

Appendix 1 (as supplied by the authors): Comparing universal and directed stool donor models for fecal microbiota transplantation

	Universal Donor	Directed Donor
Safety	<ul style="list-style-type: none"> ▪ Standardized, comprehensive screening ▪ Accounts for seroconversion delay ▪ Centralized adverse events reporting and auditing ▪ Without monitoring: risk of donor transmitting disease to many patients ▪ With monitoring: donors de-risked by each success 	<ul style="list-style-type: none"> ▪ Screening variability between providers ▪ Potentially less comprehensive screening ▪ Voluntary adverse events reporting, challenging circumstances for audits ▪ Without monitoring: risk of donor transmitting disease is contained to a small patient population ▪ With monitoring: similar possibility of disease transmission as without monitoring
Access	<ul style="list-style-type: none"> ▪ Physician needs no time or expertise to locate and screen qualified donors ▪ No time needed for material preparation ▪ No delay in patient care ▪ Enables broad patient access 	<ul style="list-style-type: none"> ▪ Physician needs significant time and expertise to locate and screen qualified donors ▪ Significant time needed for material preparation ▪ Potential delay in patient care ▪ Limited to academic centers
Cost	<ul style="list-style-type: none"> ▪ Small, predictable costs to obtain donor material 	<ul style="list-style-type: none"> ▪ Higher, unpredictable costs to obtain donor material