



UK Health
Security
Agency

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

Phone +44 (0)1980 612348 (9am - 5pm)

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)

Contact details for referring laboratory

Contact details for responsible clinician

Postcode

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient ☐ Other* * Please specify

NHS number

Surname

Forename

Hospital number

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

Hospital Trust

Biological Sex ☐ male ☐ female ☐ other

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

Patient's postcode

Patient's HPT

☐ ITU ☐ Other ward/clinic:

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

TESTS REQUESTED

Mpox PCR

Primary testing is chargeable. Clade test will be performed on positive samples for surveillance purposes and is not chargeable.

☐

Clade testing only

on confirmed PCR positive sample tested locally

Not chargeable, please provide Mpox PCR Ct:

☐

Is urgent testing required? If so please provide reason:

Please provide contact details for results from urgent testing, including for out-of-hours notification:

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Overseas Travel within previous 21 days?

☐ Yes ☐ No

Countries/areas visited

☐ West Africa ☐ Central Africa

Symptoms

☐ Unwell ☐ Lymphadenopathy

☐ Fever ☐ Rash

☐ Myalgia ☐ Ulcer

☐ Lesions ☐ Other
please give details:

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 other exposure risks?

Contact of known case or outbreak? ☐ Yes ☐ No ☐ Don't know

Relevant Occupational History

☐ Healthcare worker

Suspected Diagnosis?

REFERRED BY

Name

Signature

Date

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

All requests are subject to UKHSA standard terms and conditions

Version effective from April - 2025

SPATHW0465.04