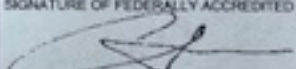



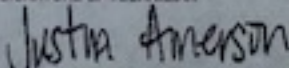


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13414407	
GlobalVetLINK's eISA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-13414407	DATE SIGNED 2018-04-17	LAB/ACCESSION NUMBER ATCH00328911	COUNTY Berkeley		
NAME & ADDRESS OF OWNER Quicksilver Farm 1815 Charity Church Rd Huger, SC 29450 Phone: 440-487-7746 PINELID /		NAME & ADDRESS OF VETERINARIAN Edisto Equine Clinic Christopher Ernst 7796 White Point Rd Yonges Island, SC 29449 Phone: 843-589-1315		NAME & ADDRESS OF STABLE/MARKET Quicksilver Farm 1815 Charity Church Rd Huger, SC 29450 Phone: 440-487-7746 PINELID /	
VETERINARY LICENSE OR ACCREDITATION NO. 3628 - SC / 053238		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  Christopher Ernst 2018-04-17 12:18:04 -05:00			SIGNATURE NAME Christopher Ernst		DATE BLOOD DRAWN 2018-04-16
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 Quicksilver Farm		SIGNATURE DATE 2018-04-17
NAME OF HORSE Quicksilver Black Tie	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 3 years	BREED Welsh Pony	GENDER Male		
					
NARRATIVE DESCRIPTION:					
HEAD: star, strip, snip, median whorl @ eye level			OTHER MARKS AND BRANDS: /		
LEFT FORELIMB: sock			RIGHT FORELIMB: none		
LEFT HINDLIMB: stocking			RIGHT HINDLIMB: stocking		
HORSE'S VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Justin Amerson		TUBE NUMBER 100256228-2	DATE RECEIVED 2018-04-17	DATE REPORTED 2018-04-19	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Antech Diagnostics, Inc. - Atlanta 4895 S. Atlanta Rd Smyrna, GA 30080			SIGNATURE OF TECHNICIAN  Justin Amerson 2018-04-19 09:18:39 -05:00		