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UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OMB Approved
0579-0127

EQUINE INFECTIOUS ANEMIA TEST FORM

① SML

FORM SERIAL NUMBER
AA 162335

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) 20-72117

2. DATE BLOOD DRAWN 04/19/2020

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 Chuck Bright

5b. PHYSICAL/STREET ADDRESS 4748 E Needham Rd

5c. CITY, STATE, ZIP CODE Beloit, WI 53511

5d. TELEPHONE NUMBER

6. COUNTY OF EQUINE AT BLOOD DRAW ROCK CO

7. NAME AND ADDRESS OF OWNER
 7a. NAME Emilie Brennan
 7b. MAILING ADDRESS 1416 W Diversey Parkway
 7c. CITY, STATE, ZIP CODE Chicago, IL

7d. TELEPHONE NUMBER

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 P R Kapraun DVM

8b. NATIONAL ACCREDITATION NUMBER 039887

8c. VETERINARIAN SIGNATURE P R Kapraun DVM

8d. SIGNATURE DATE 04/19/2020

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 19117 Altenburg Rd

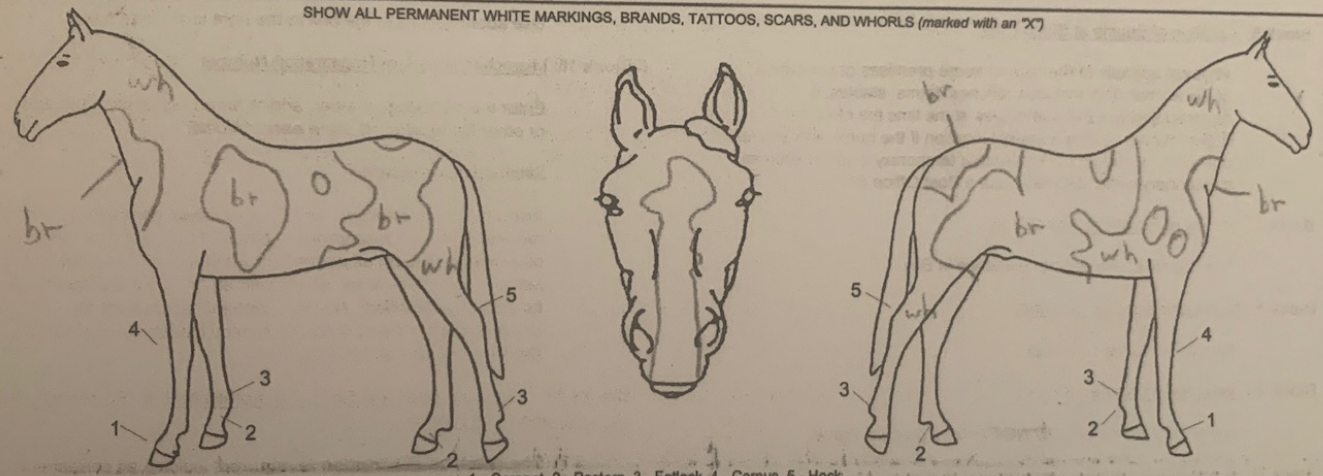
8f. CITY, STATE, ZIP CODE Harvard, IL 60033

8g. TELEPHONE NUMBER 815 943-3577

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
<u>1</u>		<u>"Chips N Dip"</u>	<u>Paint</u>	<u>Paint</u>	<u>7yr</u>	<u>G</u>	

16. MICROCHIP, BREED, OR REGISTRATION NUMBER Wh and Brown

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



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 PK

18. NECK AND BODY (include coat color patterns, if any) white PK

19. LEFT FORELIMB white PK

20. RIGHT FORELIMB white PK

21. LEFT HINDLIMB white PK

22. RIGHT HINDLIMB white PK

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME U of I VDL

24. DATE SAMPLE RECEIVED

25. DATE RESULTS REPORTED 4/23/20

26. OFFICIAL TEST RESULT
 Negative Positive AGID ELISA

27. TEST TYPE USED

28. LABORATORY REMARKS

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN [Signature]

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.