GUIDANCE DOCUMENT

CEM Test Mare Qualification

This guidance document is based on Wis. Stat. ch. 95 and chapter(s) ATCP 10 Wis. Admin. Code. This document is intended solely as guidance, and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any of the issues addressed.

Instructions for contagious equine metritis (CEM) test mare qualification.

Darlene M. Konkle

Dr. Darlene Konkle - Administrator Division of Animal Health

DATE

Contributors:
Horse Name: ______________________________________________________________
Registration/Official Identification: ____________________________________________
Horse Description: _________________________________________________________
Horse Owner Name: ________________________________________________________
“T” Mark Type: ____________________ “T” Mark Location: _______________________

Sample Collection (initial each collection site)

Sets of specimens shall be collected on three separate occasions from the mucosal surfaces of the clitoral fossa and the clitoral sinuses, with one set of specimens including a specimen from either the distal cervix or endometrium, within a 12-day period with no less than 72 hours between each set.

<table>
<thead>
<tr>
<th>Date/ Acc #</th>
<th>Clitoral Fossa</th>
<th>Clitoral Sinus</th>
<th>Cervix/ Endometrium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day _____</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lab Accession #</td>
<td>Results</td>
<td></td>
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<tr>
<td>Day _____</td>
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<td>Results</td>
<td></td>
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</tr>
</tbody>
</table>

CF Test  Date: _________________  Acc# _________________  Result: _____________________
Laboratory Name: ______________________________ Laboratory Phone #: ___________________
Comments: ________________________________________________________________________
__________________________________________________________________________________

If any of the above results are positive, the mare must be treated for 5 days in a row. Please use a test mare treatment sheet for this.

__________________________________________________________________________________

Equine Quarantine Station Veterinarian Signature          Date

DATCP Monitoring Veterinarian Signature          Date