

EQUINE INFECTIONIOUS ANEMIA (EIA) TEST FORM				EIA-13138747																																					
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. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.																																									
SERIAL NUMBER EIA-13138747	DATE SIGNED 2018-02-07	LAB/ACCESSION NUMBER 293672	COUNTY																																						
NAME & ADDRESS OF OWNER Kim Raheb 15679 Limestone School Rd Leesburg, VA 20176 Phone: 703-443-1437 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Mia Lee 38707 Triflicum Lane Lovettsville, VA 20180 Phone: 571-223-5891		NAME & ADDRESS OF STABLE/MARKET SonRise Stables 38860 Sierra Ln Lovettsville, VA 20180 Phone: 540-882-3482 PIN/LID: /																																					
VETERINARY LICENSE OR ACCREDITATION NO. 0301201447 - VA / NAN 003054		TEST TYPE AGID	REASON FOR TESTING 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.																																									
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 			SIGNATURE NAME Mia Lee DVM	DATE BLOOD DRAWN 2018-02-07																																					
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 Kim Raheb	SIGNATURE DATE 2018-02-07																																					
NAME OF HORSE Qharisma	ID1 Barn Name: Sam	ID2	ID3																																						
COLOR Bay	AGE OR DOB 2012-05-05	BREED Oldenburg	GENDER Mare																																						
NARRATIVE DESCRIPTION:																																									
HEAD: Star, strip, snip, lower lip			OTHER MARKS AND BRANDS: /																																						
LEFT FORELIMB:			RIGHT FORELIMB:																																						
LEFT HINDLIMB: Sock			RIGHT HINDLIMB: Sock																																						
<table border="1"> <thead> <tr> <th colspan="6">HORSE VACCINATION</th> </tr> <tr> <th>TYPE</th> <th>VACCINATION DATE</th> <th>PRODUCT</th> <th>SERIAL NUMBER</th> <th>EXPIRATION DATE</th> <th>ADMINISTERED BY</th> </tr> </thead> <tbody> <tr> <td colspan="6">FOR LABORATORY USE ONLY</td> </tr> <tr> <td>TECHNICIAN Karen Ingerson Ms.</td> <td>TUBE NUMBER 101018603-1</td> <td>DATE RECEIVED 2018-02-08</td> <td>DATE REPORTED 2018-02-09</td> <td colspan="2">TEST RESULTS Negative</td> </tr> <tr> <td colspan="6">TEST REMARKS</td> </tr> <tr> <td colspan="3">LABORATORY Virginia Tech Marion duPont Scott EMC Lab P.O. Box 1938 Leesburg, VA 20177</td> <td colspan="3">SIGNATURE OF TECHNICIAN </td> </tr> </tbody> </table>						HORSE VACCINATION						TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY	FOR LABORATORY USE ONLY						TECHNICIAN Karen Ingerson Ms.	TUBE NUMBER 101018603-1	DATE RECEIVED 2018-02-08	DATE REPORTED 2018-02-09	TEST RESULTS Negative		TEST REMARKS						LABORATORY Virginia Tech Marion duPont Scott EMC Lab P.O. Box 1938 Leesburg, VA 20177			SIGNATURE OF TECHNICIAN 		
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