



Mpox (Monkeypox) Request

Rare and Imported Pathogens Laboratory [this form is NOT for routine RIPL requests]

UKHSA Microbiology Services
Porton Down, Salisbury
Wiltshire SP4 0JG

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Email ripl@ukhsa.gov.uk
www.gov.uk/UKHSA

UKHSA
DX 6930400
Salisbury 92 SP

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address (Virology Laboratory)

Local Micro/Virology Phone (out of hours)

Clinician Phone for result (out of hours)

Preference for result: Email Phone
NHS email (for clinician managing patient)

Postcode

PATIENT/SOURCE INFORMATION

Inpatient Outpatient GP Patient Other* * Please specify

NHS number

Biological Sex male female other

Surname

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Forename

Patient's postcode

Hospital number

Patient's HPT

Hospital/GUM clinic name
(if different from sender's name)

ITU Other ward/clinic:

Hospital Trust

Pregnant Yes No Unknown

SAMPLE INFORMATION

Sample type

Your reference

Lesion swab (preferred)

(please specify location)

Throat swab

EDTA whole blood

Serum

Urine

Other (please specify)

This form MUST only be used following the UKHSA guidance
<https://www.gov.uk/guidance/monkeypox-diagnostic-testing#testing>

Please tick the box if your clinical sample is post mortem

Date of collection | D | D | M | M | Y | Y | Time

Date sent to RIPL

TESTS REQUESTED

Mpox PCR

Is this a possible HCID case (i.e. history of recent travel to Central Africa or possible acquisition from an HCID case)?

If so please make sure the patient has been discussed with the Imported Fever Service (Tel. 0844 77 88 990) before sending the sample

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 21 days?

Yes No

Countries/areas visited

West Africa Central Africa

Symptoms

Unwell Lymphadenopathy

Fever Rash

Myalgia Ulcer

Lesions

Date of onset of prodrome or rash (whichever is earliest)

| D | D | M | M | Y | Y |

Other Clinical Details / Exposure History

Is the case gay, bisexual, or a man who has sex with men? Yes No Prefer not to say

New recent sexual partners with Men Don't know/prefer not to say
 Women No recent casual partners

Any unusual activities?

Contact of known case? Yes No Don't know

Relevant Occupational History

Healthcare worker

Suspected Diagnosis?

REFERRED BY

Name

Signature

Date