discussion—Strengths and limitations.	Not reported. Internal count che validation against independent r whether selection algorithms we validated; if not, acknowledge th
6.3	Consider linkage-flow diagram	Methods—Data source and study population.	Not applicable to patient-level li verified identifier was available matching was performed. A reco diagram remains useful under S
7.1	Provide classification codes and algorithms	Methods—Definition of cross-province care; Geographic harmonisation; Selection and coding of explanatory variables.	Partial. Categories and key geog described. Supply a full source-t codebook, province-name crossv mappings, and classification coc facility field represents treatmen
12.1	Describe investigators' data access	Methods—Data source and study population; Statistical software and ethical considerations; Data availability.	Partial. Authorisation and extrac reported. Clarify access to the su versus the underlying SITB data selected the extract, and whether could examine excluded source
12.2	Describe data-cleaning procedures	Methods—Data processing and missing information; Geographic harmonisation; Selection and coding of explanatory variables.	Reported. Discusses types, miss validity, category standardisatio duplicate detection, and aggrega reproducible cleaning script and strengthen transparency.

Linkage selection limitations and accessibility

Item	Reporting focus	Manuscript location	Assessment and action
12.3	Describe linkage and quality assessment	Methods—Data source and study population; Geographic harmonisation and spatial data.	Partial. Explicitly state that no p linkage across health databases Describe concatenation of annua separately. For spatial matching the matching key, name crosswa unmatched/multiple-match chec geographic linkage, not patient l
13.1	Document derivation of analytical population	Results—Study population and characteristics; Characteristics associated with cross-province care; Methods—Data processing and missing information.	Partial. Source 2,988,098; geogr 2,977,475; adjusted model 2,977 report 10,623 geographic exclus additional age/sex exclusions. S unavailable covariates or matchi introduced any other filters.
19.1	Discuss limitations of repurposed routine data	Discussion—Strengths and limitations; Temporal variation and robustness of the findings.	Reported. Addresses incomplete misclassification, duplicates, mi unmeasured confounding, chang and temporal reporting differenc were collected for programme su than this research question.
22.1	Explain access to protocol data and code	Data availability; Methods—Statistical software and ethical considerations.	Partial. Restricted data access ar authorisation described. Protoco code availability are not specifie actual availability or repository claim public availability before deposited.

Reference: Benchimol EI, Smeeth L, Guttmann A, Harron K, Moher D, Petersen I, et al. The REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) statement. PLoS Med. 2015;12(10):e1001885. https://doi.org/10.1371/journal.pmed.1001885.

Official checklist: https://www.record-statement.org/Files/checklist/RECORD%20Checklist.pdf. Use this extension with the separate STROBE cross-sectional checklist. Update item locations and outstanding actions after manuscript revision.