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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 591513

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) **NV02-20-1637** 2. DATE BLOOD DRAWN **May 28, 2020** 3. TEST REQUESTED BY VETERINARIAN ELISA AGID

4. REASON FOR TESTING Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)

5a. NAME **Sarah Du Clos** 7. NAME AND ADDRESS OF OWNER **Sarah Du Clos**

5b. PHYSICAL/STREET ADDRESS **172231 Waltmyer Rd.** 7b. MAILING ADDRESS **172231 Waltmyer Rd.**

5c. CITY, STATE, ZIP CODE **New Freedom, PA. 17349** 7c. CITY, STATE, ZIP CODE **New Freedom PA. 17349**

5d. TELEPHONE NUMBER **(410) 971-4200** 6. COUNTY OF EQUINE AT BLOOD DRAW **York** 7d. TELEPHONE NUMBER **(410) 971-4200**

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

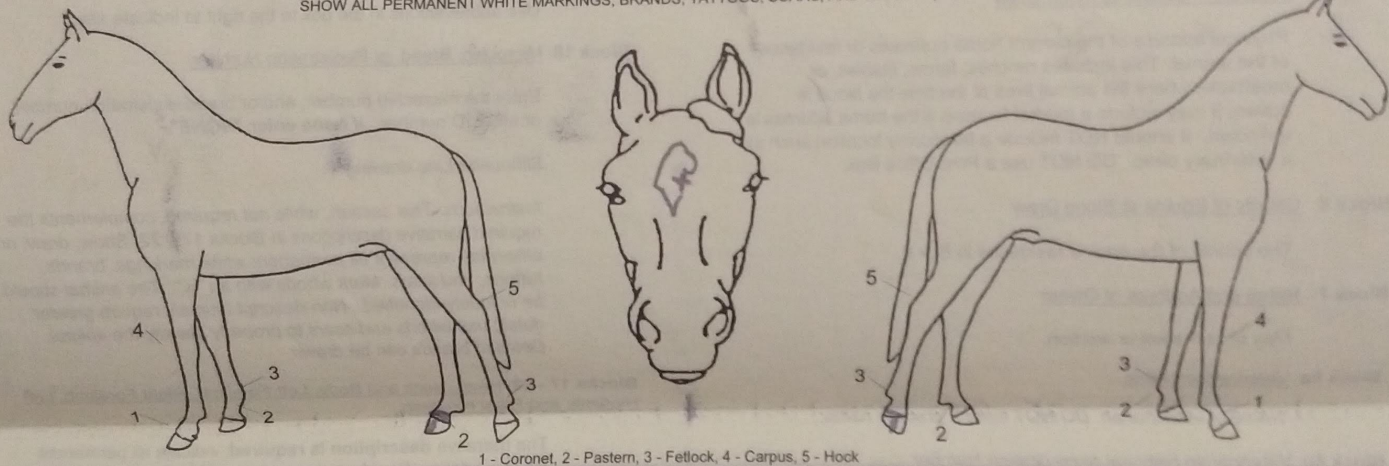
8a. VETERINARIAN NAME **Trevor W. Wells DVM** 8b. NATIONAL ACCREDITATION NUMBER **031250** 8c. VETERINARIAN SIGNATURE *Trevor W. Wells DVM* 8d. SIGNATURE DATE **5/28/2020**

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN **PO Box 51** 8f. CITY, STATE, ZIP CODE **Freeland, MD. 21053** 8g. TELEPHONE NUMBER **443 507 5481**

| 9. Tube Number | 10. Tag/Tattoo/Brand Number | 11. Name of Animal | 12. Color | 13. Breed (or species if not a horse) | 14. Age or DOB | 15. Sex | M - Male Intact F - Female Intact G - Gelding FS - Female Spayed |
|----------------|-----------------------------|--------------------|------------|---------------------------------------|----------------|----------|---|
| | | Jezebel | Bay | Lucitano WBx | 5 | F | |

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

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



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 **star w/whorl** 18. NECK AND BODY (include coat color patterns, if any) **—**

19. LEFT FORELIMB **—** 20. RIGHT FORELIMB **—**

21. LEFT HINDLIMB **—** 22. RIGHT HINDLIMB **coronet level sock**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **Nandi Veterinary Diag Lab**
3244 West Sieling Road
New Freedom, PA 17349
(717) 235-3798

24. DATE SAMPLE RECEIVED **6/4/20** 25. DATE RESULTS REPORTED **6/4/20** 26. OFFICIAL TEST RESULT Negative Positive AGID ELISA

27. TEST TYPE USED ELISA

28. LABORATORY REMARKS

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN *Ronnie M. Sheehan* 30. INTERIM RESULT REFERRED FOR CONFIRMATION

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).