

See reverse for more CMB information

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555 16)

SERIAL NO. **U105944**  
1. ACCESSION NUMBER **15-5130-3**  
2. DATE BLOOD DRAWN **3/19/18**

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  Relais  Export  AGID

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

5. NAME AND ADDRESS OF OWNER (Please print or type)  
**same**  
 ZIP Code \_\_\_\_\_ County \_\_\_\_\_

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
**Union Cazac Rd**  
**10570 Leg Cabin Rd**  
**Center, MD**  
 ZIP Code **21629**  
 County **Caroline**

8. TEST TYPE  
 ELISA  AGID

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
**T. R. CORKRAN, V.M.D.**  
 Equine Practice  
**P.O. Box 36**  
 ZIP Code \_\_\_\_\_ County \_\_\_\_\_  
 Tel No. **Gentreville, MD 21617**

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  
*[Signature]*

11. TYPE OR PRINT SIGNATURE NAME  
**T.R. Corkran, V.M.D.**

12. SIGNATURE DATE  
**3/19/18**

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.

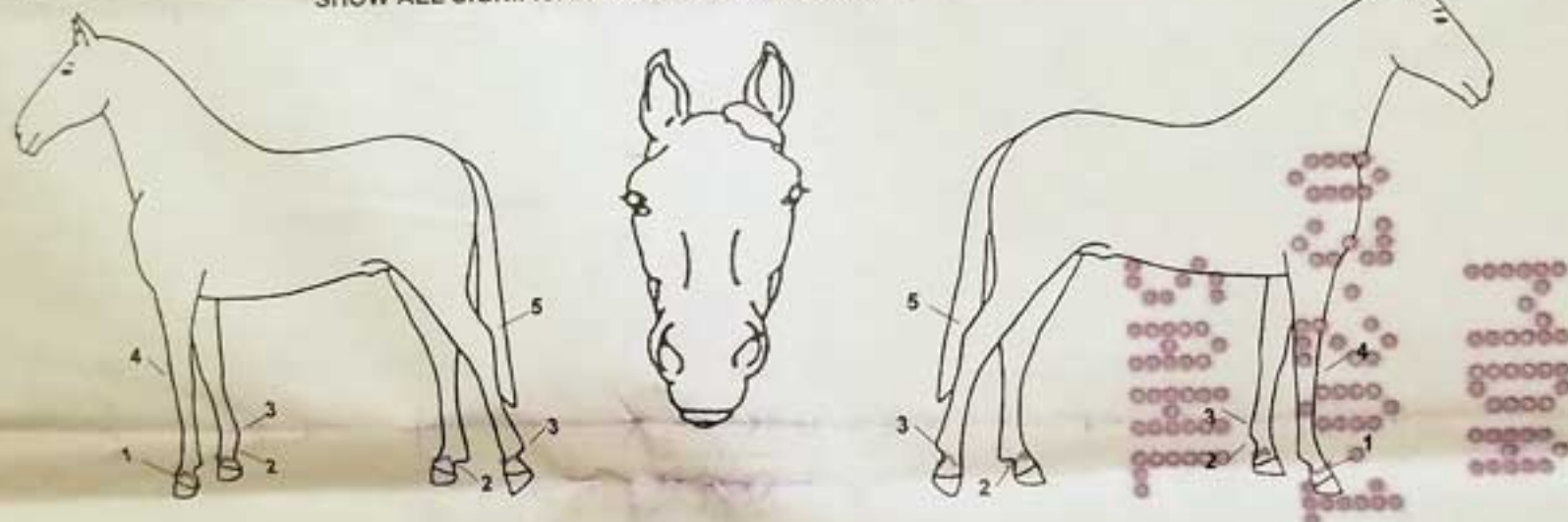
13. SIGNATURE OF OWNER OR OWNER'S AGENT  
*[Signature]*

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
		<b>SPirit</b>		<b>gray</b>	<b>west Phalan</b>	<b>13303300</b> <b>014166</b>	<b>4y</b>	<b>F</b>	<b>F - Female</b>

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD **NA**

26. OTHER MARKS AND BRANDS **NA**

27. LEFT FORELIMB **Coronet**

28. RIGHT FORELIMB **Coronet**

29. LEFT HINDLIMB **Coronet**

30. RIGHT HINDLIMB **Coronet**

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE  
**Agricultural Laboratory Scientist III**  
**SAHL Salisbury, Maryland**

32. DATE RECEIVED **3/22/18**

33. DATE REPORTED OUT **3/22/18**

34. TEST RESULTS  
 Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN  
*[Signature]*

36. REMARKS  
**238414 597**

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).