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For Laboratory Use	
VSD Ref. No.	
Date received	

Contagious Equine Metritis Submission Form

Name and address of Veterinary Practice

Postcode
Fax. No.
Veterinary Surgeon

Name and address of owner

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Name of horse

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Date of sampling (dd/mm/yy)

--

Time of sampling (hh:mm)

--

Sex

--

Reason for sampling. Please tick one.

1st Examination 2nd Examination

3rd Examination Other

If other, please specify

--

Sample No.	*Site
1	
2	
3	
4	

Note: Ensure samples arrive so that cultures can be started within 48 hours of sampling. The laboratory is **not** permitted to culture out-of-time samples.

***Site:** It is the responsibility of the veterinary practitioner to ensure that the sites sampled correlate with those specified on the export certificate.

Please complete the section below if the horse is for export testing

Export to

--

Date of export (dd/mm/yy)

--

Signed _____

Date _____

For Laboratory Use Only

Samples not more than

48 hours old - checked.....

Samples more than 48 hours old -

practice informed.....

Name of horse and

samples checked.....

Samples chilled

on arrival..... Yes No

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