

**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

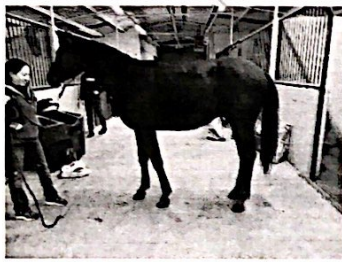
|   |                           |  |   |
|---|---------------------------|--|---|
| SERIAL NUMBER<br>EIA-15610240   | DATE SIGNED<br>2020-03-06 | LAB/ACCESSION NUMBER<br>PMD143820  | COUNTY<br>Denton                                |
| NAME & ADDRESS OF OWNER<br>Christine Dragisich<br>10761 Cole Road<br>Pilot Point, TX 76258<br>Phone: 925-497-0207<br>PIN/LID: / |                           | NAME & ADDRESS OF VETERINARIAN<br>Trailmark Equine Clinic<br>Devon Livingston DVM<br>11031 Strittmatter Road<br>Pilot Point, TX 76258<br>Phone: 940-365-4345 |   |
| NATIONAL ACCREDITATION NUMBER<br>074170   |                           | TEST SUBMITTED<br>AGID   | REASON FOR TESTING<br>Within state use / annual |

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN 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.

|  |                                |
|--|--------------------------------|
| SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN<br> | DATE BLOOD DRAWN<br>2020-03-05 |
| Devon Livingston DVM<br>2020-03-06 18:46:02 -06:00 |                                |

**HORSE**

|                          |                          |                    |                   |
|--------------------------|--------------------------|--------------------|-------------------|
| NAME OF HORSE<br>Nouveau | ID 1<br>No ID            | ID 2<br>No ID      | ID 3<br>No ID     |
| COLOR<br>Black           | AGE OR DOB<br>2018-01-01 | BREED<br>Warmblood | GENDER<br>Gelding |



|                               |  |
|-------------------------------|--|
| NARRATIVE DESCRIPTION:        | OTHER MARKS AND BRANDS: None specified |
| HEAD: white speck             | NECK AND BODY: None specified          |
| LEFT FORELIMB: None specified | RIGHT FORELIMB: None specified         |
| LEFT HINDLIMB: None specified | RIGHT HINDLIMB: None specified         |

**RABIES VACCINATION**

| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
|------|------------------|---------|---------------|-----------------|-----------------|
|------|------------------|---------|---------------|-----------------|-----------------|

**FOR LABORATORY USE ONLY**

|                             |                            |                             |                             |                          |
|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|
| TECHNICIAN<br>Bonnie Devers | TUBE NUMBER<br>102771362-0 | DATE RECEIVED<br>2020-03-07 | DATE REPORTED<br>2020-03-09 | TEST RESULTS<br>Negative |
|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|

|                    |                              |
|--------------------|------------------------------|
| LABORATORY REMARKS | TEST RAN<br>AGID             |
|                    | REFERRED FOR<br>CONFIRMATION |

|   |  |
|---|--|
| LABORATORY<br>Progressive Molecular Diagnostics<br>109 N. Ray Robert Pkway<br>P.O. Box 127<br>Tioga, TX 76271 | SIGNATURE OF NVSL APPROVED EIA TECHNICIAN<br><br>Bonnie Devers<br>2020-03-09 09:39:03 -05:00 |
|---|--|

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com  
Please address any questions related to this document with your state or issuing state veterinarian's office.