**Electronic Supplementary Material**

**Discrimination of False Negative Results in RT-PCR Detection of SARS-CoV-2 RNAs in Clinical Specimens by Using an Internal Reference**

Yafei Zhang$^{1, 2}$ • Changtai Wang$^{1, 2}$ • Mingfeng Han$^3$ • Jun Ye$^{1, 2}$ • Yong Gao$^3$ • Zhongping Liu$^{1, 2}$ • Tengfei He$^{1, 2}$ • Tuantuan Li$^3$ • Mengyuan Xu$^{1, 2}$ • Luping Zhou$^{1, 2}$ • Guizhou Zou$^{1, 2}$ • Mengji Lu$^4$ • Zhenhua Zhang$^{1, 2}$

1. Department of Infectious Diseases, the Second Hospital of Anhui Medical University, Hefei 230601, China
2. Institute of Clinical Virology, the Second Hospital of Anhui Medical University, Hefei 230601, China
3. Department of Internal medicine, the Second Hospital of Fuyang, Fuyang 236015, China
4. Institute for Virology, University Hospital of Essen, University of Duisburg-Essen, Essen 45147, Germany

Supporting information to DOI: 10.1007/s12250-020-00273-8
Fig. S1. The RT-PCR detection of SARS-CoV-2 RNAs in 254 paired sputum and throat swab specimens from patients with confirmed SARS-CoV-2 infection. Samples tested negative for SARS-CoV-2 RNAs (with a Ct value over 38 in ORF1ab and N specific RT-PCRs) were excluded for analysis. Pearson correlation coefficients for the levels of detected SARS-CoV-2 RNA levels (based on the assays for ORF1ab and N region) and RPP30 RNAs in patient samples were calculated. For sputum specimens: (C) ORF1ab and N region; (D) ORF1ab and RPP30; (E) N region and RPP30. For throat swab specimens: (F) ORF1ab and N region; (G) ORF1ab and RPP30; (H) N region and RPP30. A P-value of < 0.05 is considered as significa