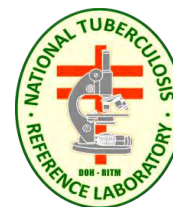




Department of Health
Research Institute for Tropical Medicine
NATIONAL TUBERCULOSIS REFERENCE LABORATORY
RITM Compound, Alabang, Muntinlupa City



Training on Xpert Xpress SARS-CoV-2

SECTION I: COURSE INFORMATION

OBJECTIVES:

To equip staff with the necessary skills, knowledge, and good laboratory practices in performing Xpert Xpress SARS-CoV 2 Assay.

METHODOLOGY

- Distribution of modules through Google Drive links
- Online competency assessment
- Online examination (pretest and posttest)

CRITERIA FOR THE SELECTION OF PARTICIPANT

*A **registered Medical Technologist** who:*

- Works in a BSL-2 laboratory or an identified Xpert Xpress SARS-CoV 2 laboratory identified by DOH
- Underwent recent fit-testing for not more than one year from the start of training
- Preferably has experience or training in performing Xpert MTB/RIF Assay and manipulating the GeneXpert machine

*A **registered Pathologist** who facilitates and oversees the Xpert Xpress SARS-CoV 2 testing in the laboratory.*

SECTION II: APPLICATION FORM

Please write legibly 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 add.:.....

Date of Birth: Civil Status:

Profession: Year Graduated:

2. Work information

Name of Facility:.....

Facility Address:.....

(Street Name)

(Barangay Name)

(Municipality/City)

(Province)

(Region)

(Zip Code)

Tel. No.: Mobile No.:.....

E-mail add.:.....Fax No.:.....

Current Position (Job Title):

Status of Appointment: ☐ Regular ☐ Contractual ☐ Job order ☐ Others, pls. specify:

For MEDICAL TECHNOLOGIST participants, are you only assigned in performing Xpert Xpress SARS-CoV testing? *(Please check ONE RESPONSE only)*

☐ YES, I am only tasked to perform Xpert Xpress SARS-CoV- 2 testing in the facility.

☐ NO, I am also assigned in other sections of the laboratory aside from Xpert Xpress SARS-CoV-2 Testing. *(Kindly check the following sections where the participant is also assigned.)*

___ Clinical laboratory

___ TB laboratory

___ COVID-19 laboratory (RT-PCR)

3. Immediate Supervisor/Head of Facility:

Name:.....

Designation: Profession:.....

Telephone No.: Mobile No.:.....

Fax No.:..... E-mail add.:.....

4. Operational Details of Facility on Xpert Xpress SARS-CoV-2 Testing:

a) Schedule of Xpert Xpress SARS-CoV-2 testing in the facility

b) How many staff are assigned per shift?

c) How many GX machine/s is/are dedicated for Xpert Xpress SARS-CoV testing?
Indicate number of modules.

d) Does the facility also perform RT-PCR for COVID-19 testing?

e) Average number of testing done by Xpert Xpress SARS-CoV 2 *(if facility is operational and requesting for additional training of staff.)*

SUBMITTED BY:

(Signature over Printed Name)

Applicant

(mm/dd/yyyy)

Date

ENDORSED BY:

(Signature over Printed Name)

Immediate Supervisor/Head of Facility

(mm/dd/yyyy)

Date

SECTION III: PROCESS OF SELECTION AND ACCEPTANCE OF PARTICIPANTS

1. Application and Training information form should be completely filled-up by the nominee. Failure to provide all of the above requested information may result in the rejection of your application.
2. The form should be signed by all applicable signatory.
3. Training invitation letter will be sent to all accepted nominees by email.
4. For other concerns, please contact **ARCDEL DL. URCIA, RMT** at **+639152449494** or at **tdu.ntrl@gmail.com** or Tel. Nos. **(632) 807 26 28 local 101**.

Send the Fully Accomplished Application Form by fax or e-mail to: [**tdu.ntrl@gmail.com**](mailto:tdu.ntrl@gmail.com)