SUBMISSION FORM FOR SWABS FOR PCR SCREENING OF STALLIONS FOR CEM

PART A: IDENTIFICATION OF ANIMAL
TO BE COMPLETED AND SIGNED BY STALLION OWNER / AGENT

NAME OF STALLION: **…….** **BREED** ……...……
Passport number:**…….** **Date of birth …..……/……..../……..…..**
Country of origin (if not born in South Africa)……
Microchip number: ……...…….
Name of owner:…….……...
Farm of origin:…….……....
Address:……....
Tel:…….. **Cell:**…….……..… **Email: ……..**…….…….
State Veterinary district: ……..……..
SIGNATURE: …….…… …
……

PART B: CEM SWAB DETAILS
TO BE COMPLETED AND SIGNED BY A VETERINARIAN

Date of collection: ……/..……/…… **Place of collection**: …….……..
Sites of swabbing of external genitalia:
Note: A separate dry swab must be taken from each of the following three sites:

1. **urethral fossa including sinus □ 2. urethra □ 3. lamina □**

Note: Each dry swab must be clearly labeled (Stallion name; site; date) and securely sealed
Swabs obtained during course of penile erection / complete exteriorisation: YES □ NO □
Swab obtained with the aid of sedation: YES □ NO □
Additional remarks: …….
……..……

NAME OF VETERINARIAN…….. Qualification: ……..
Signature:……..
Tel: …….…….....
Fax: ……
Cell: ……..
Email: …….…….

PRACTISE STAMP

Submission:
By Speed Post: Equine Research Centre; Private Bag X04, Onderstepoort, 0110
By Courier: Equine Research Centre, Faculty of Veterinary Science, University of Pretoria, Old Soutpan Road, Onderstepoort, 0110

Cost:
The cost of testing is R200.00 (VAT Incl) for each set of 3 swabs

Payment Options (Mark One of the Following):

1. EFT Payment to ABSA, Account: 2140000038, Branch: 335545 (Hatfield), Reference: CEM/Name/A2373 (Proof of EFT Payment attached)

2. Invoice Owner

3. Invoice Veterinarian

(NOTE: Veterinarian will be Invoiced if neither of the options above are marked or if owner details are not provided)