




ANIMALS - EQUINE INFECTIOUS ANEMIA LABORATORY TEST			EQUIPMENT		
GlobalVetLINK's eIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Address including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14691693	DATE SIGNED 2019-05-17	LAB/ACCESSION NUMBER NYCH01440334	COUNTY		
NAME & ADDRESS OF OWNER David Searle 72 E Highland Road Parkesburg, PA 19365 Phone: (610) 383-4717 PINLID: /		NAME & ADDRESS OF VETERINARIAN Unionville Equine Associates, PC Christine M. Foster DVM 25 Webster Ln Oxford, PA 19363 Phone: 610-832-6800		NAME & ADDRESS OF STABLE/MARKET Iron Spring Farm (Cmf) 75 Old Stobsville Rd Ct 1 Coatsville, PA 19330 Phone: (484) 238-8876 Fax: (610) 857-2164 PINLID: /	
NATIONAL ACCREDITATION NUMBER 013399		TEST TYPE AGID	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Christine M. Foster DVM</i> Christine M. Foster DVM 2019-05-17 13:46:59 -05:00				DATE BLOOD DRAWN 2019-05-17	
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.					
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME David Searle	SIGNATURE DATE 2019-05-17	
NAME OF HORSE Jolly Jack	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 2014-01-01	SPEED KMPN	GENDER gelding		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: str, wip			NECK AND BODY: None		
LEFT FORELIMB: coronet			RIGHT FORELIMB: coronet		
LEFT HINDLIMB: sock			RIGHT HINDLIMB: sock		
VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Abu Saleh Mohammad Abdullah		TUBE NUMBER 102258309-0	DATE RECEIVED 2019-05-17	DATE REPORTED 2019-05-19	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Antech Diagnostics, Inc. - New York 1111 Marcus Avenue Lake Success, NY 11042			SIGNATURE OF TECHNICIAN <i>Abu Saleh Mohammad Abdullah</i> Abu Saleh Mohammad Abdullah 2019-05-19 08:15:42 -05:00		