



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770 TDD: Call 711

Public Health Division

Tecovirimat, TPOXX Oral Treatment Medication Request

Please read prior to filling out form:

- All Tecovirimat, TPOXX medication requests should be emailed to immunizations@santacruzcounty.us

Facility Name: _____ Director/Contact: _____

Contact Cell Phone: _____ Back Up Contact Name: _____

Backup Contact Cell Phone: _____ Facility Address: _____ Email: _____

Date of Request: _____ Request Needed by Date/Time: _____

Days/Times **NOT** Available for receiving shipment: _____

Please confirm that facility has submitted [FORM FDA 1572 \(cdc.gov\)](https://www.cdc.gov/forms/fda-1572) Yes No

of patients treated weekly in the past three (3) weeks: _____ Total # of patients treated to date: _____

For your reference: [Guidance for Tecovirimat Use Under Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Cases](#)

Supplies Requested	Tecovirimat, TPOXX Oral Med.
# of courses (one course = 2 bottles of 42 pills each)	# of courses requested:

For Internal Use Only: Date Received: _____ Date Input in Tracking System: _____

Date Approved by Clinical Lead (Patricia R. & Lauren T.): _____