The RECORD statement – checklist of items, extended from the STROBE statement, that should be reported in observational studies using routinely collected health data.

	Item No.	STROBE items	Location in manuscript where items are reported	RECORD items	Location in manuscript where items are reported
Title and abstract					
	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	Title, Abstract	RECORD 1.1: The type of data used should be specified in the title or abstract. When possible, the name of the databases used should be included. RECORD 1.2: If applicable, the geographic region and timeframe within which the study took place should be reported in the title or abstract. RECORD 1.3: If linkage between databases was conducted for the study, this should be clearly stated in the title or abstract.	Title ("retrospective cohort study"), Abstract ("retrospective cohort study", data from electronic medical records) Abstract: "January 2023 to January 2025", "Nanjing, China" (implied by affiliation) Not applicable (no database linkage)
Introduction					
Background rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction section (pages 2-3)	-	-
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction, last paragraph ("This study aims to...")	-	-
Methods					
Study Design	4	Present key elements of study design early in the paper	Methods, "Research subjects" first sentence: "A retrospective cohort study design was adopted."	-	-

Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods: "January 2023 to January 2025", "department of plastic surgery", "The Affiliated Friendship Plastic Surgical Hospital of Nanjing Medical University"	-	-
Participants	6	*(a) Cohort study* - Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study* - Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study* - Give the eligibility criteria, and the sources and methods of selection of participants *(b) Cohort study* - For matched studies, give matching criteria and number of exposed and unexposed *Case-control study* - For matched studies, give matching criteria and the number of controls per case	Methods, "Inclusion and exclusion criteria", "Research subjects"	RECORD 6.1: The methods of study population selection (such as codes or algorithms used to identify subjects) should be listed in detail. If this is not possible, an explanation should be provided. RECORD 6.2: Any validation studies of the codes or algorithms used to select the population should be referenced. If validation was conducted for this study and not published elsewhere, detailed methods and results should be provided. RECORD 6.3: If the study involved linkage of databases, consider use of a flow diagram or other graphical display to demonstrate the data linkage process, including the number of individuals with linked data at each stage.	Methods: "Clinical data for all eligible patients were retrieved from the hospital's electronic medical record system." Criteria listed. No specific algorithm codes; explanation: retrospective chart review. Not applicable (no validation study performed) Not applicable (no linkage)
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Methods, "Detection indicators"	RECORD 7.1: A complete list of codes and algorithms used to classify exposures, outcomes, confounders, and effect modifiers should be provided. If these cannot be reported, an explanation should be provided.	Definitions provided in text (e.g., infection defined by ≥2 criteria: clinical signs, local treatment, positive culture). No

					codes/algorithms; explanation: manual chart review.
Data sources/ measurement	8	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods, "Detection indicators" and "Laboratory testing and quality control"	-	-
Bias	9	Describe any efforts to address potential sources of bias	Methods, "Study design considerations and limitations" (acknowledges selection bias, unmeasured confounding, lack of randomization)	-	-
Study size	10	Explain how the study size was arrived at	Methods, "Sample size calculation" (post hoc power analysis based on literature)	-	-
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why	Methods, "Statistical analysis" (normal distribution test, t-test/Mann-Whitney, etc.)		
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) *Cohort study* - If applicable, explain how loss to follow-up was addressed	Methods, "Statistical analysis" (multivariate logistic regression, repeated measures ANOVA, Bonferroni, etc.)	-	-

		Case-control study - If applicable, explain how matching of cases and controls was addressed *Cross-sectional study* - If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses			
Data access and cleaning methods		.	Methods, "Statistical analysis" (multivariate logistic regression, repeated measures ANOVA, Bonferroni, etc.)	RECORD 12.1: Authors should describe the extent to which the investigators had access to the database population used to create the study population. RECORD 12.2: Authors should provide information on the data cleaning methods used in the study.	Methods: "Clinical data for all eligible patients were retrieved from the hospital's electronic medical record system." Full access to the source data is implied. Methods: "All data were extracted from hospital electronic medical record system (including HIS, LIS, EMR) and outpatient files, and were independently entered and cross-checked by two researchers to ensure accuracy."
Linkage		.		RECORD 12.3: State whether the study included person-level, institutional-level, or other data linkage across two or more databases. The methods of linkage and methods of linkage quality evaluation should be provided.	Not applicable (no linkage)

Results					
Participants	13	(a) Report the numbers of individuals at each stage of the study (*e.g.*, numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed) (b) Give reasons for non-participation at each stage. (c) Consider use of a flow diagram	Results, "Baseline information" and Figure 1 (flowchart)	RECORD 13.1: Describe in detail the selection of the persons included in the study (*i.e.*, study population selection) including filtering based on data quality, data availability and linkage. The selection of included persons can be described in the text and/or by means of the study flow diagram.	Figure 1 (flowchart) shows: initial 356 patients, excluded 141 (128 incomplete data/lost, 10 preop antibiotics/hormones, 3 active infection/systemic disease), final 215 included. Text in Results and Figure 1 legend.
Descriptive data	14	(a) Give characteristics of study participants (*e.g.*, demographic, clinical, social) and information on exposures and potential confounders (b) Indicate the number of participants with missing data for each variable of interest (c) *Cohort study* - summarise follow-up time (*e.g.*, average and total amount)	Results, Table 1 (baseline characteristics). No missing data mentioned (all included patients had complete data per inclusion criteria). Follow-up: 30 days (stated in Methods).	-	-
Outcome data	15	*Cohort study* - Report numbers of outcome events or summary measures over time *Case-control study* - Report numbers in each exposure category, or summary measures of exposure *Cross-sectional study* - Report numbers of outcome events or summary measures	Results, Table 2 (infection rate), Table 3 (colonization positive rate), Table 4 (colonization density)	-	-
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence	Results, Table 7 (multivariate logistic regression) shows adjusted OR (0.23, 95%CI 0.07-0.81) for	-	-

		interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	levofloxacin, adjusted for age, gender, diabetes, surgery duration, preoperative colonization. Absolute risk reduction reported in Discussion (8.43%).		
Other analyses	17	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses	None performed. Not applicable.	-	-
Discussion					
Key results	18	Summarise key results with reference to study objectives	Discussion, first paragraph	-	-
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion, "Limitations of the study" subsection	RECORD 19.1: Discuss the implications of using data that were not created or collected to answer the specific research question(s). Include discussion of misclassification bias, unmeasured confounding, missing data, and changing eligibility over time, as they pertain to the study being reported.	Discussion, "Limitations": acknowledges retrospective design, selection bias, unmeasured confounding (surgical details, patient compliance), single-center, sample size, culture-based method limitations, short follow-up (30 days).
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion, final paragraphs and Conclusion	-	-

Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion, "Limitations": "as a single-center study, the generalizability of its results is limited."	-	-
Other Information					
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Funding statement: "There was no funding."		
Accessibility of protocol, raw data, and programming code		-	-	RECORD 22.1: Authors should provide information on how to access any supplemental information such as the study protocol, raw data, or programming code.	Data availability statement: "All data generated or analysed during this study are included in this published article."

*Reference: Benchimol EI, Smeeth L, Guttmann A, Harron K, Moher D, Petersen I, Sørensen HT, von Elm E, Langan SM, the RECORD Working Committee. The REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement. *PLoS Medicine* 2015; in press.