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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 565113

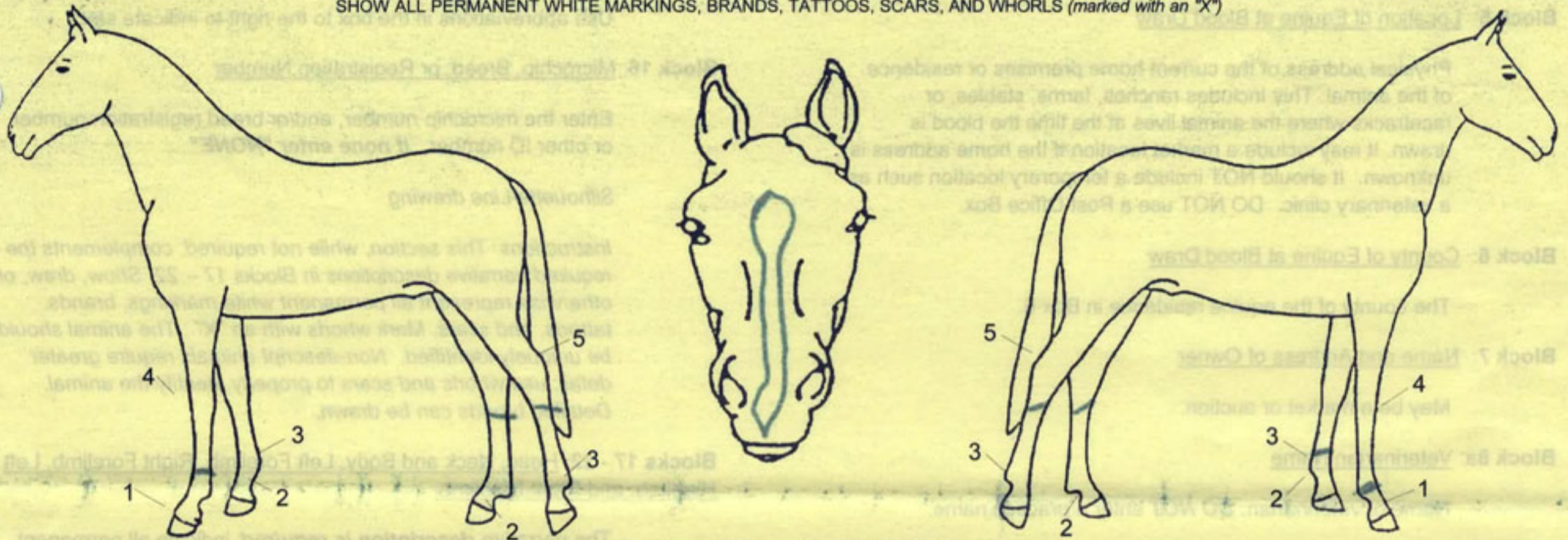
COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) <i>W 20-15069</i>		2. DATE BLOOD DRAWN <i>4/3/20</i>		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME <i>Foxlore Farm, Hisa Kline</i>			7. NAME AND ADDRESS OF OWNER 7a. NAME <i>Ms. Hisa Kline</i>		
5b. PHYSICAL/STREET ADDRESS <i>17707 Lakefield Rd</i>			7b. MAILING ADDRESS <i>17707 Lakefield Rd</i>		
5c. CITY, STATE, ZIP CODE <i>Round Hill, Va. 20141</i>			7c. CITY, STATE, ZIP CODE <i>Round Hill, Va. 20141</i>		
5d. TELEPHONE NUMBER <i>(540) 338-3528</i>		6. COUNTY OF EQUINE AT BLOOD DRAW <i>Loudoun</i>		7d. TELEPHONE NUMBER <i>(703) 626-4701</i>	

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 <i>Andrea L Russell DVM</i>		8b. NATIONAL ACCREDITATION NUMBER <i>001301</i>		8c. VETERINARIAN SIGNATURE <i>Andrea L Russell DVM</i>		8d. SIGNATURE DATE <i>4/3/20</i>	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN <i>P.O. Box 1567</i>				8f. CITY, STATE, ZIP CODE <i>Middleburg, Va. 20118</i>		8g. TELEPHONE NUMBER <i>(540) 687-6359</i>	
9. Tube Number <i>2</i>	10. Tag/Tattoo/Brand Number <i>N/A</i>	11. Name of Animal <i>Ideal Gem</i>	12. Color <i>Gray</i>	13. Breed (or species if not a horse) <i>TB/Welsh</i>	14. Age or DOB <i>2yr.</i>	15. Sex <i>F</i>	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
16. MICROCHIP, BREED, OR REGISTRATION NUMBER <i>None</i>							

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



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

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 <i>Blaze</i>		18. NECK AND BODY (include coat color patterns, if any) <i>None</i>	
19. LEFT FORELIMB <i>White 1/4 cannon bone</i>		20. RIGHT FORELIMB <i>White Fetlock</i>	
21. LEFT HINDLIMB <i>White to hock</i>		22. RIGHT HINDLIMB <i>White Hock</i>	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME <i>VDACS ANIMAL HEALTH LAB 272 ACADEMY HILL RD WARRENTON, VA 20186 (540) 316-6543</i>		24. DATE SAMPLE RECEIVED <i>4-9-2020</i>		25. DATE RESULTS REPORTED <i>4-13-2020</i>		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	
23b. STATE <i>VA</i>		28. LABORATORY REMARKS				29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>D. Shumate</i>			
23a. CITY		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).