

See reverse for more OMB information

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.10)

SERIAL NO. **U1005943**  
1. ACCESSION NUMBER **18-31360-1**  
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  
 Show  First Test  
 Reheat  Export

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

5. VETERINARY LICENSE OR ACCREDITATION NO. **0312120**

6. TEST TYPE  
 ELISA  
 AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)  
**SADIE**  
 ZIP Code \_\_\_\_\_  
 County \_\_\_\_\_  
 Tel No. \_\_\_\_\_

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
**Denise Sazac**  
**10570 609 Cabin Rd**  
**Denton, MD** ZIP Code **21129**  
 Tel No. \_\_\_\_\_ County **Caroline**

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

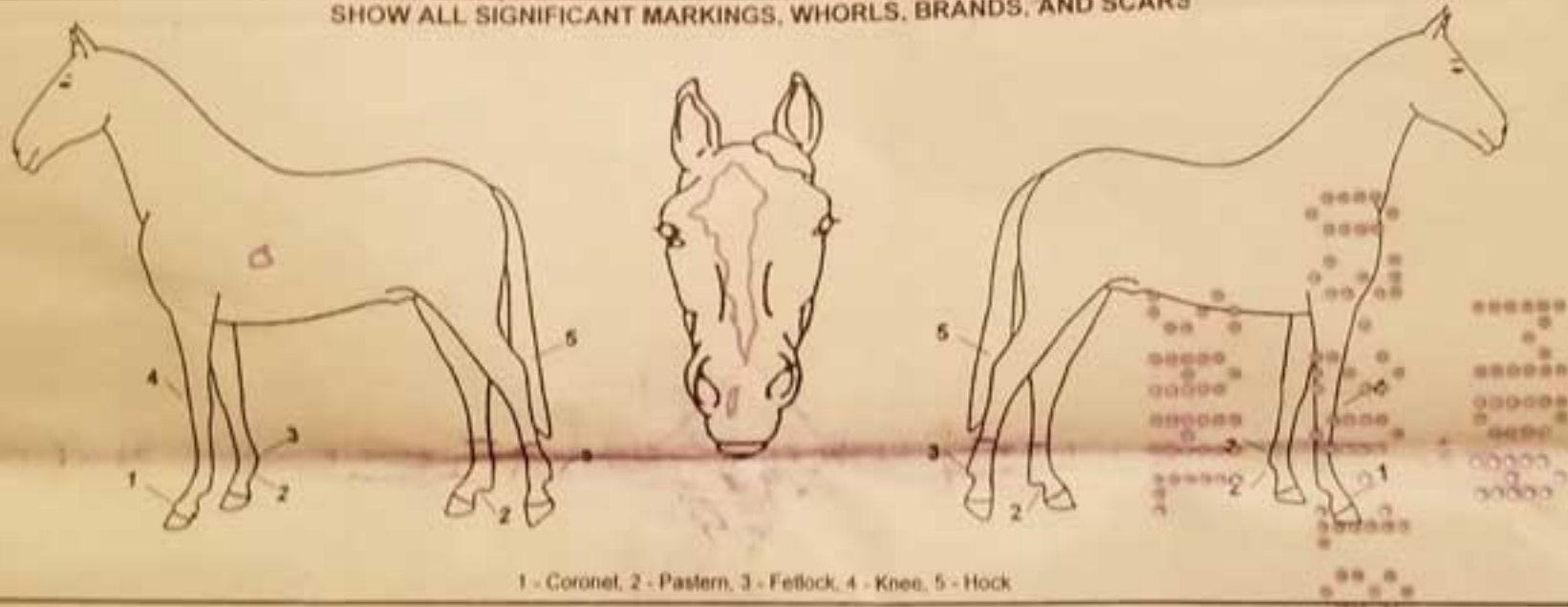
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN \_\_\_\_\_  
 11. TYPE OR PRINT SIGNATURE NAME **T.R. Corkran, V.M.D.**  
 12. SIGNATURE DATE **3/19/18**

**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 \_\_\_\_\_  
 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>Clementine</b>	<b>chestnut</b>	<b>Orlean</b>	<b>02505461</b>	<b>18/17</b>	<b>F</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 <b>STAR-STRIP-SHIP</b>	26. OTHER MARKS AND BRANDS <b>NA</b>
27. LEFT FORELIMB <b>NA</b>	28. RIGHT FORELIMB <b>NA</b>
29. LEFT HINDLIMB <b>SOCK</b>	30. RIGHT HINDLIMB <b>SOCK</b>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>Agricultural Laboratory Scientists III SAHL Salisbury, Maryland</b>	32. DATE RECEIVED <b>3/29/18</b>	33. DATE REPORTED OUT <b>3/29/18</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS <b>238414 Syn</b>	

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).