

## Shipment and Password Letter

Month, date, year

Re: Centers for Disease Control and Prevention (CDC) Performance Evaluation Program:  
Drug Susceptibility Testing of Strains of *Mycobacterium tuberculosis* (*M. tuberculosis*)  
and Non-tuberculous Mycobacteria (NTM)

Dear Participant:

Enclosed is an evaluation panel for drug susceptibility testing, consisting of four Lowenstein-Jensen slants containing cultures of *M. tuberculosis* and if applicable, one containing NTM. These cultures of *M. tuberculosis* and NTM may be drug-resistant and must be treated in the same manner that your laboratory handles *M. tuberculosis* and NTM isolates. Before performing your tests, carefully read and examine the enclosed instructions and Results worksheet. Please observe the WARNING highlighted on page 1 of the Result Worksheet. Complete the Results Worksheet giving the appropriate information for each test performed. Instructions for completing each section are included in the result worksheet. Using the appropriate responses will enable us to analyze the results and report the analyses without delay. If you have any questions regarding how to properly complete the Results Worksheet, please contact Program Coordinator at 404 498-2241(US) or toll free at 1-888-465-6062.

To ensure that your data will be included in the final report, please enter your results before the deadline by using your **TPEP number and password**.

Log onto:

<http://wwwn.cdc.gov/mpep/mtbds/login.aspx>

A preliminary report providing culture identification and referee testing results will be sent within thirty days after the due date. After the participating laboratories' results are compiled, a link to the final report will be sent to all participants.

If you need additional information about this shipment of samples, or if the cultures were damaged in transit, please contact Program Coordinator. The deadline for requesting a second shipment of cultures is Month, date, year.

If you are not able to participate in this segment of the program, please return the cultures promptly to:

Program Coordinator  
Attn: Program Coordinator  
Address  
City, State Zip Code

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We appreciate your interest and participation in Model Performance Evaluation Program.

Sincerely yours,



Angela Ragin, PhD  
Project Coordinator  
NCPDCID/DLS Mailstop G-23,  
Centers for Disease Control and Prevention  
Ph: 404 498-2241 Fx: 404 498-2215  
email: [aragin@cdc.gov](mailto:aragin@cdc.gov)



Sandra W. Neal, B.S., MT(ASCP), M.S., P.M.P.  
Project Manager  
NCPDCID/DLS Mailstop G-23,  
Centers for Disease Control and Prevention  
Ph: 404 498-2238 Fx: 404 498-2215  
email: [sneal@cdc.gov](mailto:sneal@cdc.gov)

4 Enclosures

Shipment and Password Letter  
General Instructions and  
Worksheet  
Information Change Form