

NB- NPEX is preferred – please only use form if this is not available

Monkeypox virus PCR Request Form

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FROM

Sending lab

Referring clinic

Tel:

Tel:

REQUEST

Date taken:

Date posted:

Surname:

Forename:

Clinic number/NaSH number:

DOB/CHI:

Sex: M / F

SPECIMEN

Referral lab number:

Sample type: Vesical swab/ throat swab/ Urine / EDTA Plasma / other (please specify)

Buffer used: None / MSS / other (please specify)

All samples should be sent in MSS.

REASON FOR REQUEST - Specimens received without a reason for request will not be tested

Patient meets probable case definition for monkey pox

Patient meets possible case definition for monkey pox

Other (please specify)

For further information email virologyadvice@nhslothian.scot.nhs.uk or phone 0131 536 3373 (Mon Fri 9-5)

Outside these times if urgent request oncall virology consultant via 0131-536-1000