

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

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST	EIA-174102 CERTIFIED COPY
---	--------------------------------------

SERIAL NO. IA-174102	ACCESSION NO. 06-123456	DATE COMMITTED 4/28/06	COUNTY Story
--------------------------------	-----------------------------------	----------------------------------	------------------------

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

NAME & ADDRESS OF OWNER Sample, Owner 123 Lane Sample City, IA 50010 515-555-5555 Premises ID: 1234567	NAME & ADDRESS OF VETERINARIAN GVL Sample Veterinary Clinic Sample Veterinarian 2526 N. Loop Drive Ames, IA 50010 515-296-3779	NAME & ADDRESS OR STABLE/MARKET SS Sample Stable RR 4 Sample City, IA 50010 515-123-4567 Premises ID: 7654321
--	--	---

VETERINARY LICENSE OR ACCREDITATION NO. IA - 00000	TEST TYPE AGID (Agar gel immunodiffusion)	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 above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	SIGNATURE NAME Sample Veterinarian	DATE BLOOD DRAWN 4/26/06
--	--	------------------------------------

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 Sample, Owner	SIGNATURE DATE 4/28/06
--	--	----------------------------------

NAME OF HORSE Sample Horse	Barn Name Sample	Electronic ID 840123456789100	Breed Registration 12HORSE34
--------------------------------------	----------------------------	---	--

COLOR Overo	AGE OR DOB January 1, 2000	BREED Paint	GENDER Stallion
-----------------------	--------------------------------------	-----------------------	---------------------------



NARRATIVE DESCRIPTION (See animal photograph(s) above)

HEAD connecting star, strip, snip	OTHER MARKS AND BRANDS Overo Pattern
LEFT FORELIMB white sock	RIGHT FORELIMB none
LEFT HINDLIMB white stocking	RIGHT HINDLIMB white sock

FOR LABORATORY USE ONLY

LABORATORY System Testing Only (Don Not Choose This Lab) PO Box 4536 Sample City, IA 50010 515-296-0000	TUBE NO. 214398-0	DATE RECEIVED 4/27/06	DATE REPORTED 4/28/06	TEST RESULTS Negative
--	-----------------------------	---------------------------------	---------------------------------	---------------------------------

TECHNICIAN Technician, Sample	SIGNATURE OF TECHNICIAN 
---	---