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| GVL - EQUINE INFECTIOU | S ANEMIA LABORATORY TE | 51 | | | | | |
|--|---------------------------|--------------------------------|--|--------------------------|--|--------------------------------------|--|
| 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 DATE SIGNED 2020-03-04 | | LAB/ACCESSION NUMI 93006076 | LAB/ACCESSION NUMBER 93006076 | | COUNTY Aiken | | |
| NAME & ADDRESS OF OWNER | | NAME & ADDRESS OF | NAME & ADDRESS OF VETERINARIAN | | EQUINE RESIDENCE AT BLOOD DRAW | | |
| Susan Novotny-Hokenson 883 Old Tory Trail Aiken, SC 29801 Phone: 703-282-7058 PIN/LID: / | | | Aiken, SC 29801 | | Susan Novotny-Hokenson 883 Old Tory Trail Aiken, SC 29801 Phone: 703-282-7058 PIN/LID: / | | |
| NATIONAL ACCREDITATION NUMBER 079440 | | TEST SUBMITTED AGID | | | REASON FOR TESTING 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 anim described below. | | | | | | | |
| SIGNATURE OF FEDERAL | LY ACCREDITED VETERINA | G | DATE BLOOD | DRAWN | 6 | | |
| Buaine Ma | naman) Breanne 2020-03 | | 2020-03-04 | | | | |
| HORSE | | | | | | | |
| NAME OF HORSE Rhianna | ID 1 No ID | | ID 2 No ID | | ID 3 No ID | | |
| COLOR Dark Bay | AGE OR DC 1 | В | BREED Westphalian (Westfalen) | | GENDER Mare | | |
| | TA | | | | | | |
| NARRATIVE DESCRIPTION: | | N. | OTHER MARKS AND BRAND | BRANDS: None specified | | | |
| HEAD: Few white hairs on forehead | | | NECK AND BODY: None specified | | | | |
| LEFT FORELIMB: None sp | ecified | RIGHT FORELIMB: None specified | | | | | |
| LEFT HINDLIMB: None spe | ecified | RIGHT HINDLIMB: None specified | | | | | |
| RABIES VACCINATION | | | 1 | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION | DATE | ADMINISTERED BY | |
| FOR LABORATORY USE O | ONLY | | | | | | |
| TECHNICIAN Beverly Price | . /. | TUBE NUMBER 102762746-0 | DATE RECEIVED 2020-03-06 | DATE REPOR 2020-03-09 | RTED | TEST RESULTS Negative | |
| LABORATORY REMARKS | | ~ | | -107 | TEST RAN | | |
| | | | | | | AGID REFERRED FOR CONFIRMATION | |
| LABORATORY Laboratory Solutions Inc. 495 Sheppard Drive Suite No. 1 North Augusta, SC 29860 | | | SIGNATURE OF NVSL APPROVED EIA TECHNICIAN Beverly Price 2020-03-09 10:12:28 -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.

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