SPUTUM SENDING LIST FOR XPERT ULTRA MTB/RIF TESTING

Name of site: _____ **Date: _____**

SN	Specimen ID (QR Code ID)	Date of collection	Sex / Age	Initial result (Microscopy or TB LAMP)	Xpert MTB/RIF Ultra result	Date result available	*Comment

Complete the sending list up till the column for initial results

Name of sender: _____ Date sent: _____

(This section is to be completed at the Gene Xpert testing laboratory)

Date of specimen reception: _____ Received by: _____

Comment:

Note

Xpert results should be reported on this sheet after testing and sent back to the site after verification. Specimens recollected for testing from a positive pool should be tested individially, and not in a pool

*Specimens with a discrepant **"Not Detected"** individual result from a positive pool e.g. where all individual results from the positive pool were "**Not Detected"** should be indicated as **"Discrepant"** in the comment column. These specimens should be recollected for testing.

Results verified by (Name and Signature): _____