## **Xpert® MTB/RIF Performance Evaluation Result Form**

**Submission Due Date:** 

**Country:** 

Name of Site														Date Panel Received				Date Results Reported				
Site PT-ID	Number												]					<u></u>				
ePT Use	rname													Date	e of Las	Ass	Instrument say	Calibration	<u>МТ</u>	B/RIF (	MTB/R	IF Ultra
ePT Pas	ssword												]	<b>)</b>			Kit Lot Nur rtridge Exp					
	TB Detection Result						Rif Result				Uı	Uninterpretable Result					Cycle Thr	eshold (Ct) Value				
Test Sample ID	Date Tested	D E T O C T T E D	T R A C E	V E R Y L O W	L W	M E D I U M	H - G H	N / A	D E T E C T E D	D E T E C T E D	I n d r e e e e e e e e e e e e e e e e e e	I N V A L I D	N O R E S U L T	E R R O R	E C O R D R	Probe D / Ultra SPC	Probe C / IS1081- IS6110	Probe E / rpoB1	Probe B / rpoB2	SPC / rpoB3	Probe A / rpoB4	Xper Modu Numb
Example	43235	0	0	0			0						0	0		23.4	23.2	24.1	23.9	26.5	23.1	Аз
			0											0								
		00	00	00	00		00	00		00				0								
		$\bigcirc$	$\bigcirc$	$\bigcirc$				0	$\bigcirc$		C			0								
omments:																				ase fill ir on back	nformation	1

**Performance Evaluation Panel ID:** 

## **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 specia	l 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 confi	rm 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: