

Monkeypox Laboratory Requisition



South Dakota Public Health Laboratory
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www.state.sd.us/doh/Lab

Lab Use Only

Facility _____ Phone # _____
Address _____ Provider _____
City _____ State _____ Zip Code _____ Fax Number # _____

Patient Information:

Patient name: (Last) _____ (First) _____ MI _____

Patient Residence: County _____ State _____ Zip Code _____

Date of Birth ____/____/____ Age _____ Gender: Male Female Unknown

Race: Asian Hawaiian Native American

Black White Other _____

Ethnicity: Hispanic Non-Hispanic Unknown

Specimen Collection Date:

____/____/____

Lesion Site:

Collection Site 1: _____

Collection Site 2: _____

Collection Site 3: _____

Lab Use Only:

Mandatory Patient Criteria

Lesion(s)? Yes No (If no, STOP!! This patient does not meet SDPHL testing criteria)

a. Lesion onset: ____/____/____

Additional Patient Criteria (patient must meet one or more of the following criteria for testing at SDPHL)

1. A man who had close or intimate in-person contact with men within the last 3 weeks? Yes No
2. A person identified as being a close contact to a diagnosed monkeypox case? Yes No
3. A person who had close contact with a person in a social network experiencing monkeypox activity within the last 3 weeks? Yes No

Differential Diagnosis Testing (if known):

Herpes Simplex Virus: Positive Negative Unknown

Varicella Zoster Virus: Positive Negative Unknown

Syphilis: Positive Negative Unknown

Revised: 8/30/2022