

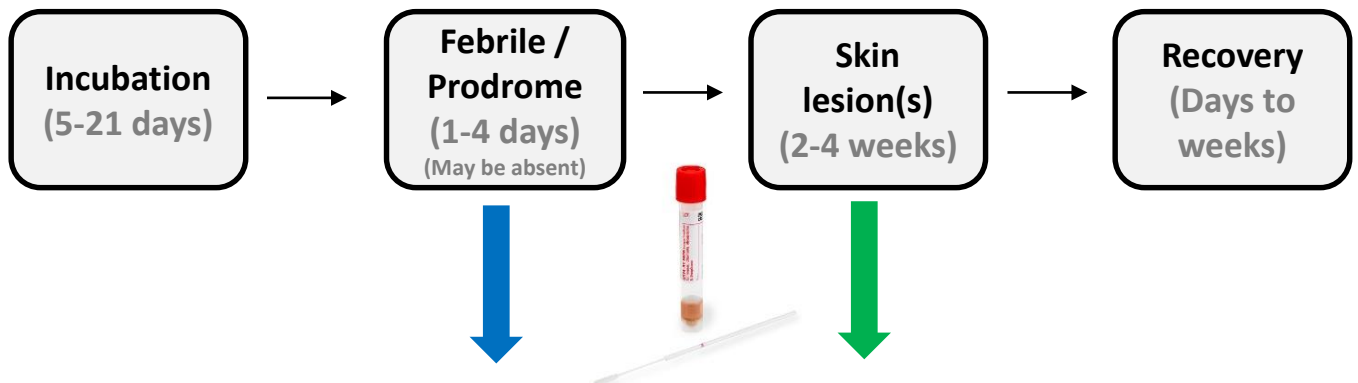


# Laboratory Technical Bulletin

## Monkeypox Specimen Collection

August 11, 2022

When ordering diagnostic specimens for patients with suspected Monkeypox (hMPXV) infection, first evaluate the stage of infection:



During the prodromal phase (fever, malaise, etc.) in the absence of rash or skin lesions, alternate specimen types may be considered, including:

- Throat swab (Red-topped Viral NAT swab as listed above)
- EDTA Whole Blood (Lavender -topped tube)
- Urine (sterile screw-top container)

These specimen types have lower sensitivity ([NEJM 2022](#)) and should **NOT** be routinely collected when skin lesion(s) are present.

**Skin lesions** (vesicles, pustules, papules or macules) are the **preferred specimen type**.

Using the red-topped Copan Viral NAT swab with transport media, swab numerous skin lesions. Where possible, de-roof lesions to sample exudate or include crusts/scabs. Insert the sample into the transport media and secure cap.

If ordering tests for other pathogens (e.g., HSV, VZV), these can be performed using the same swab.

Ensure specimens are labelled and sealed in individual biohazard bags.  
Transport specimens to the PHC laboratory promptly (<2 hours) or keep refrigerated.  
For further information re: hMPXV diagnostic testing at PHC, please refer to the Aug 2022 Medical Bulletin.