



DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
EMIA LABORATORY TEST
(Standard 555.16)

SERIAL NO.
U 1469339

1. ACCESSION NUMBER
2. DATE BLOOD DRAWN
3-13-19

Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Relest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>Same</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 8602	8. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	ZIP Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Heather Bowen 859 Nelson Road White Post, VA		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Paul Diehl / Piedmont Equine Practice 4172 Tulla Road The Plains, VA	
Tel No. 703-265-2043 ZIP Code 22163 County Stafford		Tel No. 540-264-4950 ZIP Code 20198 County Stafford	

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 <i>Paul Diehl</i>	11. TYPE OR PRINT SIGNATURE NAME Paul Diehl DVM	12. SIGNATURE DATE 3-13-19
---	---	--------------------------------------

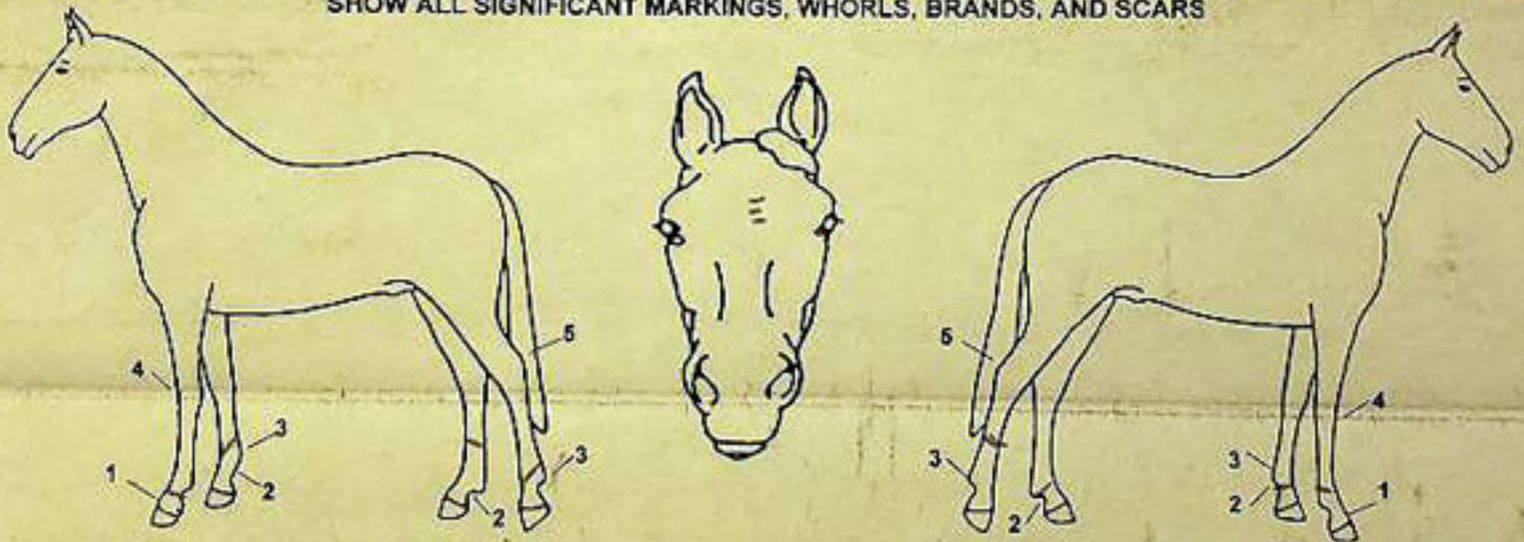
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Radar	20. Color Bay	21. Breed WBX	22. Electronic I.D. No. 97720000922 7238	23. Age or DOB 6y	24. Sex F	M - Male F - Female G - Gelding SP - Spayed Female
--------------	------------------	------------------	-----------------------------------	-------------------------	-------------------------	--	-----------------------------	---------------------	---

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
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: 404-387-8344	32. DATE RECEIVED 3-14-19	33. DATE REPORTED OUT 3-16-19	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>Janice DeSalvo</i>		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).