EIA-15390395



		EI/	A-15390395			IV L	
GVL - EQUINE INFECTION	OUS ANEMIA LABORATOR	Y TEST					
GlobalVetLINK's eEIA te	st form contains all data fields as		rms Without Adequate Descriptions rs Will Not Be Processed.	Of The Horse and Complete Address	es Including Zip Codes, an	d Telephone	
SERIAL NUMBER EIA-15390395	DATE SIGNED 2020-01-03	LAB/ACCESSION NUM	LAB/ACCESSION NUMBER		COUNTY		
NAME & ADDRESS OF OWNER		NAME & ADDRESS OF	NAME & ADDRESS OF VETERINARIAN		EQUINE RESIDENCE AT BLOOD DRAW		
COURTNEY BABER 2766 BALLSVILLE RD. POWHATAN, VA 23139 Phone: 804-241-3377 PIN/LID: /		Virginia Equine PLLC Lindsay Neist DVM 1994 Shallow Well Rd Manakin-Sabot , VA 23 Phone: 804-784-5419	Lindsay Neist DVM 1994 Shallow Well Rd Manakin-Sabot , VA 23103		COURTNEY BABER 2766 BALLSVILLE RD. POWHATAN, VA 23139 Phone: 804-241-3377 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER 011444		TEST SUBMITTED	TEST SUBMITTED		REASON FOR TESTING Within state use / annual		
CERTIFICATION OF FEDER described below.	ALLY ACCREDITED VETERINA	ARIAN I certify I am a category II fede	rally accredited veterinarian, author	rized, in the state where the sample w	as obtained, by me, from the	ne animal	
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN LINGS LINGS Neist DVM			0,	DATE BLOOD DRAWN 2020-01-02		6	
HORSE	2020	-01-03 08:45:14 -06:00					
NAME OF HORSE CAIT							
COLOR Black	AGE OF 2013-01	R DOB -02	BREED IRISH SPORT HORSE	GENDER MARE			
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None				
HEAD: WHITE STAR			NECK AND BODY: None				
LEFT FORELIMB: None			RIGHT FORELIMB: None				
LEFT HINDLIMB: WHITE SPOT PASTERN			RIGHT HINDLIMB: PASTERN				
RABIES VACCINATION							
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY		
FOR LABORATORY USE		TUDE NUMBER	DATE DECENTED	DATE DEDOCTED	TECT DECL!! TO		
TECHNICIAN		TUBE NUMBER 101978851-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS	CAL.	
LABORATORY REMARKS					TEST RAN		
					REFERRED FOR CONFIRMATION	0	
ABORATORY			SIGNATURE OF NVSL APP	PROVED EIA TECHNICIAN			

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