

<p>ACCESSION SHEET – CEM CULTURE <i>(Taylorella equigenitalis and Taylorella asinigenitalis)</i> http://vdl.uky.edu/ 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 MUST 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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IMPORT: Country of Origin _____ Collection Date: _____ Time: _____ Male: _____ Culture Sites: _____ 1) Prepuce _____ 2) Urethral Sinus _____ 3) Distal Urethra _____ 4) Fossa Glandis (including diverticulum) Female _____ Set _____ of _____ Culture Sites: _____ 1) Clitoral fossa _____ 2) Clitoral sinus _____ 3) Endometrium/Uterine _____ 4) Cervix	EXPORT: 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: _____