

2013 Equine Infectious Anemia Proficiency Test

Fax or Email Results to:

515-337-6508 carolyn.j.myers@aphis.usda.gov

Laboratory Number _____

Set Number _____

Laboratory Name and Physical Address _____

Telephone number _____ FAX _____

Test Used AGID ELISA

Manufacturer of Test Reagents _____

Test Kit Lot Number _____ Expiration Date _____

Condition of samples when received Frozen Thawed Other _____

Name of Person Conducting Test (please print) _____

Signature of Person Conducting Test _____

List ALL persons in your laboratory who conduct this test (use back if needed):

| Name of trained individual: | Date trained at NVSL: | Date certified by individual proficiency test from NVSL (State/Federal/Univ. Labs only): |
|-----------------------------|-----------------------|--|
| | | |
| | | |
| | | |
| | | |

Signature of Laboratory Director _____

Laboratory Director email address: _____

Number of EIA tests conducted at this laboratory in 2012: AGID _____ ELISA _____

Are EIA ELISA tests read by a spectrophotometer in your laboratory? No Yes ELISAs not performed

Does your laboratory use electronic EIA forms? No Yes (If yes, list type _____)

Please Record results by legibly printing 'Positive' or 'Negative' below.

| Code Number | Result (Positive/Negative) | Code Number | Result (Positive/Negative) |
|-------------|----------------------------|-------------|----------------------------|
| 1 | | 11 | |
| 2 | | 12 | |
| 3 | | 13 | |
| 4 | | 14 | |
| 5 | | 15 | |
| 6 | | 16 | |
| 7 | | 17 | |
| 8 | | 18 | |
| 9 | | 19 | |
| 10 | | 20 | |

Note: All areas of this form must be completed to process results. This includes information on trained laboratory technicians and numbers of EIA tests conducted in 2012.

Comments:

NVSL USE ONLY

Date Results Received _____ Scored _____ # Correct _____ # Incorrect _____ P/F _____