

ASSESSMENT FORM FOR MONKEYPOX TESTING
ERIE COUNTY DEPARTMENT OF HEALTH

Date of Report: _____

Ruled Out
Tested
(Circle One)

Suspect/Case Information

Last Name: _____ First Name: _____ DOB: _____

Street: _____ Town/City: _____ ZIP: _____

Phone #: (____) _____

Occupation: _____ Place of Employment: _____

Hospital/Facility Name: _____ MR#: _____

MD/Staff Name: _____ Phone #: (____) _____

Symptoms (within 21 days of rash onset)

(Check Box)

	Onset	
<input type="checkbox"/> Fever _____ °F/°C	_____	
<input type="checkbox"/> Headache	_____	
<input type="checkbox"/> Muscle Aches	_____	
<input type="checkbox"/> Swollen lymph nodes	_____	Where: _____
<input type="checkbox"/> Chills	_____	
<input type="checkbox"/> Exhaustion	_____	
<input type="checkbox"/> Rash/Lesions*	_____	Where: _____
<input type="checkbox"/> Other _____	_____	
<input type="checkbox"/> Other _____	_____	

*The characteristic rash associated with monkeypox lesions involves the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages: macules, papules, vesicles, pustules, and scabs. The rash can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g. syphilis, herpes, and varicella zoster).

Epidemiologic Factors (within 21 days of illness onset)

Travel to an area with confirmed cases of monkeypox? Yes / No

State: _____ Country: _____ From: _____ To: _____

Contact with a person with a similar appearing rash or with a person who received a diagnosis of monkeypox? Yes / No

Name of Contact : _____

Close or intimate in-person contact with persons in a social network experiencing monkeypox infections, this includes MSM ? Yes / No

Contact with a dead or alive wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g. game meat, creams, lotions, powders, etc.)? Yes / No

CALL THE ERIE COUNTY DEPARTMENT OF HEALTH (ECDOH) AFTER COLLECTING ALL INFORMATION AND BEFORE MONKEYPOX SPECIMENS ARE COLLECTED AT 716-858-7697.

Testing

Specimen Collection: Collect 2 swabs using viral transport media (VTM) from each of 2 lesions. Lesions should preferably be from different locations on the body and/or with different appearance for a total of 4 swabs. Collect the sample by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected. Label all tubes and swab holders with the patient's name, date of birth, unique identifier, date of collection, source of specimen (vesicle/pustule) and name of person collecting the specimen. Specimens must be stored refrigerated or frozen. Specimens must be received at NYS Wadsworth Center within 7 days of collection.

SPECIMEN PICKUP AND SHIPPING WILL BE COORDINATED BY THE ECDOH.

		Sample Date	Laboratory	Result
Syphilis	Yes / No	_____	_____	_____
HSV	Yes / No	_____	_____	_____
Varicella Zoster	Yes / No	_____	_____	_____
Orthopox	Yes / No	_____	_____	_____
Bacterial Culture	Yes / No	_____	_____	_____
Other	Yes / No	_____	_____	_____

Comments: _____

Reported to the ECDOH

Epidemiologist: _____ Date: _____

IF TESTING IS APPROVED, FAX THE COMPLETED FORM TO THE ECDOH AT 716-858-7964.

NYSDOH Monkeypox Guidance:

https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/docs/2022-06-17_han.pdf