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| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br>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<br><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  | <b>BLOOD SAMPLES</b>   |  |   |
| 8. PAYMENT METHOD<br><br><input type="checkbox"/> USER FEE ACCOUNT<br><input type="checkbox"/> CHECK/MONEY ORDER<br><input type="checkbox"/> CREDIT CARD NUMBER<br>EXPIRATION DATE ( <i>mm/yyyy</i> )<br><br>BILL TO: <input type="checkbox"/> PORT <input type="checkbox"/> BROKER / AGENT | 9. TEST PURPOSE<br><br><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<br><br>EQUINE PIROPLASMOSIS <input type="checkbox"/> T. EQUI <input type="checkbox"/> B. CABALLI<br><input type="checkbox"/> DOURINE<br><input type="checkbox"/> GLANDERS<br><input type="checkbox"/> EQUINE INFECTIOUS ANEMIA | 12. COLLECTED BY   |   |
|   |  | 13. DATE COLLECTED<br><i>(mm/dd/yyyy)</i>                                      | 14. DATE SHIPPED<br><i>(mm/dd/yyyy)</i> |

| 15. SAMPLE DATA |  |   |                               |     |     |       |       |
|-----------------|--|---|-------------------------------|-----|-----|-------|-------|
| SAMPLE NUMBER   | IDENTIFICATION 1<br><i>(registered name/barn name)</i> | IDENTIFICATION 2<br><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 <span style="float: right;">SIGNATURE</span> |

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