

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

 FORM SERIAL NUMBER
712694LH

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) 815092		2. DATE BLOOD DRAWN 12/09/2025		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 Monroe Cnty Humane Society		7. NAME AND ADDRESS OF OWNER Monroe Cnty Humane Society			
5b. PHYSICAL STREET ADDRESS 99 Victor Rd		7b. MAILING ADDRESS 99 Victor Rd			
5c. CITY, STATE, ZIP CODE Fairport, NY 14450		7c. CITY, STATE, ZIP CODE Fairport, NY 14450			
5d. PHONE NUMBER (585)223-1332		6. HOME PREMISES COUNTY Monroe		7d. PHONE NUMBER (585)223-1332	
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 Sarah Pell		8b. NATIONAL ACCREDITATION NUMBER 086861		8c. VETERINARIAN SIGNATURE <i>Sarah Pell</i>	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 925 Chili-Scottsville Road		8f. CITY, STATE, ZIP CODE Scottsville, NY 14546		8d. SIGNATURE DATE 12/09/2025	
9. Tube Number 1	10. Tag/Tattoo/Brand Number None	11. Name of Animal Tango	12. Color Bay	13. Breed (or species if not a horse) Arabian cross	14. Age of DOB 01/01/2008
15. Sex G		15. Sex M—Male. F—Female Intact G—Gelding FS—Female Spayed			
16. MICROCHIP, BREED, OR REGISTRATION NUMBER 985111002915012					

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 Whorl on forehead; Scar on forehead		18. NECK AND BODY (include coat color patterns, if any) None			
19. LEFT FORELIMB Sock		20. RIGHT FORELIMB None			
21. LEFT HINDLIMB Sock		22. RIGHT HINDLIMB None			
FOR LABORATORY USE ONLY					
23. EIA LABORATORY NAME Larch Hill Laboratory LLC		24. DATE SAMPLE RECEIVED 12/15/2025	25. DATE RESULTS REPORTED 12/16/2025	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 NY		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>Susan E. Fowler</i>		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	