



MRI No:

Monkeypox Real time PCR Request Form

Mode of transport: In **triple package**, within 24 hours

Name:	Age:	Lab use only Fitting to case definition Yes <input type="checkbox"/> No <input type="checkbox"/>
Institution:	Gender: M/F	
Address:	Ward/ ICU:	
Pregnancy: Yes/ No, POA:.....		
Occupation:	BHT No:	

Date of sample collection:

Sample type (circle): Lesion roof or crust/ vesicular fluid/ swabs of lesion / Nasopharyngeal & oropharyngeal swab
(Dacron or polyester flocked swabs/in plastic container)

Travel history (Mandatory): **Yes /No** Date of arrival to Sri Lanka:

If yes which country:..... Date of exposure:

Exposure to confirmed/probable case: Yes/No

Co-morbid conditions: DM/ HIV or other STDs/ IHD/ HT /CKD/ malignancy/transplant

Temperature >38°C	Yes	No	If lesion or rash "yes" distribution:
Lesion or Rash	Yes	No	
Lymphadenopathy	Yes	No	
Myalgia	Yes	No	
Any other symptoms:			

Investigations: VZV/Herpes/ any STDS/Bacterial infections

Name of the Clinician/HO/SHO:

Contact telephone number.....

Note: the request may be rejected if this form is not filled properly & the specimen is not transported properly.

FOR LABORATORY USE ONLY

Date of sample receive: In triple package: Yes/No Properly labeled: Y/N

Condition of the sample: Leaking/Not labeled/.....

Results: Positive / negative (date and time)