

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-3631825**


<b>SERIAL NO.</b> MD-3631825	<b>LAB / ACCESSION NO.</b> NYCH00218211	<b>DATE SIGNED</b> 2017-04-11	<b>COUNTY</b> MD
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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> Megan Hoffman 21201 Ridge Road  Freeland MD 21053 Phone: (717) 521-4657  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Creekside Equine Veterinary Services, LLC Teresa Martinoli DVM 931 Old Pylesville Road Pylesville, MD 21132	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Megan Hoffman 21201 Ridge Road  Freeland MD 21053 Phone: (717) 521-4657  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 021063	<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>  Teresa C. Martinoli DVM 2017-04-11 1:45 PM -07:00	<b>SIGNATURE NAME</b> Teresa Martinoli DVM	<b>DATE BLOOD DRAWN</b> 2017-04-10
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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> Megan Hoffman	<b>SIGNATURE DATE</b> 2017-04-11
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<b>NAME OF HORSE</b> Riddermark (Ryder)	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Buckskin Tobiano	<b>AGE OR DOB</b> 03/10/2016	<b>BREED</b> Paint/Arabian	<b>GENDER</b> Neutered/Castrated Male

**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> Very small star; double horizontal whorls	
<b>LEFT FORELIMB:</b> Short sock	<b>RIGHT FORELIMB:</b> Stocking; white up outside
<b>LEFT HINDLIMB:</b> Stocking	<b>RIGHT HINDLIMB:</b> Sock to mid-cannon

**OTHER MARKS AND BRANDS**

**RABIES VACCINATION**

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

<b>LABORATORY</b> Antech Diagnostics, Inc. - New York 1111 Marcus Avenue  Lake Success NY 11042	<b>TUBE NO.</b> 100671443-1	<b>DATE RECEIVED</b> 2017-04-11	<b>DATE REPORTED</b> 2017-04-13	<b>TEST RESULTS</b> Negative
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<b>TECHNICIAN</b> Abu Saleh Mohammad Abdullah	<b>SIGNATURE OF TECHNICIAN</b>  Abu Saleh Mohammad Abdullah 2017-04-13 10:26 AM -07:00
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Please address any questions related to this document with your state or issuing state veterinarian's office.