


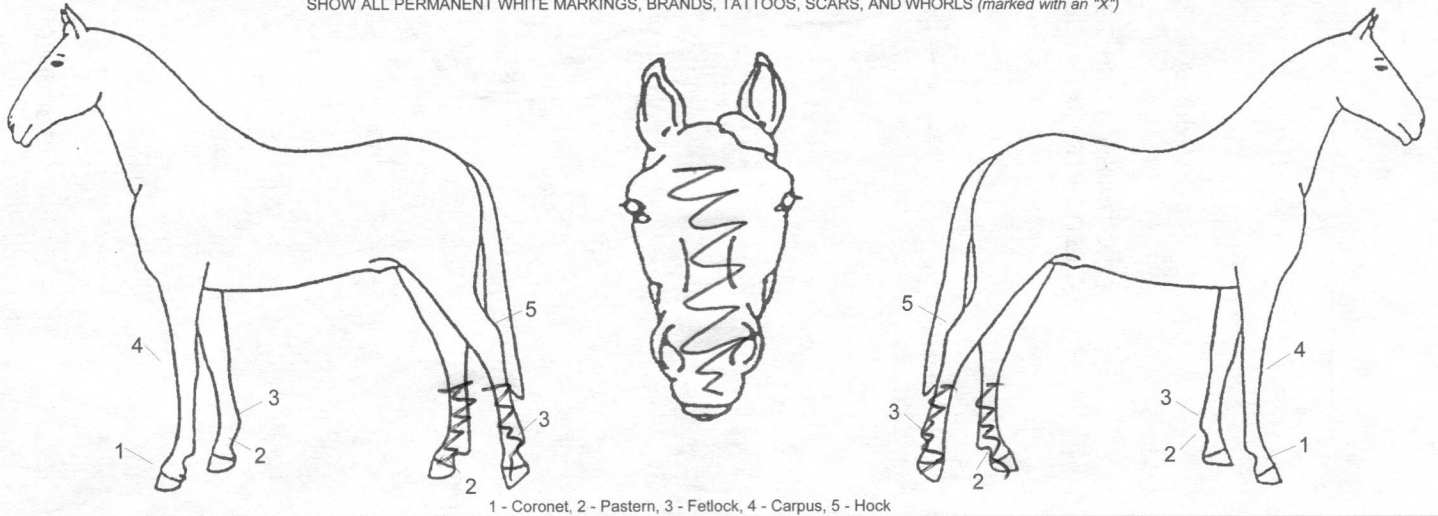
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AB 1631714

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) FLES 25 -1701		2. DATE BLOOD DRAWN 12/1/25		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input checked="" type="checkbox"/> Interstate Movement <input 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 Finish Line Equine Surgery			7. NAME AND ADDRESS OF OWNER 7a. NAME John Flaugher		
5b. PHYSICAL/STREET ADDRESS 515 Finish Line Ave			7b. MAILING ADDRESS 12/28 010 RT 16		
5c. CITY, STATE, ZIP CODE Ranson, WV 25438			7c. CITY, STATE, ZIP CODE Waynesboro, PA 17268		
5d. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW JEFFERSON		7d. TELEPHONE NUMBER	
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 Ben Dubois		8b. NATIONAL ACCREDITATION NUMBER 092285		8c. VETERINARIAN SIGNATURE 	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 515 Finish Line Ave		8f. CITY, STATE, ZIP CODE Ranson, WV 25438		8d. SIGNATURE DATE 12/1/25	
8g. TELEPHONE NUMBER 304-725-1971					
9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal SCOOPY	12. Color CH	13. Breed (or species if not a horse) QTR	14. Age or DOB 12
					15. Sex G
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 Blaze	18. NECK AND BODY (include coat color patterns, if any)
19. LEFT FORELIMB	20. RIGHT FORELIMB
21. LEFT HINDLIMB sock	22. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME FLES Lab	24. DATE SAMPLE RECEIVED 12/3/25	25. DATE RESULTS REPORTED 12/3/25	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 DEC 03 2025	28. LABORATORY REMARKS m250908A			
23b. STATE Ranson, WV 25438	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 		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).