EQUINE INFECTIOUS ANEMIA LABORATORY TEST							Form Serial Number				
4.4				ard product, tnatc.org)			3466				
1. Accession Number 2. Date E X24012425 07/16/2			Blood Drawn 3. Test Requested 4. Reason for Test			sting					
			ELISA Annual								
5. Current Home Premises of Equine: ranch/farm/stable/market  5a. Name  5b. Address  5c. City/State/Zip Code											
Tyler Downs 591 Colonel Hollow								·			
5d. Tel No.				6. County of Home Premises of Equine				Rockholds, KY 40759			
(606) 765-1274 Whitley					oo of Edulio						
7. Name and Address of Owner											
7a. Name of C			7c. City/State/Zip Code					7d, Telephone Number			
Tyler Downs		591 Colonel Hollows Rd		- 1	Rockholds,			(606) 765-1274			
Certification of Category II Accredited Veterinarian  I certify I am a Federally Accredited Category II veterinarian, authorized to perform accredited activities in the state in which the specimen was obtained and that the sample was drawn by me from the horse described below on the date indicated.											
8. Accredited											
			Accreditation Number	- 1	Veterinarian Signature				8d. Signature Date		
Williamsburg Vet Clinic Dr. 0 Travis Sulfridge		088807			Digitally sig	ned by Williar Travis	nsburg Vet Clinic Dr. Sulfridge		7/17/2024		
8e Address				City/State/Zip	ity/State/Zip			8g Telephone Number			
PO Box 508				Villiamsbur	g, KY 40769		(606) 549-54		9-5444		
9. Tube No.	7. Tube No. 10. Tag/Tattoo/Brand Num		ımber 11. Name of Animal		lor 13. i	Breed (or species if not a horse)		14. Age	or DOB.	15. Sex	
sheba na		Sheba		black		Kentucky Mountain Horse		8 Y	ears	Female	
16. Microchip, Breed, or Registration Number											
na ————————————————————————————————————											
47 11	Narra	ative Descrip	tion of Permanent Wh	nite Marking	gs, Brands, T	attoos, Scars, an	d Whorls (if no	ne write no	ne)		
17. Head Star						18. Neck and Body (include coat color patterns, if any, and other marks and brands)					
19. Left Forelimb						na					
na					20. Right Forelimb						
21. Left Hindlimb					22 Die	na  22. Right Hindlimb					
na					na						
23. EIA Laboratory Name 24. Date Sample Received 25. Date Results Reported 26. Official Test Result 27. Test Tyne Used											
University of Kentucky VDL			24. Date Sample Received 7/18/2024		7/18/2024	uits Reported	26. Official Tes			. Test Type Used	
(859) 257-82			7710/2024		111012024		Positive	X Nega	ative	AGID X ELISA	
23a. City 28. Remarks						<del></del>					
Lexington											
23b. State	State 29. Signature of NVSL Approved			Approved I	EIA Technicia	n T	30. Interim Result Referred for Confirmation				
KY Ryle A. Jan				Parie							
Official EIA Test Form, Approved by USDA Veterinary Services, MAR2020, USALIMS											