

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved  
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

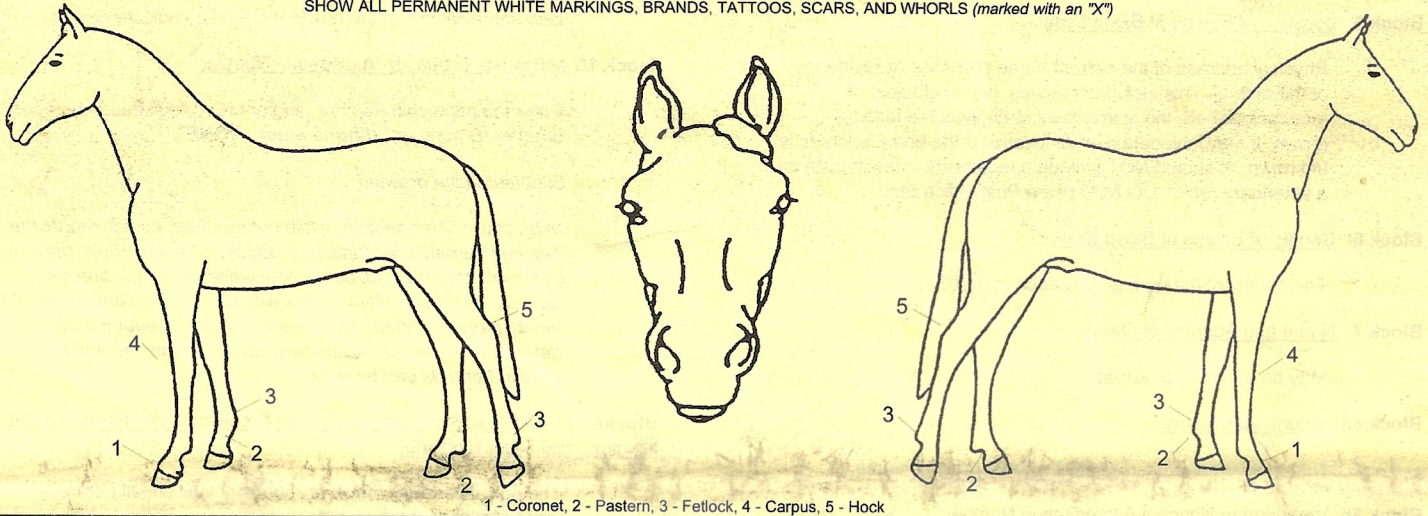
FORM SERIAL NUMBER

**AB 0058144**

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)		2. DATE BLOOD DRAWN 12-29-22		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" 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)			7. NAME AND ADDRESS OF OWNER		
5a. NAME Julie Broom			7a. NAME Julie Broom		
5b. PHYSICAL/STREET ADDRESS 3278 Barton Agricola Rd			7b. MAILING ADDRESS 3278 Barton Agricola Rd		
5c. CITY, STATE, ZIP CODE Lucedale, MS 39452			7c. CITY, STATE, ZIP CODE Lucedale, MS 39452		
5d. TELEPHONE NUMBER 228 623 1159		6. COUNTY OF EQUINE AT BLOOD DRAW George		7d. TELEPHONE NUMBER 228 623 1159	
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 Kirby Dean Shropshire		8b. NATIONAL ACCREDITATION NUMBER 017785		8c. VETERINARIAN SIGNATURE Kirby Dean Shropshire	
8d. SIGNATURE DATE 12-29-22					
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 7174 Hwy 198 East			8f. CITY, STATE, ZIP CODE Lucedale, MS 39452		8g. TELEPHONE NUMBER 601 710 6994
9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal Takoda	12. Color Roan	13. Breed (or species if not a horse) Paint	14. Age or DOB 12-16-17
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 none	18. NECK AND BODY (include coat color patterns, if any) none
19. LEFT FORELIMB none	20. RIGHT FORELIMB none
21. LEFT HINDLIMB none	22. RIGHT HINDLIMB none

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME VMDL Labs Inc 1137 Highway 468 West Phone 601-420-4700	24. DATE SAMPLE RECEIVED 1/4/2023	25. DATE RESULTS REPORTED 1/5/2023	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive		27. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA	
	28. LABORATORY REMARKS					
23a. CITY Pearl	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN AD		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>			
23b. STATE Mississippi						

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).