



Training on Xpert MTB/XDR Assay

(Online didactics session)

SECTION I: COURSE INFORMATION

OBJECTIVES:

To provide adequate knowledge, skills, and good laboratory practices in performing Xpert MTB/XDR Assay.

METHODOLOGY:

- Online lecture discussion.
- Online examination (pretest and posttest)
- Online competency assessment (if applicable)

SELECTION CRITERIA OF PARTICIPANTS:

A **laboratory personnel** who will be designated to perform Xpert MTB/XDR Assay in the laboratory.

EXPECTED ROLES AND FUNCTION AFTER TRAINING:

The trained personnel should be able to do the following:

- Perform Xpert MTB/XDR Assay in the laboratory.
- Integrate good laboratory practices during pre-processing, process, and post-processing of Xpert MTB/XDR specimens.

SECTION II: APPLICATION FORM

Please provide the necessary information in **UPPERCASE/BLOCK** letters.

1. Applicant Information

Surname: _____

First Name: _____

Middle Name: _____

Suffix (*Jr., Sr., III*): _____ Sex: ☐ Male ☐ Female

Home Address: _____

(House No.)

(Street Name)

(Barangay Name)

(Municipality/City)

(Province)

(Region)

(Zip Code)

Mobile No.: _____ E-mail address: _____

Date of birth: _____ Civil Status: _____

Profession: _____ Post-nominal Title (*RMT, RN, MD*): _____

2. Work Information

Name of facility: _____

Facility address: _____

(Street Name)

(Barangay Name)

(Municipality/City)

(Province)

(Region)

(Zip Code)

Facility Contact No. _____ E-mail address: _____

Current Position (Job Title): _____

Status of Appointment: ☐ Regular ☐ Contractual ☐ Job Order ☐ Others: _____

3. Training and Experience Information

Please select all the trainings below that you have completed:

- ☐ Training on Xpert MTB/RIF Assay ☐ Training on Xpert MTB/RIF Ultra Assay
☐ Training of Trainers on Xpert MTB/RIF Assay ☐ None of the following

After this training, will you be only assigned in performing Xpert MTB/XDR Assay in the laboratory?

- ☐ YES, I am only assigned in performing Xpert MTB/XDR Assay in the laboratory.
☐ NO, I am also assigned in performing other Xpert TB testing (Xpert MTB/RIF Assay and/or Ultra).
☐ NO, I am also assigned in other sections of the laboratory aside from Xpert TB testing.

4. Immediate Supervisor/Head of the Laboratory

Complete Name: _____

Designation: _____ Profession: _____

Contact No.: _____ E-mail address: _____

Submitted by:

Applicant
(Signature over Printed Name)

Date
(MM/DD/YYYY)

Endorsed by:

Immediate Supervisor
(Signature over Printed Name)

Date
(MM/DD/YYYY)

SECTION III: SELECTION PROCESS OF PARTICIPANTS

1. This form should be completely filled-out by the nominee. Failure to provide all of the above requested information may result in the rejection of your training application.
2. The accomplished nomination form should be submitted to the RITM Learning and Development Information System. You may refer to the provided advisory for further details.
3. The NTRL – Learning and Development Section will notify you of the status of your training application within three (3) working days.
4. For other concerns, please contact **MS. ARCEL DL. URCIA, RMT** at (0915) 244 9494 or you may inquire via email at tdu.ntrl@gmail.com.