

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-3737269**

<b>SERIAL NO.</b> VA-3737269	<b>LAB / ACCESSION NO.</b> Y17-29238	<b>DATE SIGNED</b> 2017-05-18	<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> Mike May 4860 Indian Valley Road  Radford VA 24141 Phone: 540-404-3024  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Virginia Tech Equine Field Services Dana Reeder DVM VMRCVM, Va Tech Duck Pond Drive Blacksburg, VA 24061-0442 Phone: 540-231-9042	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Mike May 4860 Indian Valley Road  Radford VA 24141 Phone: 540-404-3024  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: Fed Accred No. 003440	<b>TEST TYPE</b> AGID	<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>  Dana Reeder DVM 2017-05-18 11:42 AM -07:00	<b>SIGNATURE NAME</b> Dana Reeder DVM	<b>DATE BLOOD DRAWN</b> 2017-05-18
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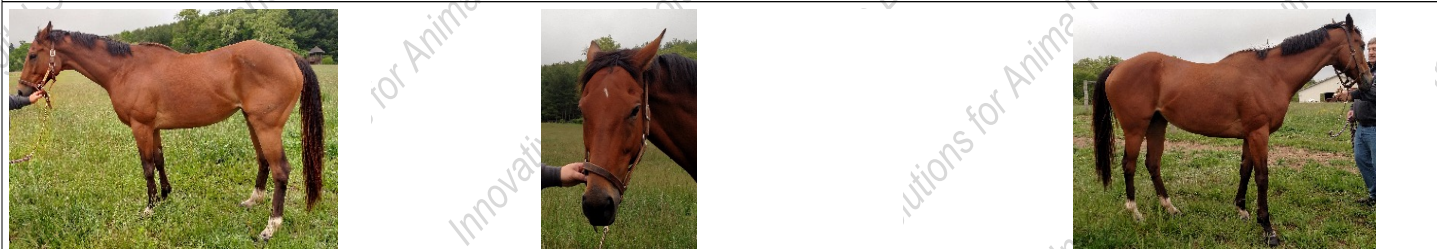
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> Mike May	<b>SIGNATURE DATE</b> 2017-05-18
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<b>NAME OF HORSE</b> SS Dessert First	<b>ID1</b> Barn Name: Michonne	<b>ID2</b>	<b>ID3</b>
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<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2005-04-01	<b>BREED</b> Thoroughbred Horse	<b>GENDER</b> Female
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**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> small star	
<b>LEFT FORELIMB:</b> coronet	<b>RIGHT FORELIMB:</b> coronet
<b>LEFT HINDLIMB:</b> sock	<b>RIGHT HINDLIMB:</b> sock

**OTHER MARKS AND BRANDS**

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

**FOR LABORATORY USE ONLY**

<b>LABORATORY</b> Wytheville Animal Health Laboratory 250 Cassel Road  Wytheville VA 24382	<b>TUBE NO.</b> 100773933-1	<b>DATE RECEIVED</b> 2017-05-22	<b>DATE REPORTED</b> 2017-05-23	<b>TEST RESULTS</b> Negative
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<b>TECHNICIAN</b> Maranda Davidson	<b>SIGNATURE OF TECHNICIAN</b>  Maranda Davidson 2017-05-23 11:32 AM -07:00
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Please address any questions related to this document with your state or issuing state veterinarian's office.