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OMB Approved  
0579-0127

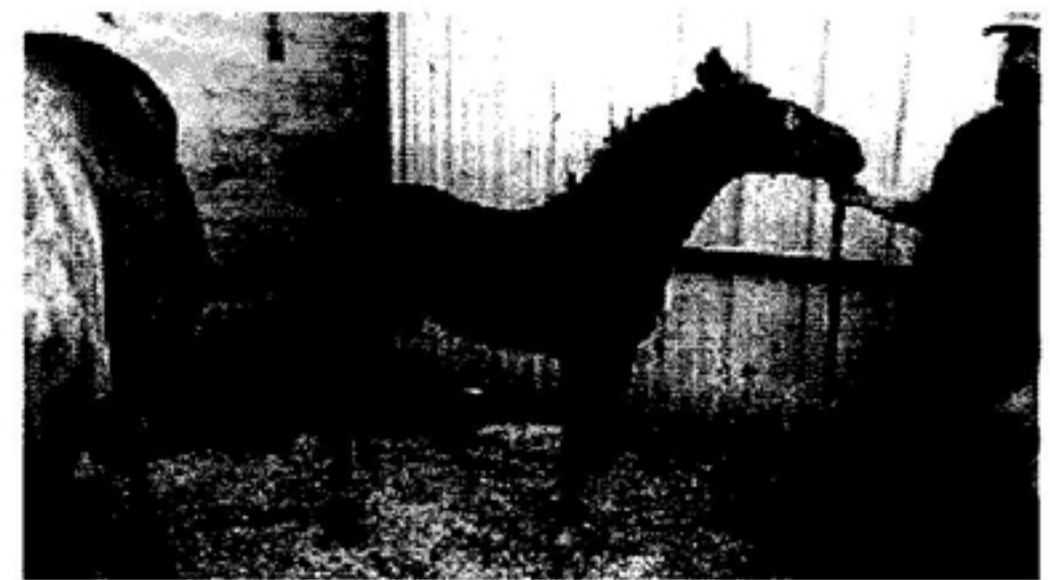
UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**903833**

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 14658		2. DATE BLOOD DRAWN 09/08/2020		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input 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 Four Filly Farm			7a. NAME Four Filly Farm				
5b. PHYSICAL/STREET ADDRESS 11472 NS 3520 ROAD			7b. MAILING ADDRESS 11472 NS 3520 ROAD				
5c. CITY, STATE, ZIP CODE Earlsboro, OK 74840			7c. CITY, STATE, ZIP CODE Earlsboro, OK 74840				
5d. TELEPHONE NUMBER (405) 788-5620		6. COUNTY OF HOME PREMISES OF EQUINE Pottawatomie		7d. TELEPHONE NUMBER (405) 788-5620			
8. ACCREDITED VETERINARIAN							
8a. VETERINARIAN NAME Tracy A. Simpson		8b. NATIONAL ACCREDITATION NUMBER 079879		8c. VETERINARIAN SIGNATURE <i>Tracy A. Simpson, DVM</i>		8d. SIGNATURE DATE 09/09/2020	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 1509 North Kickapoo Street			8f. CITY, STATE, ZIP CODE Shawnee, OK 74804		8g. TELEPHONE NUMBER (405) 275-0990		
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	
Prime Time Foal	--	Prime Time Foal	Black	Dutch Warmblood	17 weeks	M	
16. MICROCHIP, BREED, OR REGISTRATION NUMBER --							

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 Cannon, Cannon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD Connected Star, Strip, Snip		18. NECK AND BODY (include coat color patterns, if any) Hair Whorls-None	
19. LEFT FORELIMB Sock		20. RIGHT FORELIMB Sock	
21. LEFT HINDLIMB Sock		22. RIGHT HINDLIMB Sock	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Vet Path Laboratory (918) 445-6191		24. DATE SAMPLE RECEIVED 09/14/2020	25. DATE RESULTS REPORTED 09/14/2020	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	
23a. CITY Tulsa		28. LABORATORY REMARKS					
23b. STATE OK		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Danielle Gaddis			30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>		

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).