

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.

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

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*)