




This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory —GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

<b>GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b>				<b>EIA-613358</b>	
<b>SERIAL NO.</b> FL-613358		<b>ACCESSION NO.</b> 09-0123		<b>DATE COMMITTED</b> 4/15/09	
<b>COUNTY</b>					
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
<b>NAME &amp; ADDRESS OF OWNER</b> Doe Performance Horses, John Doe, 1122 Pony Ave Alva, FL 33920 239-694-1234 Premises ID: FL12345		<b>NAME &amp; ADDRESS OF VETERINARIAN</b> CLM Sample Vet Clinic Sample Vet, DVM 123 Whoa Rd. Mooville, FL 32000 407-884-0000		<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> ABC Horse Training 567 Hoofbeat Street Clearwater, FL 33765 727-461-4321 Premises ID: FL98765	
<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> Fed. Accr. 543 / FL:1324		<b>TEST TYPE</b> AGID (Agar gel immunodiffusion)		<b>REASON FOR TESTING</b> 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 above.					
<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>			<b>SIGNATURE NAME</b> Sample Vet, DVM		<b>DATE BLOOD DRAWN</b> 4/1/09
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.					
<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>			<b>SIGNATURE NAME</b> Doe Performance Horses, John Doe,		<b>SIGNATURE DATE</b> 4/15/09
<b>NAME OF HORSE</b> My Rockin Teddy		<b>Barn Name</b> Taz	<b>Breed Registration</b> 742137		<b>ID3</b> N/A
<b>COLOR</b> Sorrel/ Overo	<b>AGE OR DOB</b> April 23, 2005		<b>BREED</b> Paint		<b>GENDER</b> Gelding
<b>REMARKS:</b> Cactus like marking on right side of belly, belly spots, white on lower left side of belly					
					
<b>NARRATIVE DESCRIPTION</b> (See animal photograph(s) above)					
<b>HEAD</b> Blaze, 1 elongated central whorl, white on chin			<b>OTHER MARKS AND BRANDS</b> none		
<b>LEFT FORELIMB</b> White stocking			<b>RIGHT FORELIMB</b> White stocking		
<b>LEFT HINDLIMB</b> White coronet			<b>RIGHT HINDLIMB</b> White sock		
<b>FOR LABORATORY USE ONLY</b>					
<b>LABORATORY</b> SystemTesting Only PO Box 4536 Coggins City, Florida 33000 863-675-0000		<b>TUBE NO.</b> 350617-22	<b>DATE RECEIVED</b> 4/7/09	<b>DATE REPORTED</b> 4/10/09	<b>TEST RESULTS</b> Negative
<b>TECHNICIAN</b> Chris Technician			<b>SIGNATURE OF TECHNICIAN</b>		
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.					