






GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
FORM SERIAL NUMBER EIA-15695390	DATE BLOOD DRAWN 2020-03-23	LAB/ACCESSION NUMBER ORCH00276529	COUNTY OF CURRENT HOME PREMISES OF EQUINE Broward		
NAME & ADDRESS OF OWNER James Tundidor 10260 NW 135 st Hialeah Gardens, FL 33018 Phone: 305.308.8112 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Trotter Equine, LLC Tiffany Trotter DVM PO Box 822443 Pembroke Pines, FL 33082 Phone: 954.329.7556		CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Jump 4U Stable 4911 SW 173rd Way Southwest Ranches, FL 33331 Phone: 954.815.3758 PIN/LID: /	
VETERINARIAN NATIONAL ACCREDITATION NUMBER 062304		TEST REQUESTED BY VET AGID		REASON FOR TESTING Within state use / annual	
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN 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.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Tiffany Trotter DVM 2020-03-23 15:47:30 -05:00				SIGNATURE DATE 2020-03-23	
HORSE					
NAME OF ANIMAL Bagatelle		ID 1 No ID	ID 2 No ID	ID 3 No ID	
COLOR / COAT OR HAIR COLOR(S) Bay		AGE OR DOB 2008-01-01	BREED OR SPECIES Quarter Horse	GENDER Neutered/Castrated Male	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None specified		
HEAD: Bald			NECK AND BODY: None specified		
LEFT FORELIMB: Sock			RIGHT FORELIMB: Stocking		
LEFT HINDLIMB: Stocking			RIGHT HINDLIMB: Stocking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Lucy Taylor		TUBE NUMBER 102810290-0	DATE SAMPLE RECEIVED 2020-03-23	DATE RESULTS REPORTED 2020-03-25	OFFICIAL RESULTS Negative
LABORATORY REMARKS					TEST TYPE USED AGID
					INTERIM RESULT REFERRED FOR CONFIRMATION No
LABORATORY Antech Diagnostics, Inc. - Orlando 7415 Emerald Dunes Dr. Suite 1500 Orlando, FL 32822			SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Lucy Taylor 2020-03-25 08:58:27 -05:00		