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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES | <h2 style="margin:0;">EQUINE IMPORT TESTING SUBMISSION</h2> | <i>(NVSL accession sticker)</i> |
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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.

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| 1. PORT OF ARRIVAL | 2. DATE OF ARRIVAL (<i>mm/dd/yyyy</i>) | 3. COUNTRY OF ORIGIN/PORT OF EMBARKATION | |
| 4. PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION <i>(name, address, ZIP code, phone number, fax number, email address)</i> | 5. IMPORTER CONTACT INFORMATION (<i>name, address, ZIP code, phone number</i>) | 6. BROKER CONTACT INFORMATION (<i>name, address, ZIP code, phone number</i>) | |
| 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 (<i>mm/yyyy</i>) 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 <i>(mm/dd/yyyy)</i> | 14. DATE SHIPPED <i>(mm/dd/yyyy)</i> |

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