



**ANIMAL DISEASE RESEARCH & DIAGNOSTIC LABORATORY**  
 Veterinary and Biomedical Sciences Department  
 South Dakota State University

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**BAILEY LAMMERS DVM**  
**GAVINS POINT VET SERVICES**  
 1103 WEST 2ND ST  
 CROFTON, NE 68730

FAX:  
 Report Date: 08/04/22  
 Collection Date: 08/02/22  
 Status: Final Report

Case: 22-15754  
 Accession Date: 08/04/22  
 Owner: MARTS, LUCAS  
 Owner Address: YANKTON, SD 57078

Species: EQUINE  
 Wt: lbs  
 Age:

Case Coordinator: AARON R SINGREY, MS

Pinned By: *[Signature]*  
 SUSAN W HOLLER, 08/04/22, 2:33 PM

**TEST REPORT**

**Serology**

**EQUINE INFECT ANEMIA ELISA**

Verified on: 08/04/22 2:19 PM

Animal ID	Specimen #	Specimen	Test	Results
MIKE	1	BLOOD SERUM	EQUINE INFECT ANEMIA ELISA	NEG
IKE	2	BLOOD SERUM	EQUINE INFECT ANEMIA ELISA	NEG

22-15754



sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB Approved 0579-0127. The time required to complete this information collection is estimated to average 083 g data sources, gathering and maintaining the data needed, and completing and reviewing the collection.

OMB Approved 0579-0127

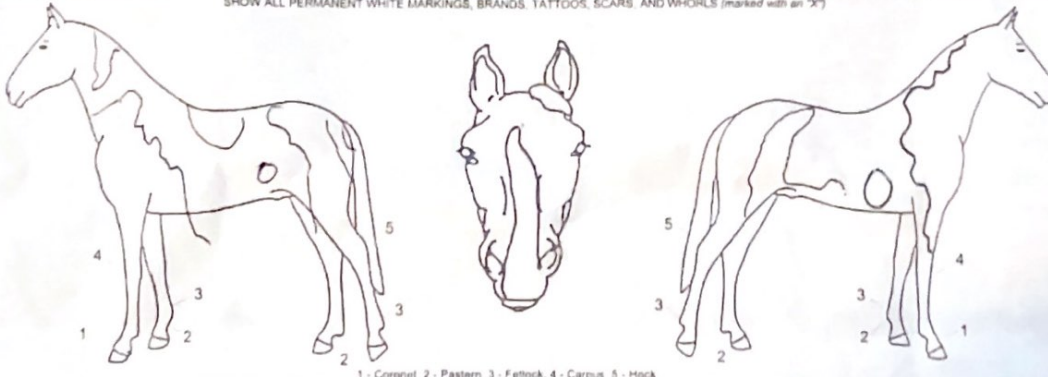
U.S. DEPARTMENT OF AGRICULTURE INSPECTION SERVICE JEMIA TEST FORM

FORM SERIAL NUMBER AA 918013

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) 15754
2. DATE BLOOD DRAWN 8/2/22
3. TEST REQUESTED BY VETERINARIAN [X] ELISA [ ] AGID
4. REASON FOR TESTING [ ] Interstate Movement [ ] Within State Use/Annual [X] Change Ownership/Sale [ ] International Import/Export [ ] Illness/Clinical Suspect [ ] Investigator/Exposure
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)
5a. NAME Lucas Martz
5b. PHYSICAL/STREET ADDRESS 30627 US HWY 81
5c. CITY, STATE, ZIP CODE Yankton SD 57078
5d. TELEPHONE NUMBER 605 8482546
6. COUNTY OF EQUINE AT BLOOD DRAW Yankton
7. NAME AND ADDRESS OF OWNER
7a. NAME Same as location
7b. MAILING ADDRESS
7c. CITY, STATE, ZIP CODE
8. ACCREDITED VETERINARIAN
8a. VETERINARIAN NAME Dr Bailey Lammers
8b. NATIONAL ACCREDITATION NUMBER 077178
8c. VETERINARIAN SIGNATURE [Signature]
8d. SIGNATURE DATE 8/2/22
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 301 W main St
8f. CITY, STATE, ZIP CODE Crofton NE 68730
8g. TELEPHONE NUMBER 605 9567756
9. Tube Number 1
10. Tag/Tattoo/Brand Number
11. Name of Animal Mike
12. Color paint
13. Breed perch X
14. Age or DOB 16y
15. Sex G
16. MICROCHIP, BREED, OR REGISTRATION NUMBER

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



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (if none write none) Suggested nomenclature includes: Head, Heels, Coronet(1), Half Pastern, Pastern(2), Fetlock(3), Half Cannon, Cannon, Carpus(4), (5) above Carpus/hock

17. HEAD blaze
18. LEFT FORELIMB none
19. LEFT HINDLIMB none
20. RIGHT FORELIMB paint
21. RIGHT HINDLIMB none

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME [Name]
24. DATE SAMPLE RECEIVED 8-4-22
25. DATE RESULTS REPORTED 8-4-22
26. OFFICIAL TEST RESULT [X] Negative [ ] Positive
27. TEST TYPE USED [ ] AGID [X] ELISA
28. LABORATORY REMARKS
29. SIGNATURE OF NVBL - APPROVED EIA TECHNICIAN [Signature]
30. INTERIM RESULT REFERRED FOR CONFIRMATION [ ]

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

VS FORM 10-11 FEB 2018

Previous editions may be used.

PART 1 - VETERINARIAN/SUBMITTER

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average 683 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OMB Approved 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**AA 918012**

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) **15754** 2. DATE BLOOD DRAWN **8/2/22** 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. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)  Interstate Movement  Within State Use/Annual  Change Ownership/Sale  International Import/Export  Illness/Clinical Suspect  Investigation/Exposure

5a. NAME **Lucas Marts** 7. NAME AND ADDRESS OF OWNER **same as location**

5b. PHYSICAL STREET ADDRESS **30627 US Hwy 81** 7b. MAILING ADDRESS

5c. CITY STATE ZIP CODE **Yankton SD 57078** 7c. CITY STATE ZIP CODE

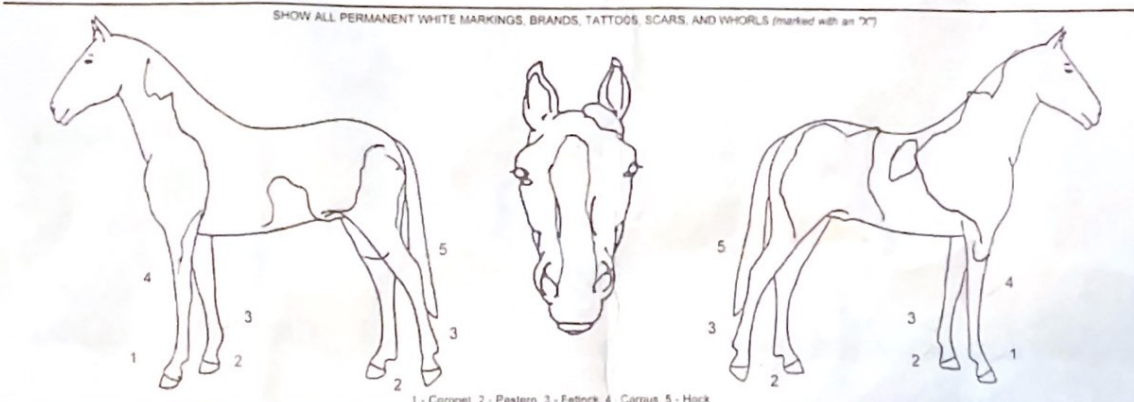
5d. TELEPHONE NUMBER **605 848 2546** 6. COUNTY OF EQUINE AT BLOOD DRAW **Yankton** 7d. TELEPHONE NUMBER

8. ACCREDITED VETERINARIAN 8a. VETERINARIAN NAME **Dr Bailey Lammers** 8b. NATIONAL ACCREDITATION NUMBER **077178** 8c. VETERINARIAN SIGNATURE **Dr B L** 8d. SIGNATURE DATE **8/2/22**

8e. PHYSICAL STREET ADDRESS OF VETERINARIAN **801 W Main St** 8f. CITY, STATE ZIP CODE **Crofton NE 68730** 8g. TELEPHONE NUMBER **605 956 7756**

9. Tube Number **2** 10. Tag/Tattoo/Brand Number **Ike** 11. Name of Animal **paint perch** 12. Color **X** 13. Breed (for species if not a horse) **X** 14. Age or DOB **15y** 15. Sex **G**

16. MICROCHIP, BREED, OR REGISTRATION NUMBER



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (if none write none) Suggested nomenclature includes: Head, Heels, Coronet(1), Half Pastern, Pastern(2), Fetlock(3), Half Cannon, Cannon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD **blaze** 18. NECK AND BODY (include coat color patterns, if any) **paint**

19. LEFT FORELIMB **none** 20. RIGHT FORELIMB **none**

21. LEFT HINDLIMB **none** 22. RIGHT HINDLIMB **none**

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **ANIMAL DISEASE RESEARCH AND DIAGNOSTIC LAB** 24. DATE SAMPLE RECEIVED **8-4-22** 25. DATE RESULTS REPORTED **8-4-22** 26. OFFICIAL TEST RESULT  Negative  Positive  AGID  ELISA

27. TEST TYPE USED **ELISA**

28. LABORATORY REMARKS **UNIV BROOKINGS, SD 57004**

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN **Suzanne W. Hollen** 30. INTERIM RESULT REFERRED FOR CONFIRMATION

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001)

VS FORM 10-11 FEB 2018 Previous editions may be used. PART 1 - VETERINARIAN/SUBMITTER

This report is for the individual or organization to whom it is addressed and contains confidential information. If received in error, please contact us immediately. Results above pertain to the tested portion of the sample as received.