



DLCG0026994 5

Coggins AGID

100 UL SER
INV: 1R

MANDARINO

LARGE ANIMAL - CATTLE

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

FORM APPROVED - OMB NUMBER 0579 - 0127

SERIAL NO.

T1103587

1. ACCESSION NUMBER

DL11035879945

2. DATE BLOOD DRAWN

10/5/19

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

3. REASON FOR TESTING

Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

9976

6. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

ELIZABETH MANDARINO / AMBER HILL FARM

6402 HWY 254

CLEVELAND, GA

ZIP Code 30528

Tel No. (908) 397-0977

County WHITE

8. NAME AND ADDRESS OF OWNER (Please print or type)

ELIZABETH MANDARINO

6402 HWY 254

CLEVELAND GA

ZIP Code 30528

Tel No. (908) 397-0977

County WHITE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

SHAYNE C WILCOX

202 STONE HOLLOW CT

PROSPER, TX

ZIP Code 75078

Tel No. (940) 595-3990

County COLLIN

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

SHAYNE C WILCOX

12. SIGNATURE DATE

10/7/19

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

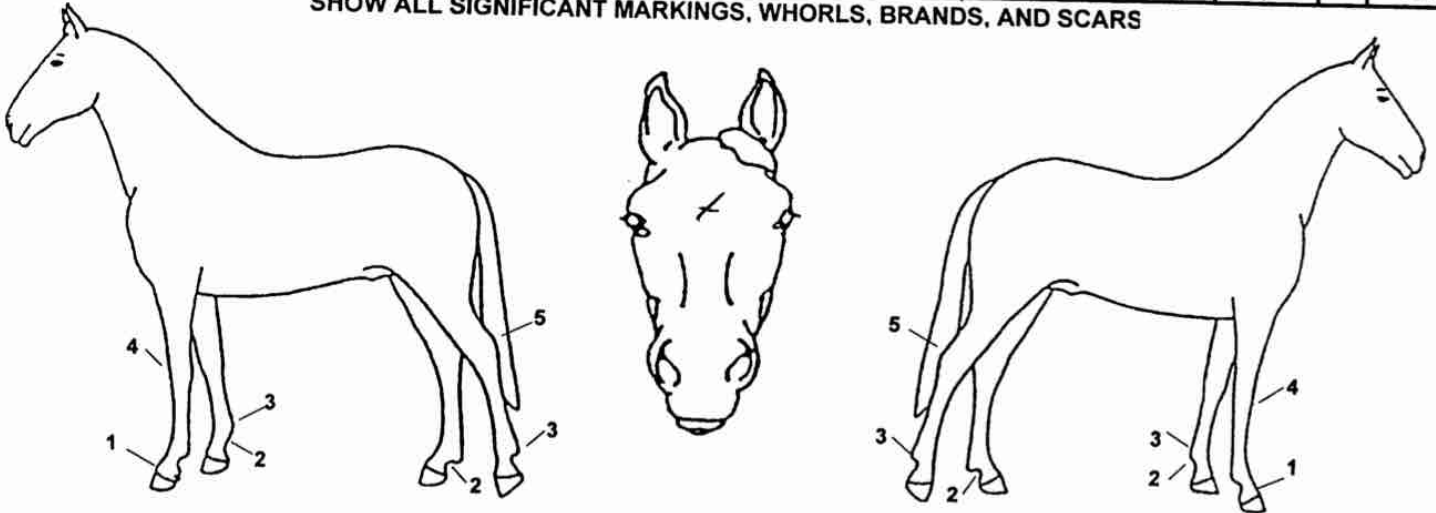
AMANDA A WILCOX

15. SIGNATURE DATE

10/7/19

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
			CHALLO	GREY	WB		8Y0	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fellock, 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 6186 - Antech Inuvus, Texas	32. DATE RECEIVED 10/17/19	33. DATE REPORTED OUT 10/19/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		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).