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OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
1310517-1

COMPLETION OF FIELDS #2 - #24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE".

1. ACCESSION NUMBER (For laboratory use only) 1918292860		2. DATE BLOOD DRAWN 04/03/2025		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input checked="" type="checkbox"/> Interstate Movement <input 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. NAME AND MAILING ADDRESS OF OWNER 5a. NAME Trisha Bellgraph 5b. MAILING ADDRESS 1086 Serenity Ridge Drive			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Trisha Bellgraph 7b. PHYSICAL/STREET ADDRESS 1086 Serenity Ridge Drive		
5c. CITY Wayland	5d. STATE MI	5e. ZIP CODE 49348	7c. CITY Wayland	7d. STATE MI	7e. ZIP CODE 49348
5f. OWNER TELEPHONE NUMBER (269) 370-3722		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Allegan		7f. PREMISES TELEPHONE NUMBER (269) 370-3722	
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.					
8a. VETERINARIAN NAME Timothy M. Hicswa		8b. NATIONAL ACCREDITATION NUMBER 026292		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Michigan	
8d. VETERINARIAN SIGNATURE DR. TIMOTHY HICSWA			8e. SIGNATURE DATE 04/04/2025 08:52 AM EDT		
8f. MAILING ADDRESS OF VETERINARIAN 1420 W. Green St.			8g. CITY Hastings	8h. STATE MI	8i. ZIP CODE 49058
8j. TELEPHONE NUMBER (269) 948-2222					
9. TUBE # 1	10. NAME OF ANIMAL FLIRT		11. COLOR Black	12. BREED OF HORSE (or Species of Equid) Quarter Horse	13. SEX <input type="checkbox"/> MALE INTACT <input checked="" type="checkbox"/> FEMALE INTACT <input type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED
14. AGE OR DOB 03/30/1999	15. TAG # --	16. TATTOO # --	17. MICROCHIP # --	18. BREED REGISTRATION # --	



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none: line through box fully or write "none")

19. HEAD Snip		20. NECK AND BODY (include coat color patterns if any) Hair Whorls-None			
21. LEFT FORELIMB Sock		22. RIGHT FORELIMB Sock			
23. LEFT HINDLIMB No Markings		24. RIGHT HINDLIMB Sock			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME IDEXX Veterinary Services (630) 516-7966		26. DATE SAMPLE RECEIVED 04/04/2025	27. DATE RESULTS REPORTED 04/05/2025	28. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	29. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
30. LABORATORY REMARKS					
25a. CITY Elmhurst		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Vanessa Sanchez-Carranza Electronically signed through USDA VSPS			
25b. STATE IL		32. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>			

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (U.S.C. SECTION 1001).