

Report Date: 10/15/2019 4:01:09 PM
 Sent By: John Arguello

Final Report

Date Received: 10/15/2019 12:00 AM **Case Coordinator:** Christie Mayo, DVM, PhD **Accession No:** F19-0092701
Collection Date: 10/11/2019
Referral #: 821494
Owner/Producer: Dell

JD LECLAIR EQUINE MEDICINE
 DR. JD LECLAIR
 PO BOX 1321
 BERTHOUD CO 80513

Phone: (970) 578-9090
 Email: leclairequine@gmail.com

Associated Parties

Veterinarian Submitter	JD Leclair Equine Medicine Dr. JD LeClair
Clinic	JD Leclair Equine Medicine

Animal Information

Taxonomy	Sex	Age	Count
Equine	Female	4 Months	1

Lab Findings

Virology

Equine infectious anemia (EIA) antibody ELISA - 10/15/2019 3:54 PM

Specimen **Antibody**

Remi - Female - 4 Months	
Serum - 1	Not detected

Client Report History

Report Type	Delivery Method	Sent To	Date Sent
Final	Email	leclairequine@gmail.com	10/15/2019 4:01 PM

Bulletin(s)

-Thank you for choosing CSU for your diagnostic services. If you have any questions about test interpretation, we are happy to provide assistance. Please consult a licensed veterinarian regarding treatment options and management decisions.-

Site Information

Johnstown, CO Weld 80534

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	821494	F19-0092701	10/11/2019

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 Annual	<input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership	<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Lisa Dell
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 9142	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		20067 Northmoor Dr Johnstown, CO Zip Code 80534 Tel No. (303) 775-0614 County Weld
8. Name and Address of Owner (Please print or type) Lisa Dell 20067 Northmoor Dr Johnstown, CO Zip Code 80534 Tel No. (303) 775-0614 County Weld		9. Name and Address of Veterinarian (Please print or type) Jonathan D. Leclair P.O. Box 1321 Berthoud, CO Zip Code 80513 Tel No. (970) 578-9090 County Larimer		

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 Jonathan D. Leclair	12. Signature Date 10/14/2019
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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
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16. Tube No. Remi	17. Official Tag No. --	18. Tattoo/Brand --	19. Name of Horse Remi	20. Color Sorrel	21. Breed Selle Francais	22. Electronic I.D. No. --	23. Age or DOB 05/25/2019	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Blaze	26. Other Marks and Brands Medium Hair Whorl-Forehead
27. Left Forelimb Sock	28. Right Forelimb Sock
29. Left Hindlimb Sock	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State Veterinary Diagnostic Laboratory, Colle Fort Collins, CO	32. Date Received 10/15/2019	33. Date Reported Out 10/15/2019	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 John Arguello		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 100).