

**Model Performance Evaluation Program for *Mycobacterium tuberculosis* and
Non-tuberculous Mycobacteria Drug Susceptibility Testing Program (MTB/NTM DST)
Enrollment Form**

Open to all U.S. and qualifying International Laboratories

Enrollment for laboratories outside of the U.S. is restricted to National Reference laboratories or selected regional public health laboratories.

Please provide the following contact information: (* indicates required information)

Name* _____
Title* _____
Lab Name* _____
Street address* _____
Address (cont.) _____
City* _____ State/Province* _____
Zip/Postal code* _____ Country* _____
Work Phone* _____ FAX* _____
E-mail _____

Please provide the following shipping information (overnight courier), if different from the contact information specified above or if the address specified above is a post office box (PO Box) - isolates **cannot** be shipped to a P.O. Box

Name _____
Title _____
Street address _____
Address (cont.) _____
City* _____ State/Province* _____
Zip/Postal code* _____ Country* _____
Work Phone* _____ FAX* _____
E-mail _____

Public reporting of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0600)

- 1) Does your laboratory conduct diagnostic testing for *Mycobacterium tuberculosis*? *
- Yes No
- 2) Does your laboratory perform *Mycobacterium tuberculosis* drug susceptibility testing? *
- Yes No
- If YES, does your laboratory follow Biosafety Level 3 practices in performing *Mycobacterium tuberculosis* susceptibility testing? *
- Yes No
- 4) Does your laboratory conduct onsite susceptibility testing of NTM? *
- Yes No
- 5) Which of the following performance evaluation samples would your laboratory like to receive? *
- M. tb* only NTM only Both *M. tb* & NTM
- 6) Select the primary classification of your laboratory:*
- Hospital Independent Health Department Other

Laboratories Outside of the United States please answer the following:

- 7) Does your laboratory function as a National *M. tb* reference laboratory
- Yes No
- 8) Is your laboratory part of a national *M. tb* susceptibility testing network?
- Yes No
- 9) Does your country have any restrictions regarding the transport/receipt of infectious agents which may require obtaining an important permit?
- Yes No

IF YES, your laboratory will be responsible for obtaining this permit and forwarding a copy to us for our use.

To contact use:

Email: MTBNTM DST@cdc.gov

Call: Dr. Angela Ragin 404 498-2241