

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-3346773**

<b>SERIAL NO.</b> VA-3346773	<b>LAB / ACCESSION NO.</b> 260263	<b>DATE SIGNED</b> 2016-11-08	<b>COUNTY</b>
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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> MiltonJ15 (Lesnik, Peter) 22761 Evergreen Mill Road  Leesburg VA 20175 Phone: 7033276431  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Echo Equine Veterinary Service Dr. Nancy Voytosh 18922 Silcott Springs Road Purcellville, VA 20132  Phone: 540-554-4877	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> MiltonJ15 (Lesnik, Peter) 22761 Evergreen Mill Road  Leesburg VA 20175 Phone: 7033276431  PIN: NA / LID: NA
<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 030100	<b>TEST TYPE</b> AGID	<b>REASON FOR TESTING</b> Annual

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>  <i>Dr. Nancy Voytosh</i>  Dr. Nancy Voytosh  2016-11-08 6:55 PM -08:00	<b>SIGNATURE NAME</b> Dr. Nancy Voytosh	<b>DATE BLOOD DRAWN</b> 2016-11-01
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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> MiltonJ15 (Lesnik, Peter)	<b>SIGNATURE DATE</b> 2016-11-08
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<b>NAME OF HORSE</b> Paris	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2016-10-29	<b>BREED</b> Warmblood	<b>GENDER</b> Female

REMARKS:



NARRATIVE DESCRIPTION:

<b>HEAD:</b> star, strip, snip	<b>RIGHT FORELIMB:</b> none
<b>LEFT FORELIMB:</b> coronet	<b>RIGHT HINDLIMB:</b> none
<b>LEFT HINDLIMB:</b> stocking	
<b>OTHER MARKS AND BRANDS</b> none   none	

**RABIES VACCINATION**

TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY
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**FOR LABORATORY USE ONLY**

<b>LABORATORY</b> Virginia Tech Marion duPont Scott EMC Lab P.O. Box 1938  Leesburg VA 20177	<b>TUBE NO.</b> 100936100-0	<b>DATE RECEIVED</b> 2016-11-01	<b>DATE REPORTED</b> 2016-11-03	<b>TEST RESULTS</b> Negative
<b>TECHNICIAN</b> Karen Ingerson Ms.	<b>SIGNATURE OF TECHNICIAN</b>  <i>Karen Ingerson</i>  Karen Ingerson Ms.  2016-11-09 2:29 PM -08:00			

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.