

NYCH0095752 1  
Coggins ELISA  
100 UL SER  
INV: 188

DEPARTMENT OF AGRICULTURE  
HEALTH INSPECTION SERVICE  
NEMIA LABORATORY TEST  
Memorandum 555 (6)

FORM APPROVED - OMB NUMBER 0579 - 0127

SERIAL NO.  
U 588870

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN  
8/9/18

Forms without adequate 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  First Test  Retest  Export

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

5. VETERINARY LICENSE OR ACCREDITATION NO.  
1162200500

6. TEST TYPE  
 ELISA  
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP Code \_\_\_\_\_  
 Tel No. \_\_\_\_\_ County \_\_\_\_\_

8. NAME AND ADDRESS OF OWNER (Please print or type)  
 Chelsea Harvey  
 4 Baker Road  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP Code \_\_\_\_\_  
 Tel No. 908-447-5071 County USA

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP Code \_\_\_\_\_  
 Tel No. \_\_\_\_\_ County \_\_\_\_\_

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  
John M. Walsh, DVM

11. TYPE OR PRINT SIGNATURE NAME  
John M. Walsh, DVM

12. SIGNATURE DATE  
8/9/18

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.

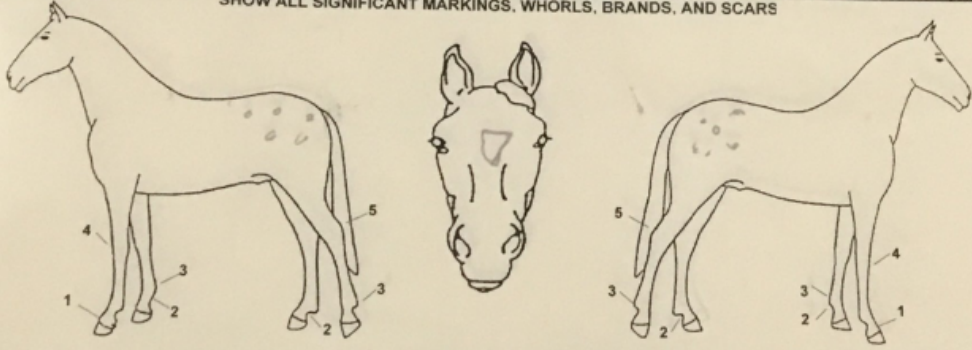
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

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	M - Male F - Female G - Gelding SF - Spayed Female
			LOLLIPOP	Bay	APP		9	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD  
Star

26. OTHER MARKS AND BRANDS  
spots on hindquarters R+L

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE  
 ANTECH DIAGNOSTICS  
 1111 MARCUS AVE SUITE M28  
 LAKE SUCCESS, NY 11042  
 PHONE 404-37-8344

32. DATE RECEIVED  
8-9-18

33. DATE REPORTED OUT  
8-10-18

34. TEST RESULTS  
 Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN  
Janice DeSalvo

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).