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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  
**894296**

COMPLETION OF ALL NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE NONE AND PLEASE TYPE OR PRINT LEGIBLY

1. LABORATORY ACCESSION NUMBER (For laboratory use only) EQDX 20 12799		2. DATE BLOOD DRAWN 07/18/2020		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Within State Use/Annual <input checked="" type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure							
5. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)			7. NAME AND ADDRESS OF OWNER				
5a. NAME Lisa Wall			7a. NAME Lisa Wall				
5b. PHYSICAL/STREET ADDRESS 1443 W Hull Ranch Road			7b. MAILING ADDRESS 1443 W Hull Ranch Road				
5c. CITY, STATE, ZIP CODE Bisbee, AZ 85603			7c. CITY, STATE, ZIP CODE Bisbee, AZ 85603				
5d. TELEPHONE NUMBER (520) 366-4390		6. COUNTY OF HOME PREMISES OF EQUINE Cochise		7d. TELEPHONE NUMBER (520) 366-4390			
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 Shawna E. Sawtelle		8b. NATIONAL ACCREDITATION NUMBER 014365	8c. VETERINARIAN SIGNATURE <i>Shawna E. Sawtelle</i>		8d. SIGNATURE DATE 07/22/2020		
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 6620 S. Hargis Ranch Road			8f. CITY, STATE, ZIP CODE Hereford, AZ 85615		8g. TELEPHONE NUMBER (805) 464-8423		
9. Tube Number 1	10. Tag/Tattoo/Brand Number --	11. Name of Animal Tamarisk	12. Color Bay	13. Breed (or species if not a horse) Thoroughbred	14. Age or DOB 04/20/2019	15. Sex F	M - Male Intact F - Female Intact G - Gelding FS - Female spayed
16. MICROCHIP, BREED, OR REGISTRATION NUMBER Breed Reg: 1913830							

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



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

**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	18. NECK AND BODY (include coat color patterns, if any) Medium Hair Whorl-Forehead
19. LEFT FORELIMB No Markings	20. RIGHT FORELIMB No Markings
21. LEFT HINDLIMB No Markings	22. RIGHT HINDLIMB No Markings

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Vet Path Laboratory (918) 445-6191	24. DATE SAMPLE RECEIVED 07/22/2020	25. DATE RESULTS REPORTED 07/22/2020	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
28. LABORATORY REMARKS				
23a. CITY Tulsa	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Danielle Gaddis		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	
23b. STATE OK				

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)