"Pathology that **Adds Value**"

NOTICE

PathCare now offers testing for Monkeypox

PathCare has implemented PCR testing for monkeypox virus. It is therefore no longer necessary to discuss each case with the National Institute for Communicable Diseases (NICD) prior to specimen submission to PathCare, however, the PathCare Virologist on call may be consulted as needed.

Specimen requirements

Lesion fluid and/or material (vesicle/pustule skin) is required for the diagnosis of monkeypox infection. Dacron or polyester flocked swabs with VTM or dry swabs may be used. Where possible, more than one lesion should be sampled, preferably from different locations on the body and/or different looking lesions. These samples should be collected by the clinician (using appropriate PPE) and accompanied by a fully completed NICD case investigation form for submission to the laboratory. The PathCare monkeypox virus PCR request form may be used to request this test.

Throat swabs may be submitted as an additional sample but are not required. Please note that throat swabs will be processed as a separate sample and will therefore result in an additional PCR test being billed.

Transportation

Samples must be double or triple packaged and reach the laboratory without delay. Samples must be kept cold during transport (ice packs may be used).

Thank you
PathCare Laboratory

PathCare

PRACTICE NO. 5200539

BARCODED STICKER AREA

MPV REQUEST FORM

BARCODE STICKER

FOR URGENT RESULTS

Contact Person				
Please indicate	Tel	Fax	Cell	Email
Contact number				

* REFERRING DR.	1st Copy Dr & Code		3rd Copy Dr & Code	
	2nd Copy Dr & Code		Hospital Ward and Code	
* PATHCARE CODE	File No.			

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (* compulsory - please complete)

REQ. INFO

* Patient ID Passport nr		DOB DD MM YYYY	
* Patient Surname		* M F	
* Patient First Name		* Patient Title	
* Tel. (h) / cell		* Tel. (w)	
* E-mail			
* Patient Residential address			
* Address			
* City			
* Postal Code			
* Province			

* Guarantor ID No.		* Title Mr Mrs Ms Dr Prof	
* Surname		* Initials	
* Postal Address			
* Tel. (h) / cell		* Tel. (w)	
* E-mail			
* Medical Aid			
* Medical Aid No.			

HOSPITAL STICKER

HOSPITAL STICKER

IMPORTANT

*** ICD 10 CODE**

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* Collected by		* Date DD MM YYYY	* Time
Priority		Location Code	
* Received by		* Date DD MM YYYY	* Time

Births **Single** ☐ **Twins** ☐ (1 2) **Triplets** ☐ (1 2 3)

SPECIMEN INFORMATION AND TEST COUNT

URINE	HEPARIN	EDTA 4ml	EDTA 6ml	CITRATE	GEL	ACD	CLOTTED	FLUORIDE	OTHER - please specify	TEST COUNT

I certify that the above information is correct. I give specific consent for tests analysis and fully understand the implications of the test(s) and I have received adequate pre-test counselling. I hereby request and agree that all my pathology test results and accounts from Drs. Dietrich, Voigt, Mia & Partners ("PathCare") may be sent to my nominated email address and cellphone number, to my medical aid administrators, medical practitioner(s) and/or insurance company. I indemnify PathCare against action that may be brought by virtue of this request and I understand that it is entirely my responsibility to safeguard access to my email. I undertake to pay outstanding monies not covered by the medical aid.

SIGNATURE PATIENT CONSENT

OTHER TESTS AND CODES

RELEVANT CLINICAL DATA AND PRESENT MEDICATION

LMP D D M M Y Y Y Y

FASTING YES NO

Monkeypox virus PCR

H6044 ☐ Skin swab (required; see below for details)

H6044 ☐ Throat swab (optional; will result in an additional PCR billed)

Specimen requirements

1. Lesion fluid or material (vesicle/pustule skin) is required. Dacron or polyester flocked swabs with VTM or dry swabs may be used. Where possible, more than one lesion should be sampled, preferably from different locations on the body and/or different looking lesions.
2. Throat swabs may be submitted in addition, but are not required, and will be processed as a separate sample (therefore two PCR tests will be billed).
3. All specimens must be accompanied by a completed NICD case investigation form.

Transportation

Specimens must be double bagged for transportation to the laboratory.

Specimens must be kept cold during transport (ice packs may be used).

Y / 01 CLSERV / Forms per Disc... / Monkey Pox / MPV Request Form 11.08.2022_KR

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Division of Public Health Surveillance and Response and
Centre for Emerging Zoonotic and Parasitic Diseases
(NICD) 24-hour hotline number: 0800 212 552

CASE INVESTIGATION FORM: MONKEYPOX

PATIENT DETAILS

Surname:	Name/s:	
Date of birth:	Age:	Sex: Male Female
Contact telephone number/s:	Occupation:	
Physical home address:		

ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS

Name of clinician:	Contact number/s of clinician:	
Healthcare facility name:	Location of healthcare facility:	
Hospital number:	Date of admission (dd/mm/yyyy):	Ward:

RISK FACTORS/ EXPOSURE HISTORY – during the 21 days prior to onset of symptoms

Travelled to a country endemic for monkeypox*	Yes □	No □	Unknown □
Close contact with suspected or confirmed case of monkeypox**	Yes □	No □	Unknown □
History of international travel	Yes □	No □	Unknown □
None of the above	Yes □	No □	Unknown □

CLINICAL INFORMATION

A. Date of onset of illness (dd/mm/yyyy):

B. Clinical features (Tick appropriate box: yes, no, unknown)

Fever Yes □ No □ Unknown □
If yes, specify temperature_____°C

Lymphadenopathy Yes □ No □ Unknown □
Headache Yes □ No □ Unknown □
Muscle pain Yes □ No □ Unknown □
Fatigue Yes □ No □ Unknown □
Sore throat Yes □ No □ Unknown □
Nausea/vomiting Yes □ No □ Unknown □
Cough Yes □ No □ Unknown □
Chills/sweats Yes □ No □ Unknown □
Oral ulcers Yes □ No □ Unknown □
Light sensitivity Yes □ No □ Unknown □
Other, specify: _____

If female, pregnant Yes □ No □ Unknown □

Rash Yes □ No □ Unknown □
Date of onset of rash (dd/mm/yyyy):
_____

If yes, specify

Distribution of rash:

Face □ Legs □ Soles of the feet □
Trunk □ Arms □ Palms of hands □
Thorax □
Genitals □
All over body □

Type of rash:

Macular Yes □ No □
Maculopapular Yes □ No □
Vesicular Yes □ No □
Petechial Yes □ No □
Vasculitic Yes □ No □

PAST MEDICAL AND TRAVEL HISTORY

Underlying illness*** : Yes □ No □ Unknown □
If yes, give details:

Travel outside of South Africa in the 21 days prior to onset of illness? Yes □ No □ Unknown □ If yes, details:				
Country visited (indicate if travelling in transit through airport in another country)	Location/s visited within country:	Date of arrival (dd/mm/yyyy):	Date of departure (dd/mm/yyyy):	Activities at the location

Footnotes:

* Countries endemic for monkeypox:
Cameroon
Central African Republic
Congo
Democratic Republic of Congo
Gabon
Ghana
Ivory Coast
Liberia
Nigeria
Sierra Leone
South Sudan

**Initiate contact tracing in collaboration with your infection control practitioner and local communicable diseases control coordinator

*** Any immunosuppressing conditions, including active HIV disease