

# Health and Environment Testing Laboratory ORTHOPOX Specimen Submission Form

*This form **must be submitted** with Orthopox test requests. Specimens that are submitted for Orthopox testing without this form or with incomplete information may be delayed or not tested. rev. 7/28/2022*

## Facility Information

Facility: \_\_\_\_\_ Ordering Provider Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Secure Fax: \_\_\_\_\_

## Patient Information

**Patient Name** (Last, First, MI) \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**Patient Gender:**  Male  Female  Other  
**Patient Phone Number:** \_\_\_\_\_

**Patient Address** \_\_\_\_\_

### Travel History

No  
 Yes  
 If Yes: Where: \_\_\_\_\_

**Race:**  White  
 American Indian or Alaskan Native  
 Black or African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 Other  
 Two or more races

**Ethnicity:**  Hispanic or Latinx  
 Non-Hispanic

## Required Clinical Information (MUST BE COMPLETED)

Major (check all that apply)	Minor (check all that apply)
<input type="checkbox"/> Febrile prodrome: Fever of $\geq 101^{\circ}\text{F}$ , 1–4 days prior to rash onset with at least prostration, headache, backache, chills, vomiting or severe abdominal pain	<input type="checkbox"/> Centrifugal distribution of lesions
<input type="checkbox"/> Classic smallpox lesions: Deep-seated, firm/hard, round well-circumscribed vesicles or pustules; lesions may umbilicate or become confluent	<input type="checkbox"/> First lesions on the oral mucosal palate, face, or forearms
<input type="checkbox"/> Lesions in same stage of development: On any one part of the body	<input type="checkbox"/> Patient appears toxic or moribund
Intentionally left blank	<input type="checkbox"/> Slow evolution of lesions from macule, to papule, to vesicle (1-2 days each stage)
Intentionally left blank	<input type="checkbox"/> Lesions on the palms and soles

Date of Symptom Onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Vaccinated against Monkeypox \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Vaccinated against Smallpox \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

To be filled out by HETL LRN-B staff only  
 High Risk  Mod Risk  Low Risk  
 Name and Date: \_\_\_\_\_

## Specimen Information

Date of Specimen Collection \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Specimen Source:  Lesion  Vesicle  Fluid  
 Collection Location of Specimen (Body Site): \_\_\_\_\_

## Specimen Collection

- Specimens from 3 separate lesions in duplicate, vesicles, or fluid
- Preferably collect from lesions that are at different stages of development
- Collect **TWO DRY** swabs from each lesion
- Place the two duplicate **DRY** swabs in an empty sterile specimen container.
- Note: You will have 3 specimen containers each containing 2 swabs for a total of 6 swabs.
- Note: You must have one submission form for each specimen container.
- For further details please see the laboratory submission information sheet titled Detection of Monkeypox via Real-Time PCR Testing at <https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting-samples.shtml>
  - Please contact your contracted Dermatologist if sample collection assistance is needed.