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OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 110445

COMPLETE
1. LABORATORY ACCESSION NUMBER: **37857**
2. DATE BLOOD DRAWN: **9/9/2019**
3. TEST REQUESTED BY VETERINARIAN: ELISA AGID

4. REASON FOR TESTING: Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market):
5a. NAME: **same as owner**
5b. PHYSICAL/STREET ADDRESS:
5c. CITY, STATE, ZIP CODE:
5d. TELEPHONE NUMBER:
6. COUNTY OF EQUINE AT BLOOD DRAW: **Chatham**
7. NAME AND ADDRESS OF OWNER:
7a. NAME: **Caroline Stearns**
7b. MAILING ADDRESS: **160 Log Cabin rd**
7c. CITY, STATE, ZIP CODE: **Siler City, NC 27344**
7d. TELEPHONE NUMBER: **610 869 4039**

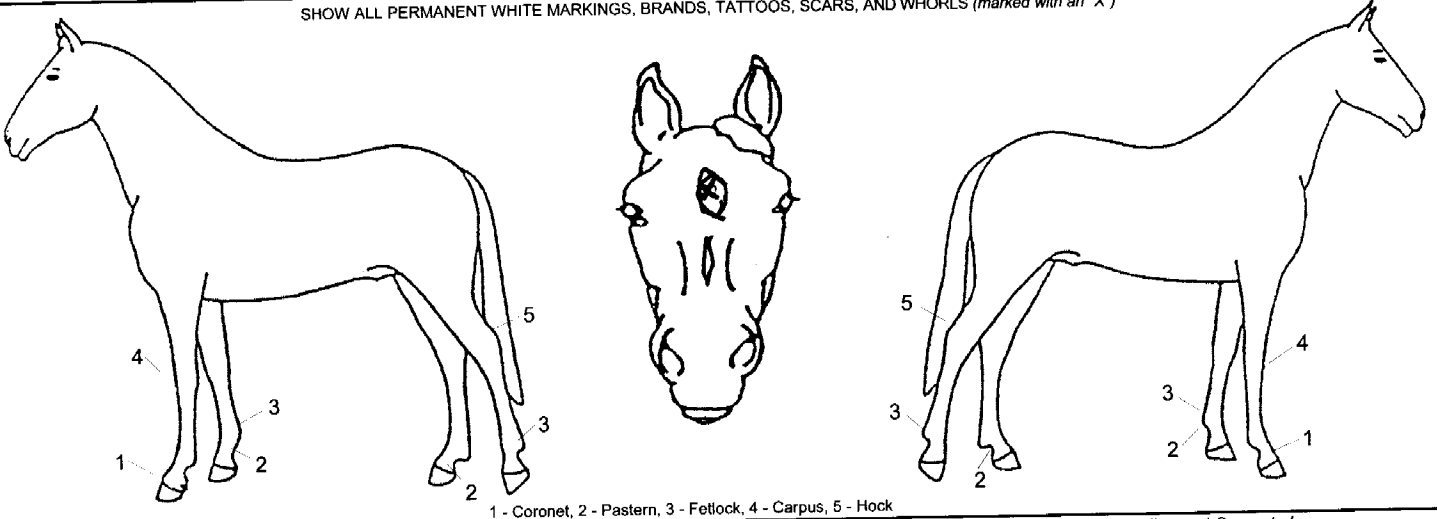
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN:
8a. VETERINARIAN NAME: **Megan Rodkin**
8b. NATIONAL ACCREDITATION NUMBER: **086300**
8c. VETERINARIAN SIGNATURE: *[Signature]*
8d. SIGNATURE DATE: **9/9/2019**
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN: **96 Poole rd e**
8f. CITY, STATE, ZIP CODE: **New Hill, NC 27562**
8g. TELEPHONE NUMBER: **919-363-1686**

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed (or species if not a horse)	14. Age or DOB	15. Sex	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
		Affilucci	Gray	Westphalian	6 month	F	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD: **Star, Strip**
18. NECK AND BODY (include coat color patterns, if any):
19. LEFT FORELIMB:
20. RIGHT FORELIMB:
21. LEFT HINDLIMB:
22. RIGHT HINDLIMB:

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME: NC State Equine Health Center	24. DATE SAMPLE RECEIVED: 9/9/19	25. DATE RESULTS REPORTED: 9/10/19	26. OFFICIAL TEST RESULT: <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED: <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
23a. CITY: Southern Pines	28. LABORATORY REMARKS: Negative			
23b. STATE: NC	29. SIGNATURE OF NVL - APPROVED EIA TECHNICIAN: <i>[Signature]</i>		30. INTERIM RESULT REFERRED FOR CONFIRMATION: <input type="checkbox"/>	

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 (18 U.S.C. SECTION 1001).