

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-3457569

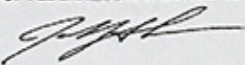
SERIAL NO. OH-3457569	LAB / ACCESSION NO. B1702573	DATE SIGNED 2017-02-06	COUNTY Washington
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

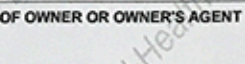
NAME & ADDRESS OF OWNER Catherine Rhodes 340 Town Hall Lane Belpre OH 45714 Phone: 740-629-2907 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Morgan Veterinary Services John J. Groah DVM 3825 N St. Rt. 78 McConnelsville, OH 43756 Phone: 740-962-2665	NAME & ADDRESS OF STABLE/MARKET Jane Gillespie 13441 State Route 339 Vincent OH 45784 Phone: 740-749-3006 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 039772	TEST TYPE ELISA	REASON FOR TESTING 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.

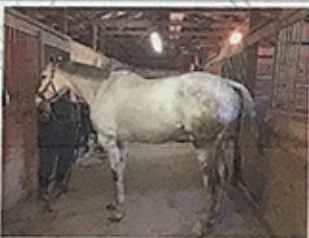
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  John J. Groah DVM 2017-02-06 1:38 PM -08:00	SIGNATURE NAME John J. Groah DVM	DATE BLOOD DRAWN 2017-02-04
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT 	SIGNATURE NAME Catherine Rhodes	SIGNATURE DATE 2017-02-06
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NAME OF HORSE FLY WITH FAITH	ID1 Registration Number: 0914067	ID2	ID3
COLOR Gray	AGE OR DOB 8	BREED Thoroughbred Horse	GENDER Female

REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Irregular star open to right and connected narrow bordered flesh colored stripe becoming thin and ending on bridge of nose

LEFT FORELIMB:	RIGHT FORELIMB:
LEFT HINDLIMB:	RIGHT HINDLIMB:

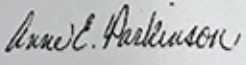
OTHER MARKS AND BRANDS
Median cowlick just above eye level. Cowlick high at crest of neck on both sides.

RABIES VACCINATION

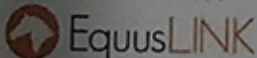
TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY

FOR LABORATORY USE ONLY

LABORATORY Ohio Dept. of Ag.-Animal Disease Diagnostic Laborator 8995 E. Main Street, Building 6 Reynoldsburg OH 43068	TUBE NO. 100706492-1	DATE RECEIVED 2017-02-09	DATE REPORTED 2017-02-10	TEST RESULTS Negative
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TECHNICIAN Anne E. Parkinson	SIGNATURE OF TECHNICIAN  Anne E. Parkinson 2017-02-10 6:28 AM -08:00
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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.



EIA-3457569

