FORM SERIAL NUMBER



GVL - EQUINE INFECTIOUS ANEMIA LA	BORATORY TEST	ACTUAL STREET		WE SELECT				
1. LAB/ACCESSION NUMBER ESM05012001	2. DATE BLOC 2020-04-28	DD DRAWN	3. TEST REQUESTED BY VET AGID		REASON FOR TESTING Within state use / annual			
CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / ARKET R. STEVEN PASSMAN 740 SW 40TH STREET DWANDA, KS 67144 ione: 316-778-1552 N/LID: /		7. NAME & ADDRESS OF OWNER Jessica Turner 110 N 127th St E Apt 2302 Wichita, KS 67206 Phone: 440-487-2721 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine James Speer DVM 3500 E 45th St. N Wichita, KS 67220 Phone: 316-744-2007			No.	
6. COUNTY OF CURRENT HOME PREMI BUTLER	COUNTY OF CURRENT HOME PREMISES OF EQUINE				VETERINARIAN NATIONAL ACCREDITATION NUMBER 1530			
CERTIFICATION OF FEDERALLY ACCRE I certify I am a category II federally accredit	EDITED VETERINARIAN ted veterinarian, authorized, in the	state where the	sample was obtained, by	me, from the	animal described below	w.		
SIGNATURE OF FEDERALLY ACCREDIT	James Speer DVM 2020-04-30 09:37:05	-05:00	CN		Ch		C.	
TUBE NUMBER 02874121-0	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAME Isolda MCF		12. COLOR / COAT OR HAIR COLOR(S) Grey			
	the property of the second		15. GENDER Mare		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None			
3. BREED OR SPECIES Holsteiner	14. AGE OR D 2016-04-13	ООВ			NUMBER	P, BREED, OR REGIST	RATION	
	The state of the s	OOB			NUMBER	P, BREED, OR REGIST	RATION	
	The state of the s	OOB		ID BRANDS:	Number	P, BREED, OR REGIST	RATION	
olsteiner	The state of the s	OOB	Mare		Number None No other markings	P, BREED, OR REGIST	RATION	
NARRATIVE DESCRIPTION:	The state of the s	OOB	OTHER MARKS AN	DY: No mark	Number None No other markings	P, BREED, OR REGIST	RATION	
NARRATIVE DESCRIPTION: 17. HEAD: No markings 19. LEFT FORELIMB: No markings	The state of the s	OOB	OTHER MARKS AN 18. NECK AND BOX	DY: No mark	Number None No other markings sings	P, BREED, OR REGIST	RATION	
NARRATIVE DESCRIPTION: 17. HEAD: No markings	The state of the s	PRODUCT	OTHER MARKS AN 18. NECK AND BOX 20. RIGHT FORELI	DY: No mark MB: No mark MB: No mark	Number None No other markings sings	ADMINISTERED BY	6	

RABIES VACCINATION					Name of the Party		
TYPE	VACCINATION DATE	PROD	RODUCT SERIAL NUMBER		EXPIRATION DATE	ADMINISTERED BY	
FOR LABORATORY USE ONLY							
23. LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N	24. DATE SAMPLE RECEIVED 2020-04-30		25. DATE RESULTS REPORTED 2020-05-01		26. OFFICIAL RESULT Negative	AGID 27. TEST TYPE USED	
	28. LABORATORY REMARKS						

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

Wichita, KS 67220 Phone: 316-744-2007

> 30. INTERIM RESULT REFERRED FOR CONFIRMATION No

James Speer DVM 2020-05-01 13:19:08 -05:00

James M. Specs or Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL