

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-3355625

SERIAL NO. NC-3355625	LAB / ACCESSION NO. ATCG02205375	DATE SIGNED 2016-11-16	COUNTY Forsyth
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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 Anne Morgan 800 Chatham Road Apartment 14 Winston-Salem NC 27101 Phone: 336-692-1142 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Greystone Veterinary Service PA Victoria E. Newell DVM P.O. Box 1451 Clemmons, NC 27012 Phone: (336) 724-4001	NAME & ADDRESS OF STABLE/MARKET Canterlane Farm 2946 Canter Lane Winston-Salem NC 27127 Phone: 336-509-2954 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 034147	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.

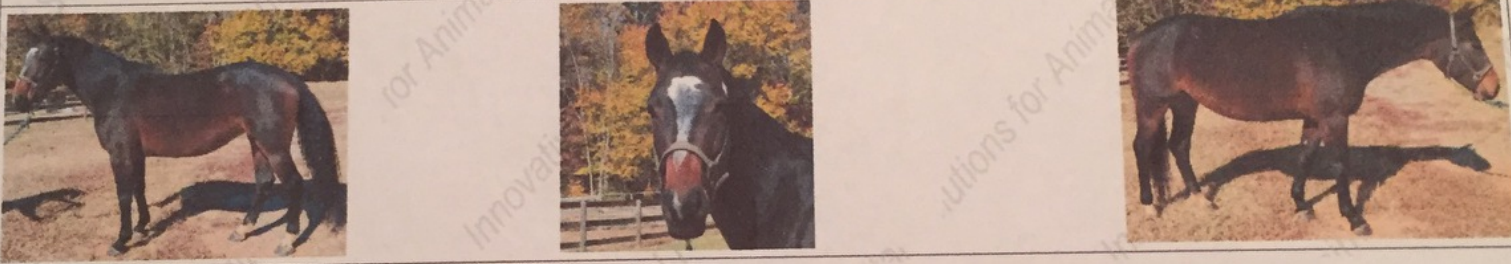
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Victoria E. Newell, DVM</i> Victoria E. Newell DVM 2016-11-16 3:28 PM -08:00	SIGNATURE NAME Victoria E. Newell DVM	DATE BLOOD DRAWN 2016-11-15
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that 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 Anne Morgan	SIGNATURE DATE 2016-11-16
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NAME OF HORSE Dahlia	ID1	ID2	ID3
COLOR Dark Bay	AGE OR DOB 2011-04-01	BREED Oldenburg	GENDER Mare

REMARKS:



NARRATIVE DESCRIPTION:

HEAD: connected star, stripe snip	RIGHT FORELIMB: nwm
LEFT FORELIMB: nwm	RIGHT HINDLIMB: pastern with ermine spots
LEFT HINDLIMB: fetlock with ermine spots	

OTHER MARKS AND BRANDS

RABIES VACCINATION

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

LABORATORY Antech Diagnostics, Inc. - Atlanta 4895 S. Atlanta Rd Smyrna GA 30080	TUBE NO. 100944526-0	DATE RECEIVED 2016-11-17	DATE REPORTED 2016-11-18	TEST RESULTS Negative
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TECHNICIAN Sean Jones	SIGNATURE OF TECHNICIAN <i>Sean Jones</i> Sean Jones 2016-11-19 8:39 AM -08:00
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