



# Chester County Health Department

## Monkeypox (MPX)

### PA Bureau of Laboratories Specimen Submission Form Guidance

#### Purpose

The purpose of this document is to provide guidance for completing the specimen submission form for monkeypox testing at the PA Bureau of Laboratories (PA BOL). Incorrect submission forms will result in PA BOL rejecting the specimen.

#### Guidance

- All fields highlighted in yellow are required to be completed.
- Patient name on submission form and sample **MUST** match.
  - NOTE: Last name is listed before the first name
- Print the submission form and include with the specimen.

|                              |  |                    |           |                    |   |                         |
|------------------------------|--|--------------------|-----------|--------------------|---|-------------------------|
| COMMONWEALTH OF PENNSYLVANIA | PATIENT NAME   | LAST               | FIRST     | MIDDLE             | DEPARTMENT OF HEALTH - BUREAU OF LABORATORIES |                         |
|                              | ADDRESS  |                    |           |                    |   |                         |
|                              | CITY   | STATE              | ZIP       | COUNTY             |   | STATE LAB NO.           |
|                              | PATIENT PHONE #  |                    |           |                    |   | SUBMITTER - Results to: |
|                              | DATE OF BIRTH  | SEX                | ETHNICITY | RACE               |   |                         |
|                              | ONSET DATE   | SOURCE OF SPECIMEN |           | COLLECTION DATE(S) |   |                         |
|                              | SPECIFIC AGENT SUSPECTED   |                    |           | MEDIA SUBMITTED    |   |                         |
|                              | LABORATORY EXAMINATION(S) REQUESTED  |                    |           | Address:           |   |                         |
|                              | ORDERING HEALTHCARE PROVIDER   |                    |           | City, State, Zip:  |   |                         |
|                              | FAX NUMBER FOR REPORT  |                    |           | Phone #:           |   |                         |
|                              | RETURN TO: BUREAU OF LABORATORIES<br>PENNSYLVANIA DEPARTMENT OF HEALTH<br>110 PICKERING WAY<br>EXTON, PA 19341 |                    |           | Email:             |   |                         |
|                              | FORM # H 840.336   |                    |           | REVISED 05-2020    |   |                         |

**PLEASE ATTACH YOUR LABORATORY RESULTS**

SPECIMEN SUBMISSION FORM