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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
AA 1478162

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 **August 24 2021**
 3. TEST REQUESTED BY VETERINARIAN
 ELISA AGID

4. REASON FOR TESTING
 Interstate Movement Within State Change Import/Export Illness/Clinical Investigation/Exposure
 Use/Annual Ownership/Sale Suspect

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 EQUINE AT BLOOD DRAW **Riley**
 7d. TELEPHONE NUMBER **785-564-7446**

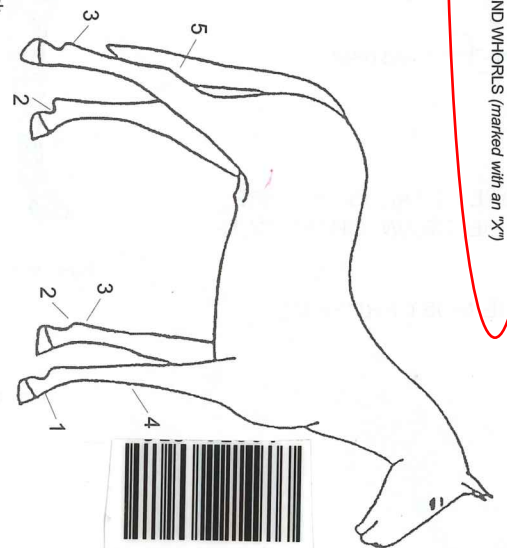
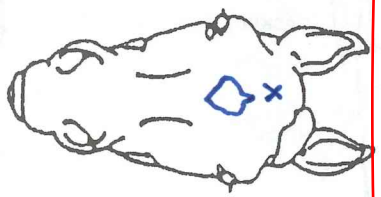
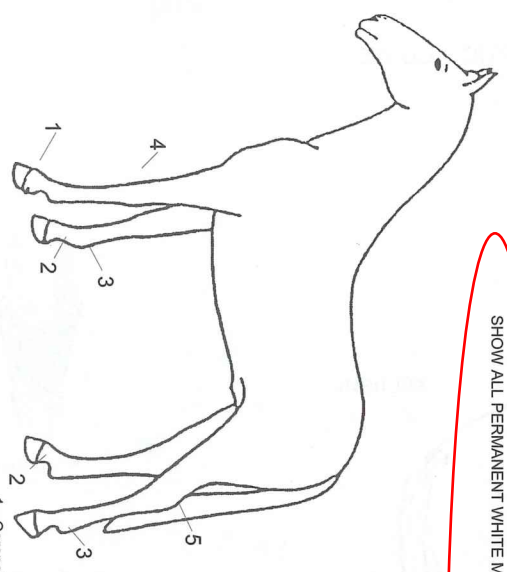
8. ACCREDITED VETERINARIAN
 8a. VETERINARIAN NAME _____
 8b. NATIONAL ACCREDITATION NUMBER _____
 8c. VETERINARIAN SIGNATURE 
 8d. SIGNATURE DATE **August 24 2021**

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN **1800 Denison Avenue**
 8f. CITY, STATE, ZIP CODE **Manhattan KS 66506**
 8g. TELEPHONE NUMBER **785-123-4455**

| 9. Tube Number | 10. Tag/Tattoo/Brand Number | 11. Name of Animal | 12. Color (or species if not a horse) | 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 |
|----------------|-----------------------------|--------------------|---------------------------------------|---------------------------------------|-------------------|----------|---|
| 1112 | — | DLIVER | BAY | QH | 03/25/2005 | G | |

16. MICROCHIP, BREED, OR REGISTRATION NUMBER _____

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



Received 08/24/2021
D21-0251077



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), Hair Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD **Star**
 20. RIGHT FORELIMB **No Markings**
 21. LEFT FORELIMB **No Markings**
 22. RIGHT HINDLIMB **No Markings**
 23. LEFT HINDLIMB **No Markings**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **KSVDL Manhattan, KS**
 24. DATE SAMPLE RECEIVED **8/24/2021**
 25. DATE RESULTS REPORTED **8/24/2021**
 26. OFFICIAL TEST RESULT Negative Positive
 27. TEST TYPE USED AGID ELISA

23a. CITY **Manhattan**
 23b. STATE **KS**
 29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN **Steve Tr The Lab**
 30. INTERIM RESULT REFERRED FOR CONFIRMATION

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 6 MONTHS OR BOTH. (29 USC 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300)