

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

V 658062

1. ACCESSION NUMBER

19F3732-1

2. DATE BLOOD DRAWN

5/15/19

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Five Corners Farm 18901 Gunpowder Road Millers, MD ZIP Code 21102 Tel No. 410-999-1117 County Balto.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 007841	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Rachel Westerlund, VMD 4323 Mt. Zion Road Upperco, MD ZIP Code 21155 Tel No. 410-771-4800 County Balto.
8. NAME AND ADDRESS OF OWNER (Please print or type) Michelle Nightingale 18901 Gunpowder Road Millers, MD ZIP Code 21102 Tel No. 410-999-1117 County Balto.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Rachel Westerlund, VMD 4323 Mt. Zion Road Upperco, MD ZIP Code 21155 Tel No. 410-771-4800 County Balto.		

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.

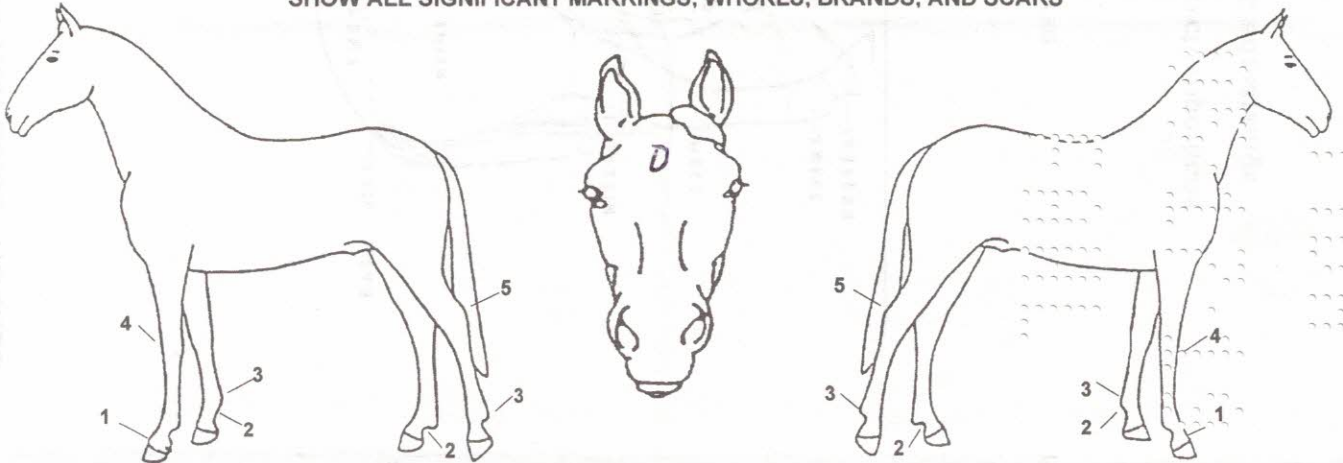
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Rachel Westerlund, VMD</i>		11. TYPE OR PRINT SIGNATURE NAME Rachel Westerlund, VMD		12. SIGNATURE DATE 5/16/19	
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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
			NOTORIOUS FCF	Bay	Dutch Wmbld		4-15 2018	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	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE MARYLAND DEPT. OF AGRICULTURE FREDERICK ANIMAL HEALTH LAB. 1847 BRIDGEMONT AVENUE FREDERICK, MD 21702 301-698-1244		32. DATE RECEIVED 5-17-19	33. DATE REPORTED OUT 5-20-19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN <i>[Signature]</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).

Equine Genetic Testing Report



Submitted By

Michelle Nightingale

18901 Gunpowder Road
Manchester, MD 21102
United States

Date Received: 5/7/2018

Subject Horse

Horse Name: **Notorious FCF**
Breed: Dutch Warmblood
Phenotype: Bay
Sex: Filly

Lab Reference #: 00108666
Registration: Pending
Birth: 2018

Sire

Sire Name:
Breed:
Registration:
Phenotype:

Dam

Dam Name:
Breed:
Registration:
Phenotype:

Coat Color and Pattern Testing

Genetic Disorders

Tobiano	Not Tested
Frame Overo	Not Tested
Sabino 1	Not Tested
Splashed White 1	Not Tested
Splashed White 2	Not Tested
Splashed White 3	Not Tested
Appaloosa (LP)	Not Tested
PATN1	Not Tested
Red/Black Factor	Not Tested
Agouti	Not Tested
Cream Dilution	Not Tested
Dun Dilution	Not Tested
Silver Dilution	Not Tested
Champagne	Not Tested
Pearl Dilution	Not Tested
Gray	Not Tested

HYPP	Not Tested
HERDA	Not Tested
GBED	Not Tested
MH	Not Tested
PSSM 1	Not Tested
FIS	Not Tested
JEB1	Not Tested
JEB2	Not Tested
CA	Not Tested
LFS	Not Tested
SCID	Not Tested
QAAM1	Not Tested
HWSD	Not Tested
X WFFS1	N/N Clear: negative for the gene mutation associated with WFFS type 1

Genetic Marker Results

Run Date: Not Tested

-	-	-	-	-	-	-
AKI4	AKI5	ASB17	ASPC	ASB23	AMB	CA45LW
-	-	-	-	-	-	-
HWL3	HMS5	HMS7	HTGR5	HTGA	LEF3	LEF33
-	-	-	-	-	-	-
VM20	LR013	HMS1	HMS2	HTL8	HTL7	

Additional Comments

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

V 658064

1. ACCESSION NUMBER

MF3732-2

2. DATE BLOOD DRAWN

5/15/19

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3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Five Corners Farm 18901 Gunpowder Road Millers, MD ZIP Code 21102 Tel No. 410-991-1117 County Balto.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 007841	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Michelle Nightingale 18901 Gunpowder Road Millers, MD ZIP Code 21102 Tel No. 410-991-1117 County Balto.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Rachel Westerlund, VMD 4323 Mt. Zion Road Upperco, MD ZIP Code 21155 Tel No. 410-771-4800 County Balto.	

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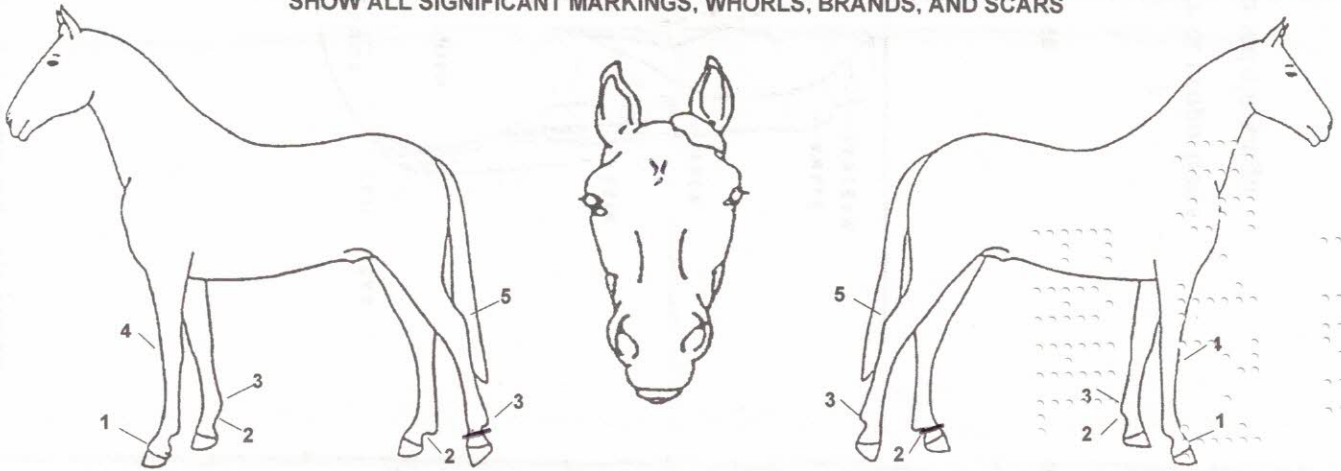
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			RESOLUTE FCF	Bay	Hanov.		3-30 2018	F			

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD few white hairs	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB pastern	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE NATIONAL ANIMAL HEALTH LAB. 1845 ROBERTSON AVENUE BELLEVILLE, MO 63702 314-670-1548	32. DATE RECEIVED 5-17-19	33. DATE REPORTED OUT 5-20-19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS	

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