

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

AGREEMENT TO CONDUCT
EQUINE INFECTIOUS ANEMIA (EIA) TESTING

I, _____, have read and understand Veterinary Services Guidance (VSG) 15201.1. As the Laboratory Director I understand my responsibilities and agree to abide by the guidelines therein. The requirements include, but are not limited to, the following:

1. Provide and maintain adequate and appropriate facilities as described in VSG 15201.1 and the associated inspection checklist.
2. Provide technical personnel, suitable to perform official EIA testing, trained at NVSL and with successful completion of individual proficiency test(s).
3. Accept only samples submitted by a Category II Federally accredited veterinarian authorized in the State where the sample was obtained and submitted with a properly completed and legible official test form (VS 10-11).
4. Conduct all testing in accordance with the official protocol(s) for the test as provided by NVSL, as described in literature accompanying the diagnostic test kits or in VSG 15201.1.
5. Use only diagnostic test kits that have been approved by the U.S. Department of Agriculture, Animal and Plant Health Inspection Service.
6. Submit all non-negative samples to NVSL for confirmation (those testing positive, suspect, discrepant, or equivocal in any of the licensed EIA diagnostic tests, as defined in the diagnostic test kit in use or NVSL protocols).
7. Seek, and satisfactorily meet, annual laboratory proficiency (check) test requirements, per NVSL protocols and deadlines.
8. Expect to perform at least 500 EIA tests per year, in order to maintain testing competency.
9. Meet regulatory obligations regarding prompt reporting of results to State and Federal officials.
10. Provide appropriate resources for adequate record keeping and to meet the summary data requirements described.
11. A satisfactory annual inspection is required to maintain approval.
12. Maintain current contact information and respond to official requests and inquiries.

I understand that the laboratory will lose its approval if it fails to comply with any of the provisions in VSG 15201.1 or if personnel trained to conduct EIA tests are no longer available to conduct EIA testing.

Laboratory Name:	Laboratory Physical Address:
Laboratory Telephone Number(s):	
Director Email Address(s):	

Laboratory Director Name:

Laboratory Director Signature:	Date Signed:
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