

# Form 3a. Laboratory Register for Xpert MTB/RIF

Name of Facility: \_\_\_\_\_

Province/ HUC: \_\_\_\_\_

Region: \_\_\_\_\_

Cohort: \_\_\_\_\_

Laboratory Serial Number	Date Specimen Collected	Date and Time Specimen Received	Name of Requesting Facility/Unit	Patient's Full Name <small>(SURNAME, Given Names, Name Extension, Middle Name)</small>	Age	Sex <small>(M/F)</small>	History of Treatment <small>(N/R)</small>	Cartridges Used		Xpert MTB/RIF Result	Signature of Laboratory Staff	Remarks
								XPERT MTB/ RIF	XPERT MTB/ RIF ULTRA	Date Specimen Examined	Date and Time Released	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)	(11)	(12)
1												
2												
3												
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