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UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

OMB Approved
0579-0127

FORM SERIAL NUMBER
AA 451683

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) **2020054799** 2. DATE BLOOD DRAWN **7-8-20** 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 **Connie Conis** 7. NAME AND ADDRESS OF OWNER 7a. NAME **same**

5b. PHYSICAL/STREET ADDRESS **18289 1077th** 7b. MAILING ADDRESS **same**

5c. CITY, STATE, ZIP CODE **Nevada IA 50201** 7c. CITY, STATE, ZIP CODE **same**

5d. TELEPHONE NUMBER **515-291-5774** 6. COUNTY OF EQUINE AT BLOOD DRAW **Story** 7d. TELEPHONE NUMBER **same**

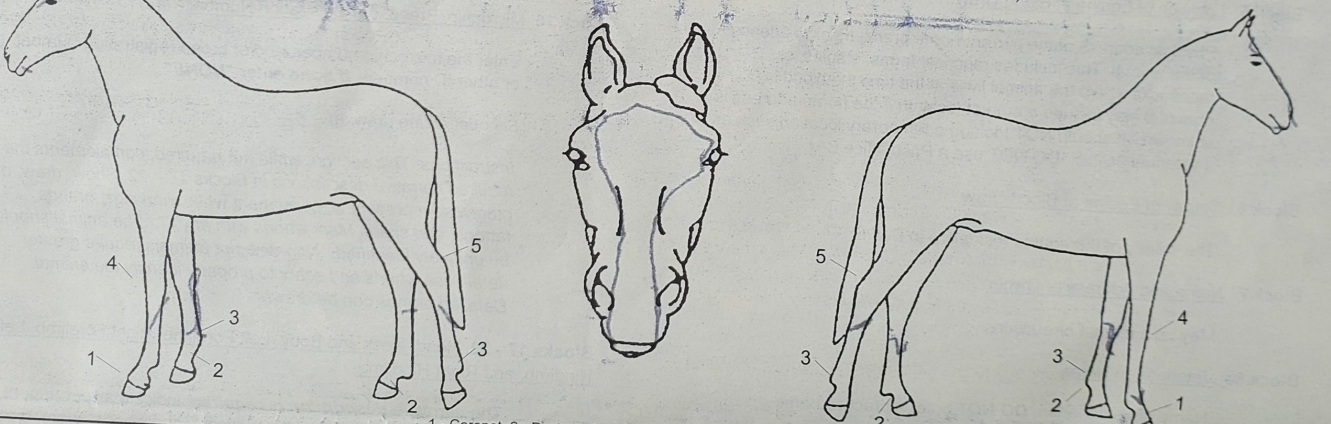
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN 8a. VETERINARIAN NAME **Jennifer Arnold DVM** 8b. NATIONAL ACCREDITATION NUMBER **018795** 8c. VETERINARIAN SIGNATURE **Jennifer Arnold DVM** 8d. SIGNATURE DATE **7-8-20**

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN **113 E. 2nd St** 8f. CITY, STATE, ZIP CODE **Webster City IA 50595** 8g. TELEPHONE NUMBER **515-832-1700**

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
1		Poppyseed	Bay	Westfalen	6-12-20	F	F

16. MICROCHIP, BREED, OR REGISTRATION NUMBER



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 **Blaze, white lower lip** 18. NECK AND BODY (include coat color patterns, if any) **sock**
19. LEFT FORELIMB **stacking** 20. RIGHT FORELIMB **sock**
21. LEFT HINDLIMB **stacking** 22. RIGHT HINDLIMB **stacking**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **ISU VDL** 24. DATE SAMPLE RECEIVED **7/9/2020** 25. DATE RESULTS REPORTED **7/9/2020** 26. OFFICIAL TEST RESULT Negative Positive 27. TEST TYPE USED AGID ELISA

23a. CITY **Ames** 23b. STATE **IA** 28. LABORATORY REMARKS

29. SIGNATURE OF NVSL-APPROVED EIA TECHNICIAN **Jennifer Arnold** 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). Previous editions may be used.