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: 769461LH

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)*: 873469
2. **DATE BLOOD DRAWN**: 09/04/2026
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	09/04/2026

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
236. Roger	None	Roger	Black	Mule	01/01/2014	G

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**: Median whorl; lighter around nose and eyes
18. **NECK AND BODY** *(include coat color patterns, if any)*: None
19. **LEFT FORELIMB**: None
20. **RIGHT FORELIMB**: None
21. **LEFT HINDLIMB**: None
22. **RIGHT HINDLIMB**: None

FOR LABORATORY USE ONLY

23. **EIA LABORATORY NAME**: Larch Hill Laboratory LLC
23a. **CITY**: Earlville
23b. **STATE**: NY

24. DATE SAMPLE RECEIVED: 09/11/2026
25. DATE RESULTS REPORTED: 09/12/2026
26. OFFICIAL TEST RESULT: ☒ Negative ☐ Positive
27. TEST TYPE USED: ☒ AGID ☐ ELISA
28. LABORATORY REMARKS:
29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN: Susan E Fowler
30. INTERIM RESULT REFERRED FOR CONFIRMATION: ☐

OFFICIAL