FORM APPROVED - OMB NUMBER 0579 - 0127

MECG0282675 2
Coggins ELISA
100 UL SER/S - PLAS
INV: 1R AMBER HILL FARM

MENT OF AGRICULTURE
TH INSPECTION SERVICE
MIA LABORATORY TEST
(form 555 18)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
T 1103460		4/20/18

Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☑ Show ☐ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS): LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: VM 9043

6. TEST TYPE: ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)
Amber Hollow Farm
6007 Highway 209
Crawford MS 39743
ZIP Code
County
Tel No.

8. NAME AND ADDRESS OF OWNER (Please print or type)
Amber Hollow Farm
6007 Highway 209
Crawford MS 39743
ZIP Code 39743
County Lowndes
Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Stacy Wilcox DVM
2401 New Hope Road
Columbus MS 39702
ZIP Code 39702
County Lowndes
Tel No. 662-327-2940

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	Stacy C. Wilcox	4/20/18

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.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
	Elizabeth Mendarino	4/20/18

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
2			V. DIARADO	BAY	QUARTER		5Y	G

M - Male, F - Female, G - Gelding, SF-Spayed Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
SOME SNUFF	
27. LEFT FORELIMB	28. RIGHT FORELIMB
PASTERN WITH FEATHERS	PASTERN WITH FEATHERS
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
	PASTERN WITH FEATHERS

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ANTECH DIAGNOSTICS 2433 GLOBE COVE SOUTHAVEN MS 38671 SYNBIOTICS ELISA	4/21/18	4/21/18	☐ Negative ☐ Positive ☐ AGID ☑ ELISA
	35. SIGNATURE OF TECHNICIAN: Sandra Griffin		36. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MARCH 2014)

PART 3 - OWNER