



## LABORATORY CERTIFICATE

(CERTIFICAT LABORATOIRE)

### 2024 SEASON

For use only by Registered Laboratories\* (Laboratoires certifiés)

Swabs contained in transport medium and labelled as collected from the stallion/teaser/mare named (Nom du cheval)

Passport number (where available) (Numéro SIRE/carnet signalétique) \_\_\_\_\_

from the following sites (Prélèvements effectués) \_\_\_\_\_

were submitted by (name of veterinarian who took the samples) (nom du vétérinaire ayant effectué les prélèvements) \_\_\_\_\_

for bacteriological examination on (date[s]) (Fait le) \_\_\_\_\_

I (je) \_\_\_\_\_

of (Laboratory) (Num du laboratoire certifié) \_\_\_\_\_

certify that the above swabs were examined: (je sousigné/e atteste que les prélèvements mis en culture),

	a) with the following results: (ont livré les résultats suivants):		b) by testing method: (méthode utilisée):	
	POSITIVE positif	NEGATIVE négatif	CULTURE	PCR
Tylorella equigenitalis (CEMO) (Métrite contagieuse des Equidés)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pseudomonas aeruginosa (Pseudomonas aeruginosa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klebsiella pneumoniae (Klebsiella pneumoniae)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where K. pneumoniae was isolate, capsule type (s) identified were \_\_\_\_\_  
(Type(s) capsulaire[s])

Name and qualifications (Responsable du laboratoire certifié) (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Laboratory name and address (Nom et adresse du laboratoire certifié) \_\_\_\_\_

\*A registered Laboratory is one whose name is published on the British Equine Veterinary Association website for the year December 2023 - November 2024 †In the event of a positive Klebsiella pneumoniae isolate, capsule typing should be performed and the results detailed to aid the determination of potential venereal pathogenicity.