|  |  |  |  |
| --- | --- | --- | --- |
| **Notification Details** | [ ]  General Practitioner | [ ]  Hospital Practitioner | [ ]  Other |
| **Name of person notifying**  | Enter name | **Date reported** | Enter date |
| **Organisation** | Enter organisation name | **Phone** | Enter phone |
| **Usual GP & Practice** | Enter GP name | **GP Phone** | Enter phone |
| **Patient details**  |
| **Name of patient** | Enter surname | Enter given name(s) |
| **NHI Number** | Enter NHI # | **Date of birth** | Enter DOB | **Gender** | Enter gender |
| **Current address** | Enter address |
| **Home address (if different from above)** | Enter address |
| **Email address** | Enter email |
| **Phone (home)** | Enter phone # | Phone (mobile) | Enter phone # |
| **Ethnicity** | Choose an item | If other, please specify |
| **Preferred language** | Please specify | Interpreter needed | [ ]  Yes | [ ]  No |
| **Occupation** | Enter occupation | Employer | Enter employer |
| **MPox vaccination**  | [ ]  0 [ ]  1 [ ]  2 [ ]  Unknown |
| **BASIS OF DIAGNOSIS – Must meet both clinical and epidemiological/priority group criteria for testing** |
| **Rash description, location, and date of onset** | Enter details | **Date of onset for systemic symptoms** | Enter date |
| **Rash** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Acute onset of fever >38 oC**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Chills** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Lymphadenopathy** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Myalgia**  | [ ]  Yes | [ ]  No | [ ]  Unknown | **Proctitis**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Headache** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Fatigue** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Epidemiological criteria *-*** *to have occurred in the* ***21 days*** *before symptom onset* | [ ]  Exposure to a confirmed or probable case or known exposure event | Provide details:  |
| [ ]  History of travel including to West or Central Africa where Mpox is endemic | Provide details:  |
| **Priority group**  | [ ]  MSM (men who have sex with men) |
|  **TESTING - Mark samples as URGENT and send to Labtest via courier (they will send on to LabPlus).** |
| **Testing guidelines -***Mpox samples to be double bagged separately from other samples with lab form in outer bag.*  | *Preferred* [ ]  3x viral swabs from separate vesicles (in UTM/VTM) [ ]  Scab lesions or crust materials (in sterile pottle with no added UTM) | [ ]  Nasopharyngeal swab for high risk close contacts with prodromal illness but no rash[ ]  Rectal swab for patients with proctitis |
| **Laboratory confirmation of disease** | [ ]  Yes | [ ]  No | If yes, please specify |
| **High Risk patient** | [ ]  Infant/young child | [ ]  Pregnant | [ ]  Immunocompromised (please follow this up with further advice from ID) |
| **Advised not to have sexual or intimate contact until result is back and no symptoms.** | [ ]  Yes | [ ]  No |
| **ADDITIONAL COMMENTS (E.g. Additional high-risk contacts, recent travel details, relevant PMHx or suspected source of infection.)**  |
| Add comments |

**Additional information and useful links**

**Typical appearance of Mpox rash**

* <https://dermnetnz.org/topics/monkeypox>