

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

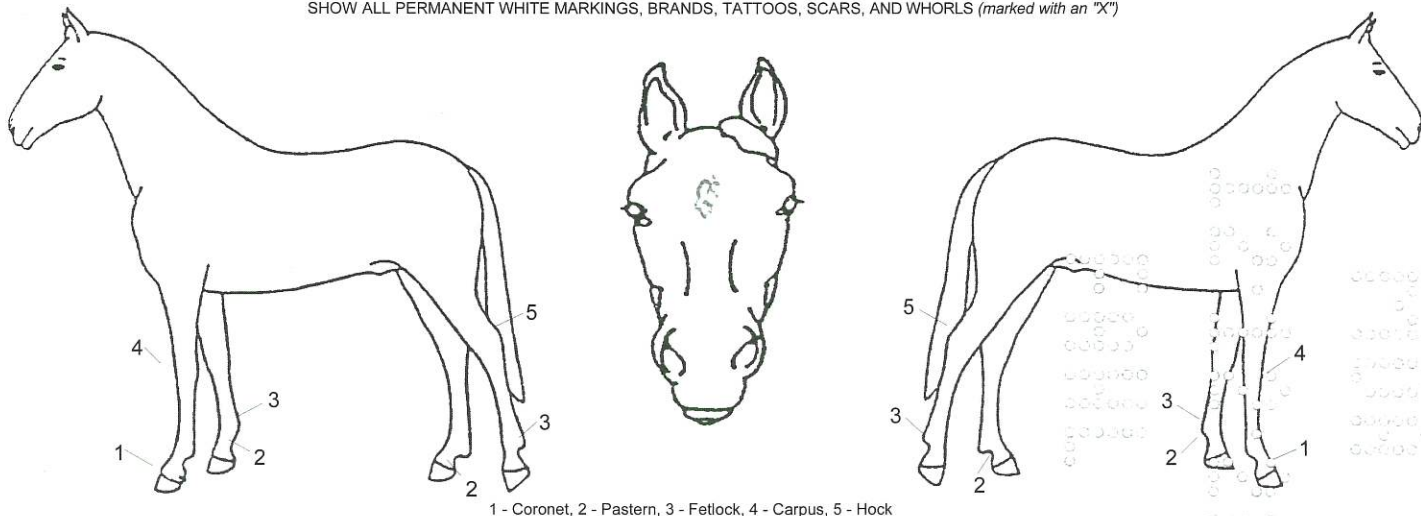
AA 895125

EQUINE INFECTIOUS ANEMIA TEST FORM

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) 22F8429		2. DATE BLOOD DRAWN 12/12/22		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME Same # 5 5b. PHYSICAL/STREET ADDRESS 5c. CITY, STATE, ZIP CODE 5d. TELEPHONE NUMBER			7. NAME AND ADDRESS OF OWNER 7a. NAME Coexist Stables / James Hillman 7b. MAILING ADDRESS 5641 Ridge Rd 7c. CITY, STATE, ZIP CODE Mt Airy, MD 21771 7d. TELEPHONE NUMBER 301 524 6885		
6. COUNTY OF EQUINE AT BLOOD DRAW Carroll					
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.					
8. ACCREDITED VETERINARIAN 8a. VETERINARIAN NAME Robert A. Simmons, D.V.M. Link Veterinary Associates 980 Trevanion Road Union Bridge, MD 21791		8b. NATIONAL ACCREDITATION NUMBER 067590		8c. VETERINARIAN SIGNATURE [Signature] 8d. SIGNATURE DATE 12/12/22	
8e. PHYSICAL STREET ADDRESS OF VETERINARIAN Union Bridge, MD 21791		8f. CITY, STATE, ZIP CODE		8g. TELEPHONE NUMBER 410 775 1744	
9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal Luxor	12. Color Black	13. Breed (or species if not a horse) Friesian Cross	14. Age or DOB 7yr
				15. Sex G	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
16. MICROCHIP, BREED, OR REGISTRATION NUMBER					

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD Star	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB	20. RIGHT FORELIMB
21. LEFT HINDLIMB	22. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME FREDERICK ANIMAL HEALTH LAB 1840 ROLLING AVE. FREDERICK, MD 21702 23a. CITY-600-1548 23b. STATE	24. DATE SAMPLE RECEIVED 12-12-22	25. DATE RESULTS REPORTED 12/13/22	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
28. LABORATORY REMARKS			29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN [Signature]	
30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>				

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).