

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory —GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11

**GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST** **EIA-3607526**

<b>SERIAL NO.</b> MD-3607526	<b>LAB / ACCESSION NO.</b>	<b>DATE SIGNED</b> 2017-04-04	<b>COUNTY</b> Harford
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

<b>NAME &amp; ADDRESS OF OWNER</b> Laura Leroy 3407 Level Road  Churchville MD 21028 Phone: 410-458-4010  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Sorum Equine Veterinarians PLLC Alicia, L Sorum 200 Maxwell Court Churchville, MD 21028  Phone: 443-987-1174	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Laura Leroy 3407 Level Road  Churchville MD 21028 Phone: 410-458-4010  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 015043	<b>TEST TYPE</b>	<b>REASON FOR TESTING</b> Annual
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.

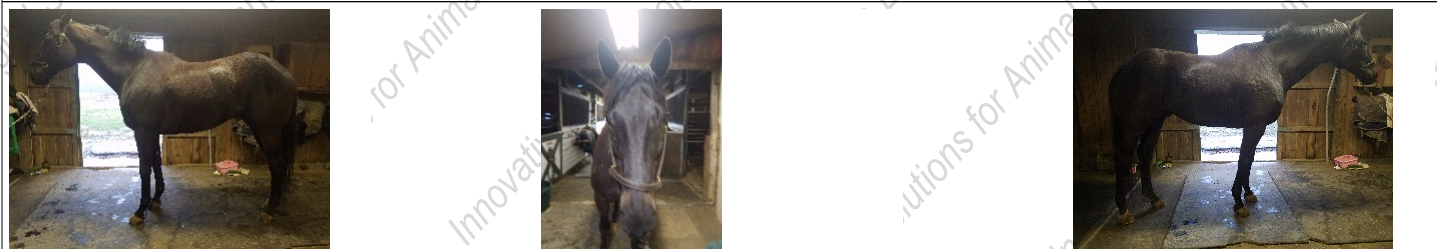
<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>	<b>SIGNATURE NAME</b> Alicia, L Sorum	<b>DATE BLOOD DRAWN</b> 2017-03-28
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> Laura Leroy	<b>SIGNATURE DATE</b> 2017-04-04
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<b>NAME OF HORSE</b> Frank	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Dark Bay	<b>AGE OR DOB</b> 2007-01-01	<b>BREED</b> Thoroughbred	<b>GENDER</b> Neutered/Castrated Male

**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> Few white hairs	
<b>LEFT FORELIMB:</b> No markings	<b>RIGHT FORELIMB:</b> No markings
<b>LEFT HINDLIMB:</b> No markings	<b>RIGHT HINDLIMB:</b> White coronet
<b>OTHER MARKS AND BRANDS</b>	

**RABIES VACCINATION**

TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY

**FOR LABORATORY USE ONLY**

<b>LABORATORY</b>	<b>TUBE NO.</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TEST RESULTS</b>

<b>TECHNICIAN</b>	<b>SIGNATURE OF TECHNICIAN</b>

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com  
Please address any questions related to this document with your state or issuing state veterinarian's office.