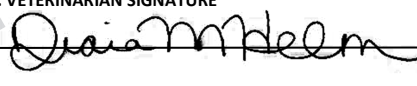


Larch Hill Laboratory LLC
Is an APHIS Approved EIA Testing Laboratory
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER

595308LH

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) 694416		2. DATE BLOOD DRAWN 02/08/2024		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID			
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure							
5. CURRENT HOME PREMISES OF EQUINE: ranch/farm/stable/market 5a. NAME C Z Stables			7. NAME AND ADDRESS OF OWNER 7a. NAME Wendy Eichler				
5b. PHYSICAL STREET ADDRESS 6560 30 Mile Road			7b. MAILING ADDRESS 57431 Junction Ct.				
5c. CITY, STATE, ZIP CODE Washington, MI 48095			7c. CITY, STATE, ZIP CODE Washington, MI 48094				
5d. PHONE NUMBER 15867527337		6. HOME PREMISES COUNTY Macomb		7d. PHONE NUMBER (248)561-8249			
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 Diana Helm		8b. NATIONAL ACCREDITATION NUMBER 072968		8c. VETERINARIAN SIGNATURE 		8d. SIGNATURE DATE 02/08/2024	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 3996 Keegan Rd			8f. CITY, STATE, ZIP CODE Emmett, MI 48022		8g. TELEPHONE NUMBER (810)384-1100		
9. Tube Number n/a	10. Tag/Tattoo/Brand Number None	11. Name of Animal Hes a National Star aka Nash	12. Color Chestnut	13. Breed (or species if not a horse) Quarter Horse	14. Age of DOB 01/01/2003	15. Sex G M—Male. F—Female Intact G—Gelding FS—Female Spayed	
16. MICROCHIP, BREED, OR REGISTRATION NUMBER None							

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




1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

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	18. NECK AND BODY (include coat color patterns, if any) None
19. LEFT FORELIMB None	20. RIGHT FORELIMB None
21. LEFT HINDLIMB Sock	22. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Larch Hill Laboratory	24. DATE SAMPLE RECEIVED 02/16/2024	25. DATE RESULTS REPORTED 02/17/2024	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
23a. CITY Earlville	28. LABORATORY REMARKS			
23b. STATE New York	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	