

**ACCESSION SHEET- CEM CULTURE**

(*Taylorella equigenitalis* and *Taylorella asinigenitalis*)

LIVESTOCK DISEASE DIAGNOSTIC CENTER

University of Kentucky, College of Agriculture

1490 Bull Lea Road, P.O. Box 14125

Lexington, Kentucky 40511

Phone: (859) 253-0571

Case No. \_\_\_\_\_

Date Sampled \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Animal Name/Number \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Area Code/Phone: \_\_\_\_\_

Area Code/Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**BREEDING HISTORY:** Imported ( ) \_\_\_\_\_ For Export ( ) \_\_\_\_\_ Test Mare ( ) \_\_\_\_\_

Location for the past 12 months: \_\_\_\_\_ Date of last cover: \_\_\_\_\_

Name of servicing stallion this year: \_\_\_\_\_ Last year: \_\_\_\_\_

The mare was under the care of what veterinarian over the past 12 months? \_\_\_\_\_

**CLINICAL SIGNS:**

Vaginal discharge: Normal ( ) Copious ( ) Greyish-white ( ) Purulent ( )

Date of first clinical signs of disease: \_\_\_\_\_

Other clinical signs of disease \_\_\_\_\_

**CULTURE RESULTS – Laboratory use only**

ANATOMICAL AREA SAMPLED (Please list sites below)		CEM Bacterium Recovered	No CEM-like Bacterium Recovered	Plates Overgrown With Other Microorganisms

Comments: \_\_\_\_\_

Reported by \_\_\_\_\_ Call \_\_\_\_\_ Date Reported \_\_\_\_\_

BAC 007

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