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**INFECTIOUS ANEMIA LABORATORY TEST****EIA-3070499**ACCESSION NO.  
NYCG01645046DATE SIGNED  
2016-04-26

COUNTY

The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

**NAME & ADDRESS OF VETERINARIAN**Colts Neck Equine Associates  
Paula Miller DVM  
PO Box 714  
Farmingdale, NJ 07727

Phone: 732-938-4240

**NAME & ADDRESS OF STABLE/MARKET**Stargate Farm  
631 Rt 524Allentown NJ 08501  
Phone: 000-000-0000

PIN: NA / LID: NA

IN NO.

TEST TYPE  
AGIDREASON FOR TESTING  
Show

ED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.

VETERINARIAN

Paula Miller DVM

2016-04-26 8:14 AM -07:00

SIGNATURE NAME  
Paula Miller DVMDATE BLOOD DRAWN  
2016-04-26

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.

SIGNATURE NAME  
Escandon C/O Dawn EdwardsSIGNATURE DATE  
2016-04-26

ID1

Barn Name: Hope

ID2

ID3

AGE OR DOB  
2008-01-01BREED  
WarmbloodGENDER  
Female

RIGHT FORELIMB: White Coronet with ermine

RIGHT HINDLIMB: White Coronet w/ ermine