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OMB Approved
0579-0127

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

FORM SERIAL NUMBER
999999

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

1. LABORATORY ACCESSION NUMBER (For laboratory use only) 1234567		2. DATE BLOOD DRAWN 08/24/2021		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. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)			7. NAME AND ADDRESS OF OWNER		
5a. NAME Example Ranch / Owner			7a. NAME John Doe		
5b. PHYSICAL/STREET ADDRESS 12345 Main Street			7b. MAILING ADDRESS 1320 Research Park Drive		
5c. CITY, STATE, ZIP CODE Manhattan, KS 66502			7c. CITY, STATE, ZIP CODE Manhattan, KS 66502		
5d. TELEPHONE NUMBER (785) 564-6608		6. COUNTY OF HOME PREMISES OF EQUINE Riley		7d. TELEPHONE NUMBER (785) 564-7446	
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 Henry the Vet, DVM		8b. NATIONAL ACCREDITATION NUMBER 987654321		8c. VETERINARIAN SIGNATURE Henry the Vet, DVM	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 1800 Denison Avenue		8f. CITY, STATE, ZIP CODE Manhattan, KS 66506		8d. SIGNATURE DATE 08/24/2021	
8g. TELEPHONE NUMBER (785)123-4455					
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
1112	--	Oliver	Bay	Quarter Horse	03/25/2003
15. Sex 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 Cannon, Cannon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD Star		18. NECK AND BODY (include coat color patterns, if any) Small Hair Whorl-Forehead	
19. LEFT FORELIMB No Markings		20. RIGHT FORELIMB No Markings	
21. LEFT HINDLIMB No Markings		22. RIGHT HINDLIMB No Markings	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Kansas State Diagnostic Lab		24. DATE SAMPLE RECEIVED 03/31/2021		25. DATE RESULTS REPORTED 04/01/2021		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	
23a. CITY Manhattan		28. LABORATORY REMARKS							
23b. STATE KS									
29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN KSVDL- Steve in the Lab				30. INTERIM RESULT REFERRED FOR CONFIRMATION <input checked="" 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).