

ACCESSION NUMBER

2101498740

MARYLAND DEPARTMENT OF AGRICULTURE

MAICS - Animal Health Section
Annapolis, Maryland 21401

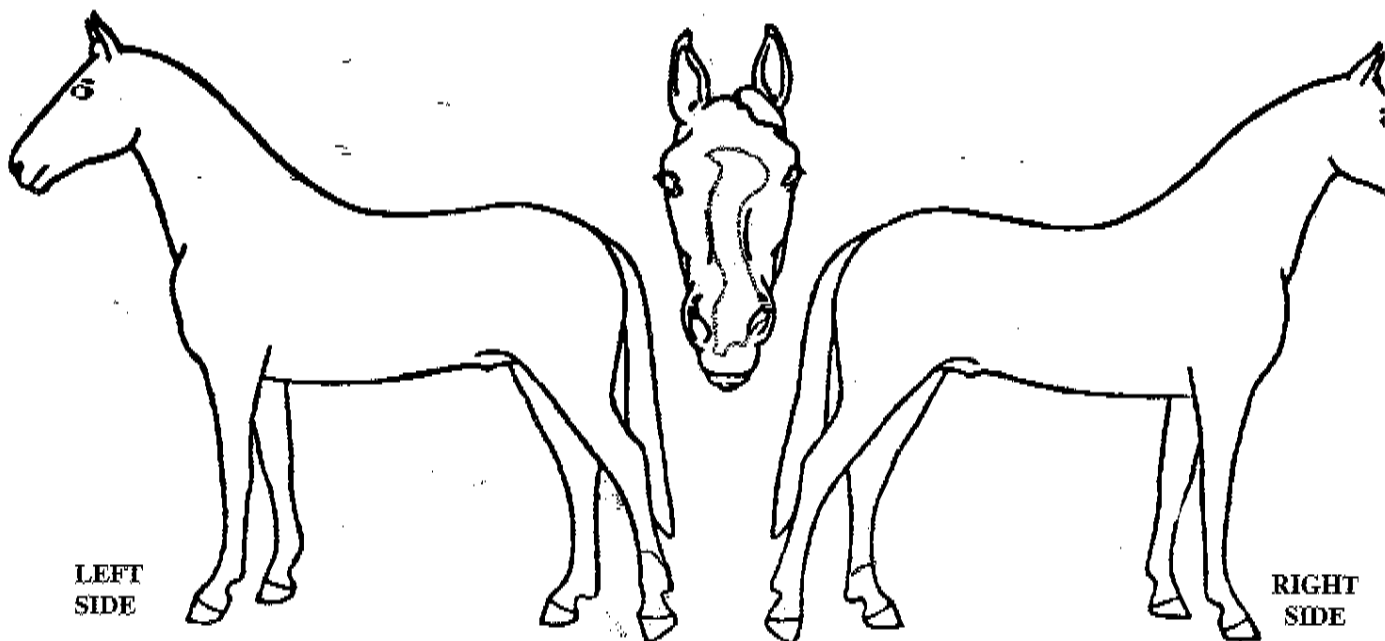
EQUINE INFECTIOUS ANEMIA
TEST REPORT

PLEASE TYPE OR PRINT LEGIBLY

VETERINARIAN'S NAME & ADDRESS (include Zip Code) Kenneth Fox 2215 Coan Highway Waldorf MD 20601		NAME & ADDRESS OF OWNER (include Zip Code) Brandi Smith 24025 Hill & Dale Dr Mechanicsville MD 20665	
I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described below on the date indicated.		COUNTY St Marys	HORSES STABLED AT (Address) Fox & Co Sport Horses 8055 Billingsley Rd
Date 2/24/17	Signature of Accredited Veterinarian [Signature]	Accreditation No. 4835	COUNTY Charles
		TOWN White Plains	

TUBE NO	IDENTIFICATION (Name, ID No., Brand, etc.)	AGE	BREED	SEX CIRCLE ONE FEMALE GELDING STALLION	COLOR
	Mandragora	1	RPSI		Grey/Bay

Sketch all visible markings on horse outline



FOR LABORATORY USE ONLY

DATE RECEIVED 2/24/17	DATE READ 2/25/17	ANTIGEN USED CM270 31418	TEST RESULTS Negative	REACTOR ID NO.
IDENTIFICATION CENTENNIAL DR NORTH CRAFTON MA		SIGNATURE [Signature]	REMARKS: ASID	