



GEMINI GENETICS

EQUINE HEALTH CERTIFICATE

ALL SECTIONS TO BE COMPLETED AND SIGNED BY CLIENT'S VETERINARY SURGEON

Donor Animal's Name:.....DoB: Breed:.....
(As detailed on passport)

Registration No: Microchip Number:

Date of tissue sampling:

Owner:.....

Please ensure all test samples are labelled with the donor animal's passported name

Testing for EIA & Glanders to be completed within 180 days (before or after) taking of the tissue sample.

Testing for Dourine to be completed within 30 days **prior** to tissue collection. A complement fixation test at a dilution of 1/5 is required.

BLOOD TESTS

<u>Test</u>	<u>Date sample taken</u>	<u>Result</u>
EIA (Coggins) (within 180 days (before or after) taking of the tissue sample. Strictly Coggins test <u>only</u> ; ELISA's <u>NOT</u> accepted)
EVA (SNT)* <i>(unvaccinated horses only) *</i>
Glanders (CFT @ 1/5) (within 180 days (before or after) taking of the tissue sample)
Dourine (CFT @1/5) (within 30 days <u>prior</u> to tissue collection)

Blood samples for EIA, EVA Dourine and Glanders **must** be sent to: VLA Weybridge, New Haw, Addlestone, Surrey, KT15 5NB

****EVA VACCINATED STALLIONS- Please contact Gemini Genetics. Do not blood test EVA vaccinated stallions.***

***FOR NON-UK RESIDENT EQUINES, PLEASE SEND TO A COUNTRY EQUIVALENT MINISTRY EXPORT LABORATORY**

PLEASE ALSO SUBMIT AN UNCLOTED BLOOD SAMPLE/BLOOD SERUM SAMPLE TO GEMINI GENETICS WITH THE TISSUE SAMPLE.

This will go into storage in case additional future health testing of the animal is required.

Animal Name:.....

Date:.....

Vet Initials:.....

SWABS

Samples to be taken within 180 days (before or after) taking of the tissue sample

<u>Test</u>	<u>Date sample taken</u>	<u>Result</u>
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MALES

CEM

(5 sites, 5 separate swabs)
(Penile sheath/prepuce, Urethra, Urethra fossa and urethral sinus, Fossa glandis including diverticulum, Pre-ejaculatory fluid)

FEMALES

CEM

(Clitoral swab)

Swabs **must** be sent chilled to: APHA Penrith, Merrythought, Calthwaite, Penrith, Cumbria, CA11 9RR.

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CULTURE SHOULD BE REQUESTED; NOT PCR

HEALTH DECLARATION

I, the undersigned, hereby certify that I examined the above donor animal on.....(Date), being on the date of collection of the tissue sample and found the animal to be free of clinical signs or symptoms of infectious and contagious disease. To the best of my knowledge and belief;

1. The donor animal resided in the country of origin for no less than 60 days prior to tissue sampling
2. During that 60-day period, the premises of origin and any adjacent premises were free of dourine, glanders, EIA and contagious equine metritis
3. The donor animal was free from any quarantine or movement restrictions for a period of no less than 60 days prior to collection of the tissue sample
4. The donor animal was not used for natural breeding for a period of no less than 60 days prior to collection of the tissue sample
(Date last used for natural covering:(Day, Month, Year))

Please contact Gemini Genetics immediately if any of the above are not applicable.

Signed..... MRCVS Name:.....
(Block Capitals)

Date

Address.....

.....

.....Phone No

This Health Certificate along with copies of the laboratory results **MUST** be emailed to info@geminigenetics.com immediately upon receipt of the test results. The original Health Certificate is also required and should be posted to the address below.

To be returned to:
Laboratory, Gemini Genetics Ltd, Chapel Field Stud, Ash Lane, Whitchurch, Shropshire, SY13 4BP
Tel. 01948 666295 Fax. 01948 662663

Animal Name:..... Date..... Vet Initials:.....