

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	EQUINE IMPORT TESTING SUBMISSION	(NVSL accession sticker)
--	----------------------------------	--------------------------

INSTRUCTIONS: Use a separate form for each importer/broker. Consult instructions for help with completing Form VS 17-31 and for necessary definitions. **PORT VETERINARIAN:** Place a copy in the serum sample carton before sealing closed. **SEROLOGIST:** Notify appropriate staff when results are other than negative and distribute results as necessary.

1. PORT OF ARRIVAL	2. DATE OF ARRIVAL (mm/dd/yyyy)	3. COUNTRY OF ORIGIN/PORT OF EMBARKATION	
4. PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION (name, address, ZIP code, phone number, fax number, email address)	5. IMPORTER CONTACT INFORMATION (name, address, ZIP code, phone number)	6. BROKER CONTACT INFORMATION (name, address, ZIP code, phone number)	
7. NVSL SUBMITTER ID	BLOOD SAMPLES		
8. PAYMENT METHOD <input type="checkbox"/> USER FEE ACCOUNT <input type="checkbox"/> CHECK/MONEY ORDER <input type="checkbox"/> CREDIT CARD NUMBER EXPIRATION DATE (mm/yyyy) BILL TO: <input type="checkbox"/> PORT <input type="checkbox"/> BROKER / AGENT	9. TEST PURPOSE <input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST (IMMEDIATE or FOLLOW-UP #) <input type="checkbox"/> FINAL	11. PRIOR ACCESSION NUMBER(S)	
	10. TEST(S) REQUESTED EQUINE PIROPLASMOSIS <input type="checkbox"/> T. EQUI <input type="checkbox"/> B. CABALLI <input type="checkbox"/> DOURINE <input type="checkbox"/> GLANDERS <input type="checkbox"/> EQUINE INFECTIOUS ANEMIA	12. COLLECTED BY	
		13. DATE COLLECTED (mm/dd/yyyy)	14. DATE SHIPPED (mm/dd/yyyy)

15. SAMPLE DATA							
SAMPLE NUMBER	IDENTIFICATION 1 <small>(registered name/barn name)</small>	IDENTIFICATION 2 <small>(RFID#, tattoo, tags, markings, other)</small>	ANIMAL COUNTRY OF ORIGIN CODE	AGE	SEX	BREED	COLOR
A	B	C	D	E	F	G	H

16. TOTAL NUMBER OF EQUINES	17. PORT VETERINARIAN SUBMITTING SAMPLES		
CONTINUATION SHEET (17-31A) USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRINT NAME	SIGNATURE	

18. ADDITIONAL DATA (history, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions)