Xpert® MTB/RIF Performance Evaluation Result Form

Submission Due Date:

Country:

Name of Site															Date Par	<mark>nel Receiv</mark>	ed	D	ate Resul	ts Reporte	. <mark>d</mark>
Site PT-ID	Number																				
ePT Use	rname											Ī		Date	of Last Ge	neXpert Ins	strument Ca	alibration			
															Xpert N	1TB/RIF Kit	Lot Numbe	er			
ePT Pas	sword														Xpert MTE	3/RIF Cartri	dge Expiry	Date			
			TB Detection Result						Rif Result				rpret esult		Cycle Threshold (C				t) Value		
Test Sample ID	Date Tested	DETECTED	V E R Y L O W	L O W	M E D I U M	H I G H	N / A	D E T E C T E D	D E T E C T E D	I n i n e t t e e r m	- N > 4 L - D	R B N S O U L	K B	E C O D E	Probe D	Probe C	Probe E	Probe B	SPC	Probe A	Xpert Module Numbe
Example	2018/05/15	\bigcirc	\bigcirc	•	0	\bigcirc			0	\bigcirc	\bigcirc)	23.4	23.2	24.1	23.9	26.5	23.1	Аз
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Comments:																					_

http://ept.systemone.id using your username and password above.

Performance Evaluation Panel ID:

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Additional Information needed for ePT

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How many Xpert MTB/RIF tests	
have been conducted by this site in	
the last full month?	
the last full month?	
How many errors occurred during	
testing in the last full month?	
	-
What were the error codes?	
Was monthly maintenance done	
for the GeneXpert?	Yes / No
Tor the deliexpert:	
Monthly maintenance done by:	1
Date / Technologist	/
GeneXpert Serial Number	
Date GX Instrument Installed	
Instrument User (Tester)	
Did supervisor review panel	
· ·	Yes / No
results?	
Supervisor name:	