

**NCSU EQUINE HEALTH CENTER**  
 6045 US HWY 1 N, Southern Pines, North Carolina 28387  
 Phone: 910-692-8773 Fax: 910-692-1860

**EQUINE INFECTIOUS ANEMIA TEST RECORD**

License/Accreditation#  
 SVP3421

Print name and address legibly for window envelope use  
 Southern Pines Equine Associates  
 Dr. James M. Hamilton 910-692-8640

I hereby certify that the blood specimen submitted with this form was drawn by me from the animal described below on the date indicated.

Address P.O. Drawer 1776  
 City Southern Pines State NC Zip 28388  
 DATE BLED 2-2-2020 SIGNATURE *[Signature]*

Owner Karen Barbour  
 Address 261 Retriever Ln  
 Carthage NC Zip 28327  
 Phone 937 668 1932  
 Reason for Test:  
 1. Clinical \_\_\_\_\_  
 2. Infected \_\_\_\_\_  
 3. Exposed \_\_\_\_\_  
 4. Show \_\_\_\_\_  
 5. Sale \_\_\_\_\_  
 6. Routine   
 7. Other \_\_\_\_\_  
 Animal Stabled At \_\_\_\_\_  
 Address 261 Retriever Ln  
 County Moore TOWN Carthage  
 Farm No. \_\_\_\_\_  
 (QBSP)

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One			AGE	TEST RESULTS	
				S	M	G		<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive
	April	Chestnut	Oldenburg		<input checked="" type="checkbox"/>		11	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**White Markings and Whorls Must Be Shown!**



LEFT SIDE

RIGHT SIDE

Date and condition of samples received 3/4/2020

AGID - VMRD  CELISA - Idexx ( )

WHITE COPY - VETERINARIAN  
 YELLOW COPY - OWNER  
 PINK COPY - FILE  
 GOLDENROD COPY - STATE VETERINARIAN

The results of the test for Equine Infectious Anemia on the above specimen is as indicated

Signature *James R. Wilson*

Accession No. 41819

\*Please Use Legend: S - Stallion/Male  
 M - Mare/Female  
 G - Gelding