


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

FORM SERIAL NUMBER
690632LH

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) 793158		2. DATE BLOOD DRAWN 05/22/2025		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 Kerri Bilyk		7. NAME AND ADDRESS OF OWNER Kerri Bilyk			
5b. PHYSICAL STREET ADDRESS 15879 29th st		7b. MAILING ADDRESS 15879 29th st			
5c. CITY, STATE, ZIP CODE Gobles, MI 49055		7c. CITY, STATE, ZIP CODE Gobles, MI 49055			
5d. PHONE NUMBER (269)569-5064		6. HOME PREMISES COUNTY Van Buren		7d. PHONE NUMBER (269)569-5064	
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 Carissa Coulson		8b. NATIONAL ACCREDITATION NUMBER 001062		8c. VETERINARIAN SIGNATURE 	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 68663 County Road 388		8f. CITY, STATE, ZIP CODE South Haven, MI 49090		8d. SIGNATURE DATE 05/22/2025	
8g. TELEPHONE NUMBER 12697677524					
9. Tube Number n/a	10. Tag/Tattoo/Brand Number None	11. Name of Animal Ebony	12. Color Black	13. Breed (or species if not a horse) Paint	14. Age of DOB 05/03/2004
		15. Sex F	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 Star/Snip		18. NECK AND BODY (include coat color patterns, if any) None			
19. LEFT FORELIMB Sock		20. RIGHT FORELIMB Sock			
21. LEFT HINDLIMB None		22. RIGHT HINDLIMB Sock			
FOR LABORATORY USE ONLY					
23. EIA LABORATORY NAME Larch Hill Laboratory		24. DATE SAMPLE RECEIVED 05/30/2025		25. DATE RESULTS REPORTED 05/31/2025	
23a. CITY Earlville		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	
23b. STATE New York		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>			