LHL form contains all data fields as found on federal form VS 10-11.

LHL Form Vs. II 2020

Larch Hill Laboratory LLC

Is an APHIS Approved EIA Testing Laboratory
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER: 774511LH

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY

1. **LABORATORY ACCESSION NUMBER** *(for laboratory use only)*: 878526
2. **DATE BLOOD DRAWN**: 10/20/2026
3. **TEST REQUESTED BY VETERINARIAN**: ☐ ELISA ☒ AGID

4. **REASON FOR TESTING**: ☐ Interstate Movement ☒ Within State Use/Annual ☐ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. **CURRENT HOME PREMISES OF EQUINE:** *ranch/farm/stable/market*
5a. NAME: Spring Valley Farm
5b. PHYSICAL STREET ADDRESS: 1191 Horseshoe Bend Rd
5c. CITY, STATE, ZIP CODE: Moneta, VA 24121
5d. PHONE NUMBER: (540)685-3249
6. HOME PREMISES COUNTY: Bedford

7. **NAME AND ADDRESS OF OWNER**
7a. NAME: Michelle Simmons
7b. MAILING ADDRESS: 1521 Horseshoe Bend Rd
7c. CITY, STATE, ZIP CODE: Moneta, VA 24121
7d. PHONE NUMBER: (540)819-3400

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME FROM THE ANIMAL DESCRIBED BELOW.

8. **ACCREDITED VETERINARIAN**

8a. VETERINARIAN NAME	8b. NATIONAL ACCREDITATION NUMBER	8c. VETERINARIAN SIGNATURE	8d. SIGNATURE DATE
Ashley Cundiff	091946	Ashley Cundiff, DVM	10/20/2026

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN	8f. CITY, STATE, ZIP CODE	8g. TELEPHONE NUMBER
769 Listening Hill Rd	Penhook, VA 24137	(540)238-7112

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed *(or species if not a horse)*	14. Age of DOB	15. Sex
196. Mary	None	Colnel Bay Nuke aka Mary	Bay Roan	Quarter Horse	06/08/2022	F

M—Male. F—Female Intact G—Gelding FS—Female Spayed

16. **MICROCHIP, BREED, OR REGISTRATION NUMBER**: None

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS *(marked with an "X")*





1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. *(If none write none) Suggested nomenclature Includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock*

17. HEAD	18. NECK AND BODY *(include coat color patterns, if any)*
Median whorl	None
19. LEFT FORELIMB	**20. RIGHT FORELIMB**
None	None
21. LEFT HINDLIMB	**22. RIGHT HINDLIMB**
None	Heel

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME	24. DATE SAMPLE RECEIVED	25. DATE RESULTS REPORTED	26. OFFICIAL TEST RESULT	27. TEST TYPE USED
Larch Hill Laboratory LLC	10/23/2026	10/24/2026	☒ Negative ☐ Positive	☒ AGID ☐ ELISA
23a. CITY: Earlville	28. LABORATORY REMARKS			
23b. STATE: NY	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN: Susan E Fowler		30. INTERIM RESULT REFERRED FOR CONFIRMATION ☐	

OFFICIAL