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OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM SERIAL NUMBER

AB 0231228

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) 110023 Ag		2. DATE BLOOD DRAWN 11-6-23		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 (which farm, stable, or market) 5a. NAME Smith's owner			7. NAME AND ADDRESS OF OWNER 7a. NAME Jeremy Long		
5b. PHYSICIAN'S STREET ADDRESS			7b. MAILING ADDRESS 1790 Baltimore Pike		
5c. CITY, STATE, ZIP CODE			7c. CITY, STATE, ZIP CODE Gettysburg Pa 17325		
5d. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW		7d. TELEPHONE NUMBER	

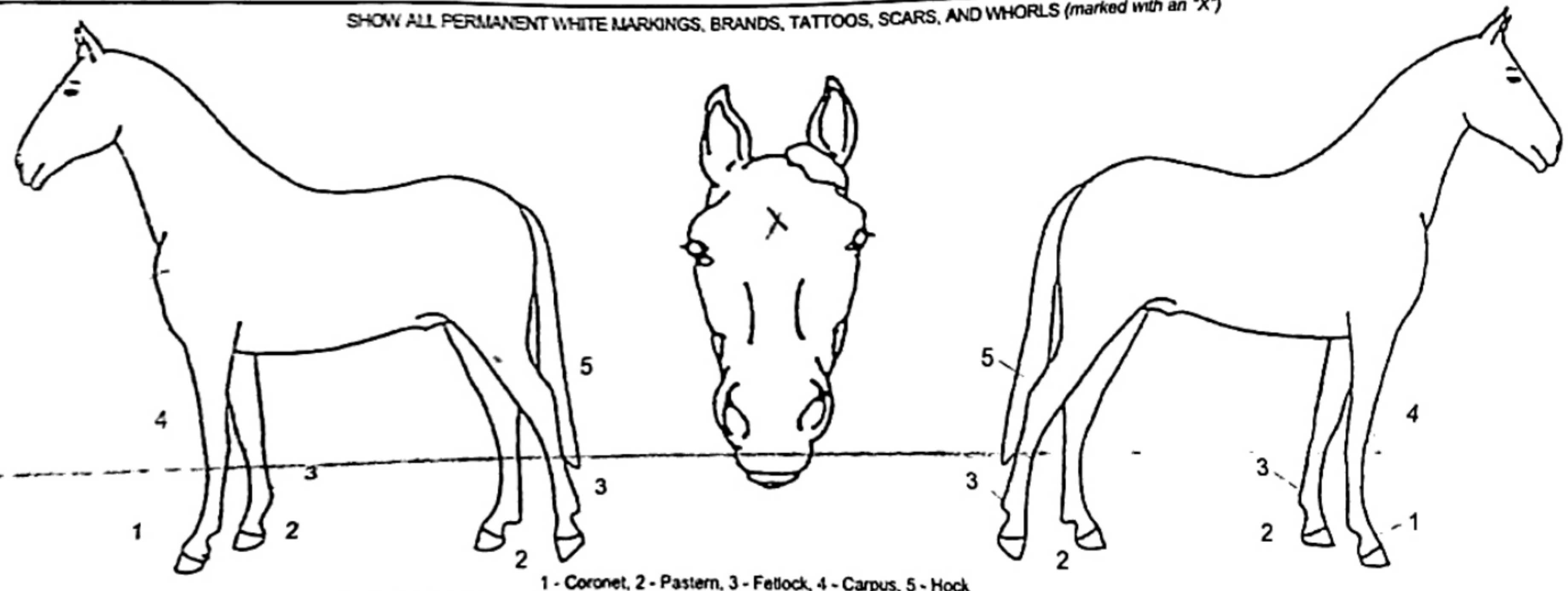
CERTIFY, AM A CATEGORY I FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW

8. ACCREDITED VETERINARIAN 8a. VETERINARIAN NAME James S. Holt, VMD		8b. NATIONAL ACCREDITATION NUMBER 0550110		8c. VETERINARIAN SIGNATURE <i>[Signature]</i>		8d. SIGNATURE DATE 11-6-23	
8e. PHYSICIAN'S STREET ADDRESS OF VETERINARIAN P.O. Box 427 Glenmoore, Pa 19343				8f. CITY, STATE, ZIP CODE			
9. BV007032L							

9. Tube Number	10. Tag/Tattoo Brand Number	11. Name of Animal	12. Color	13. Breed (or species if not a horse)	14. Age or DOB	15. Sex	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
		Xenci	Blk	Friesian	8yrs	F	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

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



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 Whorl	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 Brandywine Veterinary Services Lab	24. DATE SAMPLE RECEIVED 11-6-23	25. DATE RESULTS REPORTED 11-6-23	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
23a. CITY PO Box 427 Glenmoore, Pa 19343	28. LABORATORY REMARKS			
23b. STATE ELISA - Negative	29. SIGNATURE OF MVSL - APPROVED EIA TECHNICIAN <i>[Signature]</i>		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).