




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13467580	
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-13467580	DATE SIGNED 2018-04-30	LAB/ACCESSION NUMBER NYCH00830291	COUNTY Chester		
NAME & ADDRESS OF OWNER David Searle 72 E. Highland Rd Parkesburg, PA 19365 Phone: 610-383-4717 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Unionville Equine Associates, PC Morgan Adams DVM 25 Webster Ln Oxford, PA 19363 Phone: 610-932-6800		NAME & ADDRESS OF STABLE/MARKET Ivy Dell 160 Frog Hollow Road East Fallowfield, PA 19320 Phone: 999-999-9999 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. BV014505 - PA / 080221		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 Morgan Adams DVM 2018-04-30 13:25:55 -05:00			SIGNATURE NAME Morgan Adams DVM		DATE BLOOD DRAWN 2018-04-27
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 David Searle		SIGNATURE DATE 2018-04-30
NAME OF HORSE True Black Kat	ID1	ID2	ID3		
COLOR Black/White	AGE OR DOB 2007-01-01	BREED Paint	GENDER Female		
  					
NARRATIVE DESCRIPTION:					
HEAD: star, snip			OTHER MARKS AND BRANDS: see photos for body markings /		
LEFT FORELIMB: high stocking			RIGHT FORELIMB: high stocking		
LEFT HINDLIMB: high stocking			RIGHT HINDLIMB: high stocking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Abu Saleh Mohammad Abdullah		TUBE NUMBER 101638314-0	DATE RECEIVED 2018-04-30	DATE REPORTED 2018-05-02	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Antech Diagnostics, Inc. - New York 1111 Marcus Avenue Lake Success, NY 11042			SIGNATURE OF TECHNICIAN Abu Saleh Mohammad Abdullah 2018-05-02 11:18:48 -05:00		