

Owner **Barrowby Connemara'S**  
Animal **Kippure Lancelot**  
Age  
Type  
Gender **M**  
Vet **John Millar**  
Practice **Aireworth Vets**

Lab Ref **127817**  
Practice Ref **N/A**  
Sample date **01/02/2021**  
Received date **02/02/2021**  
Report date **09/02/2021**  
Report status **FINAL**  
Charge GBP  
Requests **SD3 TKPS E&E**



Rainbow Farm, Old Malton  
Malton, North Yorkshire YO17 6SG  
Laboratory Tel: 01653 919000  
Email: [Office@RainbowEquineLab.co.uk](mailto:Office@RainbowEquineLab.co.uk)  
Web: [www.RainbowEquineHospital.co.uk/Lab](http://www.RainbowEquineHospital.co.uk/Lab)

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#### MICROBIOLOGY

Sample Type: Urethral Fossa, Urethral Orifice and Sheath Swabs.

Taylorella equigenitalis Negative

Pseudomonas aeruginosa Negative

Klebsiella pneumoniae Negative

#### SEROLOGY

Sample Type: Serum:

Equine Viral Arteritis Negative

Equine Infectious Anemia Negative

Comments: On the specified date, a blood sample from the horse identified to us as above was submitted to Rainbow Equine Laboratories, Malton, North Yorkshire, UK and was tested for EVA and EIA serology by enzyme linked immunosorbent assay (ELISA) and competitive Enzyme-linked immunosorbent (cELISA) respectively.

Did you know that it is no longer recommended to fast horses before collecting a blood sample for basal insulin for the initial diagnosis of EMS? Samples can be collected after feeding hay (no grain within 4 hours) or while on pasture (to assess current management)



**LABORATORY CERTIFICATE**  
(CERTIFICAT LABORATOIRE)

**2021 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 (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)  
(Mérite contagieuse des Equidés)

☐☐☐

Pseudomonas aeruginosa  
(Pseudomonas aeruginosa)

☐☐☐☐

Klebsiella pneumoniae  
(Klebsiella pneumoniae)

☐☐☐☐

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 2020 - November 2021 †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.