



## Contagious Equine Metritis (*Taylorella sp.*) Information Sheet

### TESTING DETAILS

1. Veterinarians are required to follow USDA requirements for sample collection & shipment ([http://www.aphis.usda.gov/import\\_export/animals/animal\\_import/equine/equine\\_import\\_cemcountry731days.shtml](http://www.aphis.usda.gov/import_export/animals/animal_import/equine/equine_import_cemcountry731days.shtml))
2. USDA determines “Import” requirements; contact destination country for “Export” requirements
3. All submissions for CEM testing are considered **OFFICIAL**; results will be reported to CDFA and USDA
4. CAHFS can provide Amies charcoal swabs at no charge; submitter must pay for shipping
5. Cost of culture: \$40.00 per swab tested; payment should be included with samples. Make checks payable to “**U.C. Regents**” or call 530-752-4613 to pay by credit card

### SAMPLING INFORMATION FOR IMPORT:

1. Samples **MUST** be collected in **Amies Charcoal** swabs for shipment; include date and time of collection
2. Individual samples for import must be collected from each site
  - a. **STALLIONS** (collected once) have 4 sample sites: urethral orifice, urethral diverticulum, urethral fossa, prepuce
  - b. **MARES** (collected 3 times,  $\geq 72$  hours apart, within 12 days) have 3 sample sites: clitoral fossa and clitoral sinus (from all three collections); cervix/endometrium (from one of the three collections)
3. Place culture swabs on ice packs or in refrigerator ASAP
4. Use CAHFS CEM submission form on page 2 of this document—fill out completely or samples may be rejected

### SAMPLING INFORMATION FOR EXPORT OR SCREENING:

1. Samples **MUST** be collected in **Amies Charcoal** swabs for shipment
2. Individual samples must be collected. Pooling of samples will not be accepted. Contact destination country for “Export” requirements. For screening, contact your veterinarian.
3. Place culture swabs on ice packs or in refrigerator ASAP
4. Use CAHFS CEM submission form on page 2 of this document—fill out completely or samples may be rejected

### SHIPPING INFORMATION

1. Samples must arrive chilled within 48 hours of collection
2. Ship overnight with enough ICE PACKS for samples to arrive cool
3. Do NOT use U.S. Mail for shipping samples
4. Send to the CAHFS DAVIS lab only
5. Shipped samples are accepted for testing at CAHFS Davis **Monday through Friday** only

### REPORTING INFORMATION

1. Submitters will be notified ASAP if samples are unsuitable for testing or are contaminated with bacteria which inhibit the recovery of *Taylorella sp.*
2. Cultures that are suspicious for *Taylorella sp.* will be sent to NVSL for final confirmation. Submitters will be notified when suspect cultures are sent.
3. Cultures must be evaluated for at least 7 days. Results will be finalized as negative after 7 days (at the earliest.)



CAHFS Accn. # \_\_\_\_\_  
 Rec'd by \_\_\_\_\_  
 Case Coordinator \_\_\_\_\_  
 Program  CEM-CEH  CEM-Not CEH  
 # of Samples \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Section \_\_\_\_\_  
 Carrier \_\_\_\_\_

## Contagious Equine Metritis (CEM) Submission Form

**SAMPLES MAY BE REJECTED IF THIS FORM IS NOT COMPLETELY FILLED OUT**

**Payment Received**

<b>Veterinarian's Name</b> _____	<b>Horse Location/Collection Site:</b>
<b>Address</b> _____	<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Phone</b> _____	<b>County</b> _____
<b>Report by</b> <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	<b>Horse Information:</b>
<b># or address</b> _____	<b>Name</b> _____
<b>Owner's Name</b> _____	<b>Registration</b> _____
<b>Address</b> _____	<b>Breed</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>Age</b> _____ <b>Sex</b> _____ <b>Color</b> _____
<b>Phone</b> _____	<b>Markings</b> _____

Report to: USDA (000895) Fax: (916) 363-1125

**Samples must be collected in Amies media with charcoal (swabs CANNOT be expired) and shipped on ice packs. Samples must be received at the Davis Lab within 48 hours of collection. Pooling of samples is not allowed.**

<input type="checkbox"/> <b>IMPORT: Country Of Origin:</b> _____	<input type="checkbox"/> <b>EXPORT: Horse/Semen exported to:</b> _____
<b>Collection Date</b> _____ <b>Time</b> _____	<b>Collection Date</b> _____ <b>Time</b> _____
<b>Stallion:</b> _____ <b>Billing acct:</b> _____	<b>Stallion:</b> _____
<b>REQUIRED CULTURE SITES</b>	<b>CULTURE SITES:</b>
<ol style="list-style-type: none"> <li>Prepuce</li> <li>Urethral orifice/distal urethra</li> <li>Urethral fossa</li> <li>Urethral diverticulum</li> </ol>	_____ _____ _____ _____
<b>Mare:</b> _____ <b>Billing acct:</b> _____ <b>Set</b> _____ <b>of</b> _____ <b>3</b>	<b>Mare:</b> _____
<b>REQUIRED CULTURE SITES</b>	<b>CULTURE SITES:</b>
<ol style="list-style-type: none"> <li>Clitoral fossa</li> <li>Clitoral sinus</li> </ol>	_____ _____ _____ _____
<b>INCLUDE WITH ONE SET ON OPEN MARES</b>	
<ol style="list-style-type: none"> <li>Distal cervix/endometrium</li> </ol>	

**SHIP SAMPLES TO:** CAHFS, Davis  
 University of California, Davis  
 620 W. Health Sciences Drive  
 Davis, CA 95616  
 General Info: (530) 752-8700  
 FAX: (530) 752-6253

**PAYMENT IS REQUIRED WITH EACH SUBMISSION**

Cost of testing is **\$ 40.00** per sample site.  
**Make Checks payable to: UC REGENTS**  
**or call 530-752-4613 to pay be credit card**

I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples submitted to CAHFS, will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1040. Such confidential information will not be divulged to third parties without written consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. University, its officers, employees, and agents shall not be accountable for any loss, expense (including attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts or omissions by University, its officers, employees, or agents.

**Signature of Submitter** \_\_\_\_\_

**Date** \_\_\_\_\_