

<p><b>ACCESSION SHEET – CEM CULTURE</b>  <i>(Taylorella equigenitalis and Taylorella asinigenitalis)</i>  <a href="http://vdl.uky.edu/">http://vdl.uky.edu/</a>  UNIVERSITY OF KENTUCKY VETERINARY DIAGNOSTIC LABORATORY</p>	<p style="text-align: center;"><u>For Lab Use Only</u></p> Case # _____ Rec'd by _____ # of Samples _____ Overnight shipped samples <b>MUST</b> be cold on arrival: Cold (Yes/No)? _____
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SAMPLES MAY BE REJECTED IF THIS FORM IS NOT COMPLETELY AND LEGIBLY FILLED OUT

**INSTRUCTIONS FOR SUBMISSION**

1) All swabs should be rayon. Polyester and calcium alginate swabs are known to dissolve.  
2) Samples must be received within 48 hours of collection, and must be uniquely identified (site/animal's name).  
3) Samples must be in Amies Transport Medium w/Charcoal, and be shipped with sufficient ice packs to remain chilled.  
4) Clitoral sinus swabs must be collected using the small diameter 'mini-tip' swabs.  
5) Endometrium/Cervix/Uterine swabs must be collected using guarded swabs.

Veterinarian's Name _____ _____ Address _____ City _____ State _____ Zip _____ Phone _____ E-mail _____	Horse Location/Contact Information: Owner/Agent Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ County _____ E-mail _____
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Horse Information: Name _____ Breed _____ Age _____ Sex _____ Comments _____	Breeding History: Test Mare (YES/NO) _____ Stallion's Name (if known) _____ Clinical Signs _____ Comments _____
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<b>IMPORT:</b> Country of Origin _____ Collection Date: _____ Time: _____ Male: _____ Culture Sites: _____ 1) Prepuce _____ 2) Urethral orifice/distal urethra _____ 3) Urethral fossa _____ 4) Urethral diverticulum  Female _____ Set _____ of _____ Culture Sites: _____ 1) Clitoral fossa _____ 2) Clitoral sinus _____ 3) Endometrium/Uterine _____ 4) Cervix	<b>EXPORT:</b> Country exported to _____ Collection Date: _____ Time: _____ Male: _____ Culture Sites: _____ 1) _____ _____ 2) _____ _____ 3) _____ _____ 4) _____  Female: _____ Set _____ of _____ Culture Sites: _____ 1) _____ _____ 2) _____ _____ 3) _____ _____ 4) _____
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**SHIP SAMPLES TO:** University of Kentucky Veterinary Diagnostic Laboratory  
1490 Bull Lea Rd  
Lexington, KY 40511  
Phone: (859) 257-8283  
Fax: (859) 255-1624

Signature of Submitter: \_\_\_\_\_