

Xpert® MTB/RIF Performance Evaluation Result Form

Performance Evaluation Panel ID:

Country:

Submission Due Date:

Instructions: Fill in the circles below corresponding to the results from testing each sample provided. Document the error code in the Error Code column for tests resulting in error. Record the cycle thresholds (Ct) in the cells provided for all successful tests. **Fill information on back of form for records.**

Name of Site

Date Panel Received

Date Results Reported

Site PT-ID Number

ePT Username

Date of Last GeneXpert Instrument Calibration

Assay

☐ MTB/RIF

☐ Ultra

Xpert MTB/RIF Kit Lot Number

ePT Password

Xpert MTB/RIF Cartridge Expiry Date

		TB Detection Result						Rif Result			Uninterpretable Result			Cycle Threshold (Ct) Value								
Test Sample ID	Date Tested	DETECTED	TRACE	VERY LOW	LOW	MEDIUM	HIGH	N/A	DETECTED	DETECTED	Indeterminate	INVALID	NO RESULT	ERROR	ERROR CODE	Probe D / Ultra SPC	Probe C / IS1081-IS6110	Probe E / rpoB1	Probe B / rpoB2	SPC / rpoB3	Probe A / rpoB4	Xpert Module Number
Example	5/15/2018	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		23.4	23.2	24.1	23.9	26.5	23.1	A3
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								

Comments:

This form is for your site's performance evaluation records only. All results must be submitted in ePT at <http://ept.systemone.id> using your username and password above.

Please fill information
on back of form

Xpert® MTB/RIF Performance Evaluation Result Form

Additional Information needed for ePT

How many Xpert MTB/RIF tests have been conducted by this site in 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
Monthly maintenance done by: Date / Technologist	/
GeneXpert Serial Number	
Date GX Instrument Installed	
Instrument User (Tester)	
Did supervisor review panel results?	Yes / No
Supervisor name:	

ATTESTATION

We the undersigned, recognizing that some special handling may be required due to the nature of Performance Evaluation (PE) materials, have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens. We confirm that results were not shared, nor PE specimens referred or tested, outside of our facility.

Laboratory Manager (or Designee) _____ Date: _____

Testing Personnel _____ Date: _____

Testing Personnel _____ Date: _____