June 22, 2010

United States Department of Agriculture

Animal and Plant Health Inspection Service

Veterinary Services

National Veterinary Services Laboratories

1920 Dayton Avenue
P.O. Box 844
Ames, IA 50010

(515) 337-7266
FAX (515) 337-7397

Pathobiology Laboratory

(515) 337-7526
FAX (515) 233-9197

Federal Relay Service
(Voice/TTY/ASCII/
Spanish)
800-877-8339

Dr. Jack Shere, Director
USDA, APHIS, VS, ERO
Venture II Building, Centennial Campus
920 Main Campus Drive, Suite 200
Raleigh, NC 27606

Serum Screen Report

NVSL (Serum Screen) Accession Number:	10-026305
Date received in Serum Screen:	6-2-2010
Original NVSL Accession Number:	10-025823
Original Date received at NVSL:	6-1-2010
Submitter:	James A. Watson, Flowood, MS
Owner:	MS Board of Animal Health, Jackson, MS
Collector:	Sale Barn Veterinarian
Date Collected:	4-24-10
Species:	Horse
Number / type of sample received:	12 serum tubes, 2 EDTA tubes, and 2 serum separator tubes
Sample Identification:	1-14

Results:

All samples were analyzed at the National Veterinary Services Laboratories using the current version of the Standard Operating Procedure *Antibody Profile for Individual Animal Identification.* Samples 1, 6, and 9 have the same antibody profile. The antibody profile of sample 2 matches the antibody profile of sample 11. Samples 3, 4, and 10 have the same antibody profile. Samples 5, 7, and 8 have the same antibody profile. The 2 samples labeled 13 have the same antibody profile. The 2 samples labeled 14 have the same antibody profile. The antibody profile of sample 12 was unique.

Copies of the documents received (VS Form 10-4, 1 page, VS Form 10-4A, 1 page, Lucedale Horse Sale April 24, 2010, 1 page, Mississippi Veterinary Diagnostic Laboratory, Equine Infectious Anemia Test (EIA) Request Form, 12 pages, and VS Form 10-11, 2 pages) are enclosed for your information.

If you have any questions, please contact Dr.Winter at (515) 337-7011.

Sharon J. Jenkins, B.A., M.S.
Chemistry and Analytical Services Section

Enclosures

cc:
R. Huttenlocker, Director, IES, Riverdale, MD
C. Nettles, VS/AVIC, Flowood, MS

June 22, 2010
10-026305

Eileen N Ostlund/IA/APHIS/USDA
06/01/2010 11:55 AM

To Amy L Winter/IA/APHIS/USDA@USDA
cc Douglas D Pedersen/IA/APHIS/USDA@USDA
bcc
Subject EIA suspect fraudulent samples

Amy,

We have received 14 samples from MS for serum screen related to suspect fraud in EIA testing in MS/AL. We are conducting EIA tests on these samples in DVL and then will transfer them (with chain of custody and copies of the accompanying paperwork) to you either tomorrow or Thursday.

Eileen
7551 or 7866

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 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, 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 0579-0090, 0579-0101, and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
(515) 337-7514

SPECIMEN SUBMISSION

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (*including Business Name*): James A. Watson, D.V.M.
2. NVSL SUBMITTER ID: L2301
3. NAME OF OWNER: MS Board of Animal Health ☐ Check if wildlife (*no owner*)

EMAIL ADDRESS: jimw@mdac.state.ms.us
OWNER CITY: Jackson
STATE/COUNTRY: MS

PHONE NO. 601-965-4307 FAX NO. 601-965-5535

MAILING ADDRESS (*Street, City, State, ZIP Code*): 345 Keyway Dr.Flowoood, MS 39232

4. LOCATION OF ANIMALS
PREMISES ID:
COUNTY: George
STATE/COUNTRY: MS

5. PAYMENT METHOD
☐ USER FEE ACCOUNT NO.
☐ CHECK/MONEY ORDER (*Enclosed, payable to USDA in US dollars*)
☐ CREDIT CARD Number: Exp. Date:

6. HERD/FLOCK SIZE
7. NO. IN HERD/FLOCK AFFECTED
8. NO. IN HERD/FLOCK DEAD

9. EXAMINATIONS REQUESTED: EIA-Suspect Fraudelent Samples

10. COLLECTED BY: Sale Barn Veterinarian
11. DATE COLLECTED: 4/24/2010
12. AUTHORIZED BY: CP Nettles, AVIC

13. PURPOSE OF SUBMISSION (*See instructions for definitions*)
☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation
☐ Export ☐ FAD/EP Diagnostic ☒ General Diagnostic ☐ NVSL Intralab
☐ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION
15. REFERRAL NUMBER

16. PRESERVATION
☒ None ☒ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (*Specify*)

17. SPECIMENS SUBMITTED (*"X" applicable item(s)*)
☒ Blood ☐ Feces ☐ Parasite ☒ Serum ☐ Tissue (*specify*) ☐ Whole Animal ☐ Other (*specify*)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☐ Swab (*specify*) ☐ Water ☐ DNA/RNA

18. TOTAL NUMBER OF SPECIMENS SUBMITTED: 4 / 16

19. SPECIES OR SOURCE (*"X" ONLY one*)
☐ Cattle ☐ Goat ☐ Chicken ☐ Bison ☐ Fish ☐ Other (*specify*)
☐ Swine ☒ Horse ☐ Turkey ☐ Deer (*specify*) ☐ Environment
☐ Sheep ☐ Donkey ☐ Other bird (*specify*) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS SAMPLED: 2 / 14

21. IDENTIFICATION (*See instructions: 250 samples per form*)

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
1	43174	pony		f	6	43172	grade		f
2	43176	qh		m	7	43173	pony		f
3	43170	grade		m	8	43869	grade		f
4	43175	pony		f	9	43871	draft		f
5	43171	grade		f	10	43872	grade		m

22. ADDITIONAL DATA (*History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary*).

23. SIGNATURE OF SUBMITTER AND DATE
x 5-27-10

NVSL USE ONLY
CONDITION: None
PRIORITY: 3
DISTRIBUTION: EO
RECEIVED BY:

10 – 025823
DVL – EO
06/01/2010
21284

VS FORM 10-4
AUG 2009

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 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, 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 0579-0090, 0579-0101, and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
CONTINUATION SHEET FOR SPECIMEN SUBMISSION

INSTRUCTIONS: Use this form only as a continuation of information on VS Form 10-4 see "Instructions for completing VS Form 10-4".

3. NAME OF OWNER/BROKER ☐ Check if wildlife (no owner)
James A. Watson, DVM

OWNER CITY: Jackson
OWNER STATE/COUNTRY: MS

15. REFERRAL NUMBER

21. IDENTIFICATION (See Instructions)

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
11	87/10104	grade		f					
12	72/10446	pony		f					
13	2/f86	mini		f					
14	1/f86	mini		f					

VS FORM 10-4A
AUG 2009

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 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, 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 0579-0090, 0579-0101, and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
(515) 337-7514

SPECIMEN SUBMISSION

PAGE 1 OF 2

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (*including Business Name*): James A. Watson, D.V.M.
2. NVSL SUBMITTER ID: L2301
3. NAME OF OWNER: MS Board of Animal Health ☐ Check if wildlife (*no owner*)

EMAIL ADDRESS: jlmw@mdac.state.ms.us
OWNER CITY: Jackson
STATE/COUNTRY: MS

PHONE NO. 601-965-4307 FAX NO. 601-965-5535

MAILING ADDRESS (*Street, City, State, ZIP Code*): 345 Keyway Dr.Flowood, MS 39232
PREMISES ID:
COUNTY: George
STATE/COUNTRY: MS

4. LOCATION OF ANIMALS

5. PAYMENT METHOD
☐ USER FEE ACCOUNT NO.
☐ CHECK/MONEY ORDER (*Enclosed, payable to USDA in US dollars*)
☐ CREDIT CARD Number: Exp. Date:

6. HERD/FLOCK SIZE
7. NO. IN HERD/FLOCK AFFECTED
8. NO. IN HERD/FLOCK DEAD
9. EXAMINATIONS REQUESTED: EIA-Suspect Fraudelent Samples
10. COLLECTED BY: Sale Barn Veterinarian
11. DATE COLLECTED: 4/24/2010
12. AUTHORIZED BY: CP Nettles, AVIC

13. PURPOSE OF SUBMISSION (*See instructions for definitions*)
☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation
☐ Export ☐ FAD/EP Diagnostic ☒ General Diagnostic ☐ NVSL Intralab
☐ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION
15. REFERRAL NUMBER

16. PRESERVATION
☒ None ☒ Ice Pack ☐ Dry ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (*Specify*)

17. SPECIMENS SUBMITTED ("X" *applicable item(s)*)
☒ Blood ☐ Feces ☐ Parasite ☒ Serum ☐ Tissue (*specify*) ☐ Whole Animal ☐ Other (*specify*)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☐ Swab (*specify*) ☐ Water ☐ DNA/RNA

18. TOTAL NUMBER OF SPECIMENS SUBMITTED: 4

19. SPECIES OR SOURCE ("X" *ONLY one*)
☐ Cattle ☐ Goat ☐ Chicken ☐ Bison ☐ Fish ☐ Other (*specify*)
☐ Swine ☒ Horse ☐ Turkey ☐ Deer (*specify*) ☐ Environment
☐ Sheep ☐ Donkey ☐ Other bird (*specify*) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS SAMPLED: 2

21. IDENTIFICATION (*See instructions: ≤250 samples per form*)

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
1	43174	pony		f	6	43172	grade		f
2	43176	qh		m	7	43173	pony		f
3	43170	grade		m	8	43869	grade		f
4	43175	pony		f	9	43871	draft		f
5	43171	grade		f	10	43872	grade		m

22. ADDITIONAL DATA (*History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary.*)
Samples 1-12 are serum. Samples 13+14 have 1 SST + 1 EDTA sample per horse. tw 6/2/10

23. SIGNATURE OF SUBMITTER AND DATE
x 5-27-10

NVSL USE ONLY
CONDITION: None | PRIORITY: 3 | DISTRIBUTION: 5 | RECEIVED BY:

VS FORM 10-4 AUG 2008

10-025823
DVL-EO
06/01/2010
21284

Ver SA Date 6/1/10
Log K1 Route K1
Results
Val Date

10-026305
PCP-SS
06/02/2010
21284

6/2/10 AW

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 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, 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 0579-0090, 0579-0101, and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
CONTINUATION SHEET FOR SPECIMEN SUBMISSION

INSTRUCTIONS: Use this form only as a continuation of information on VS Form 10-4 see "Instructions for completing VS Form 10-4".

3. NAME OF OWNER/BROKER ☐ Check if wildlife (no owner)
James A. Watson, DVM

OWNER CITY: Jackson
OWNER STATE/COUNTRY: MS

15. REFERRAL NUMBER

21. IDENTIFICATION (See instructions)

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
11	87/10104 Neg	grade		f					
12	72/10446 Neg	pony		f					
13	2/f86 Neg	mini		f					
14	1/f86 Neg	mini		f					
	6/2/10 VP								

VS FORM 10-4A
AUG 2009

United States Department of Agriculture - Animal Plant Health Inspection Service

Chain of Custody

NATIONAL VETERINARY SERVICES LABORATORIES

1. Receiving Official and Title: Penny L. Peterson
2. Receiver's Office and Location: Receiving -- BMPS
3. Shipper that delivered package: Fed Ex 7935 8536 5851
4. Other:
5. Date of acquisition: 6/1/2010
6. Purpose for which obtained: Fraudulent Blood Testing
7. Item: Serum

No.	Quantity	Describe item(s). Include specimen no., serial no., seal no., identifying marks, and condition *Initiating official should appear as first person relinquishing item.*

Item No.	Relinquished by (Sign and Print Name)	Date	Received By (Sign and Print name)	Date
	Penny L. Peterson Penny L Peterson	6/1/2010	David Graaf David Graaf	6-1-10
	David Graaf David Graaf	6-1-10	Douglas Pederson Douglas Pederson	6/1/10
	Douglas Pederson Douglas Pederson	6-2-10	David Graaf David Graaf	6-2-10
	David Graaf David Graaf	6-2-10	Amy Winter A Winter	6/2/10

10 – 026305
PCP – SS
06/02/2010
21284

Accession number or name 10-025823

Lucedale Horse Sale April 24, 2010

Tube numbers 29 – 34 came back positive from MS Veterinary Diagnostic Lab.

The 7 horses were checked in by 3 different owners.

2 Horses from Robertsdale, AL
2 Horses from Hurley, MS
3 Horses from Bay St. Louis

All 7 were retested and only the horses from Bay St. Louis were Positive.

The owner of the horses from Bay St. Louis owned 6 more horses. They were all tested and were positive. The owner asked why the mare and foal were not positive that he sold at the sale? The mare and foal were found in AL. The mare was retested and was positive. The foal is about 1.5 months old so was not tested.

None of the horses above were very gentle.

The thought is that one of the horses was bled and the blood was put in the 7 consecutive tubes.

No BLOOD SUBMITTED

The Mare and foal were most likely put somewhere alone. The foal was only about a week old.

The mare is not gentle. Her tube number was not consecutive with the ones above. The thought is that a gentle horse was bled and the blood submitted for the mare with the foal.

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

Send white, canary and pink copies with sample. Please print except signature.

(1)- 043174 APR 27 10
ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Veterinarian's Name, Address and Phone No.

(b)(6)

Phone No.

(b)(6)

Physical Address of Location of Horse **OR** Prem ID:

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse

Sex: ☐ Male ☒ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
32	70/12/07			Solid		pony	[illegible]

INDICATE MARKINGS

BRAND AND SCARS

LEFT SIDE

RIGHT SIDE

Remarks: Star

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

I certify that I identified the above listed horse, and collected the samp

Date collected 4-23-10

Signed (b)(6)

Signed

Coggins test conducte (b)(6)

Date of report APR 28 2010

TEST RESULTS	REACTOR NO.
Positive	

Confirmed 4/28/10 Certain Idexx

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

(2) 043176 APR 27 ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

(b)(6)

Phone No.

Owner's Name, Address and Phone No.

(b)(6)

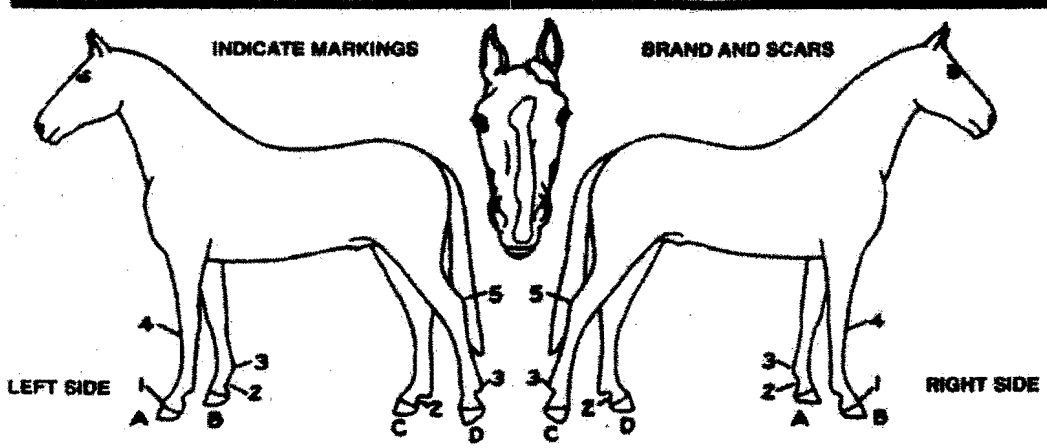
Physical Address of Location of Horse **OR** Prem ID:

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse

Sex: ☒ Male ☐ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
34	87 / 11625			sorrel		AQHA	1



Remarks: Star, strip, Snip.

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

I certify that I identified the above listed horse, and collected the sample.

Date collected 4-24-10

Signed (b)(6) D.V.M.

Signed

Coggins test conducted by

Date of report APR 28 2010

TEST RESULTS	REACTOR NO.
Positive	

Confirmed 4/28/10 Idexx Centaur Symbiotics

White -- Laboratory Copy Canary -- Owner's Copy Pink -- Veterinarian's Copy Goldenrod -- Receipt Copy

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

3 - 043170 APR 27 ⁰
ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

[redacted] (b)(6)

Phone No. _____

[redacted] (b)(6)

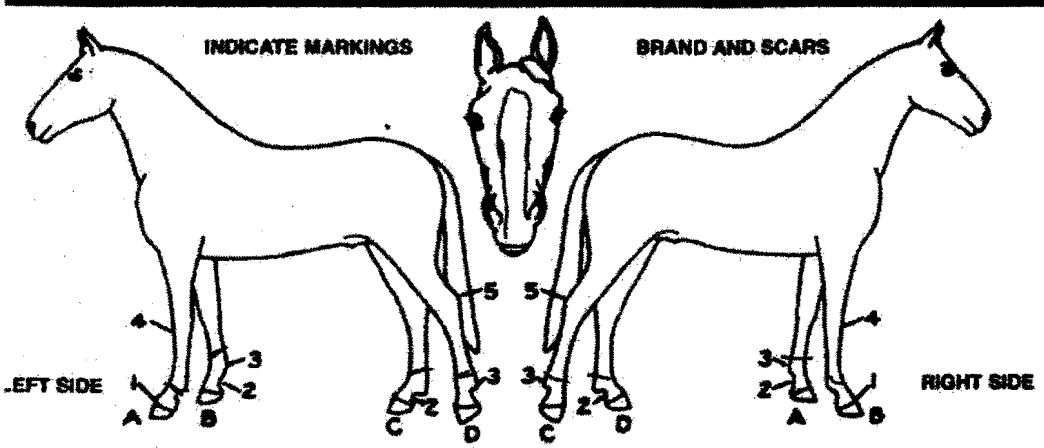
Physical Address of Location of Horse **OR** Prem ID: _____

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse

Sex: ☒ Male ☐ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
28	78 / 12259			Bay		Grade	5



Remarks: Star, Large Strip, Snip all 4 socks

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

Positive

I certify that I identified the above listed horse, and collected the samp[redacted] (b)(6)

Date collected 4-23-10

Signed [redacted] M.

Signed [redacted]

Coggins test conducted by _____

Date of report APR 28 2010

TEST RESULTS	REACTOR NO.
Positive	

Confirmed 4/28/10
Sunbiotics Contain Index

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

Send white, canary and pink copies with sample. Please print except signature.

(4) 043175 APR 27 ☐
ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Veterinarian's Name, Address and Phone No.

[redacted] (b)(6)

Phone No. _____

[redacted] (b)(6)

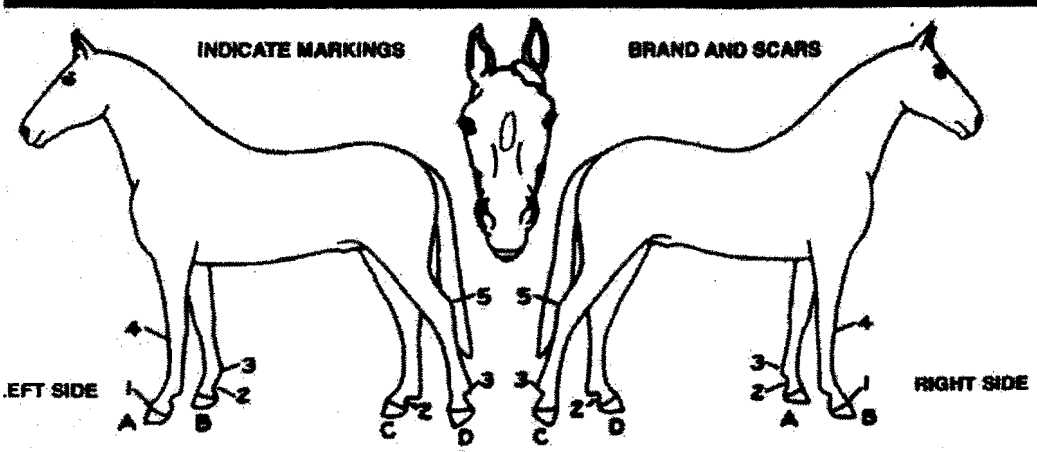
Physical Address of Location of Horse **OR** Prem ID: _____

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: Sex:

☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse ☐ Male ☒ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
33	71/11723			Grey		pony	3



Remarks: Star

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

I certify that I identified the above listed horse, and collected the sa[redacted] (b)(6)

Date collected 4-24-10

Sig[redacted] D.V.M.

Sig[redacted]

TEST RESULTS	REACTOR NO.
Positive	

Coggins test conducted by O

Date of report APR 28 2010

Confirmed 4/28/10

White — Laboratory Copy Canary — Owner's Copy Pink — Veterinarian's Copy Goldenrod — Receipt Copy

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

5 - 043171 APR 27

ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

(b)(6)

Phone No. _____

(b)(6)

Phone No. _____

Physical Address of Location of Horse **OR** Prem ID: _____

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

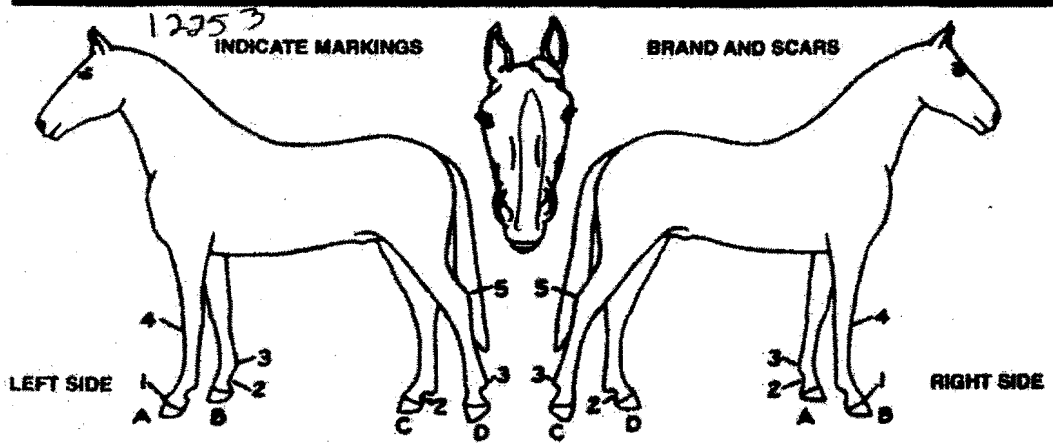
Check One: ☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse

Sex: ☐ Male ☒ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
29	80 ~~tattoo~~ 12253			Grey		Grade	3

INDICATE MARKINGS

BRAND AND SCARS



Remarks: Star, Snip Strip

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

Positive - 10043

I certify that I identified the above listed horse, and collected the sampl

(b)(6)

Date collected 4-24-10

Signed _____ D.V.M.

Signed _____

Coggin _____

Date of report APR 28 2010

TEST RESULTS	REACTOR NO.
Positive	

Centaur Confirmed 4/28/10
Idexx

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

(6) 043172 APR 27

ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

(b)(6)

(b)(6)

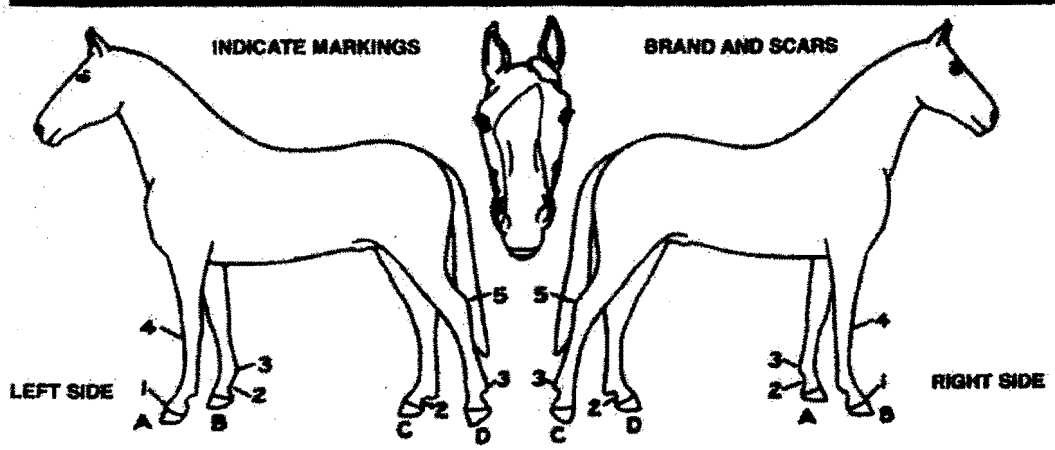
Physical Address of Location of Horse **OR** Prem ID: _____

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse

Sex: ☐ Male ☒ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
30	BI/11970			Sorrel		Grade	3



Remarks: Blaze
LH sock

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

Positive

I certify that I identified the above listed horse, and collected the sampl

(b)(6)

Date collected 4-24-10

Signed (b)(6) D.V.M.

Signed

TEST RESULTS	REACTOR NO.
Positive	

Coggins test conducted by

Date of report APR 28

Confirmed 4/28/10 Idexx/Synbiotics/Centaur

P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

7 043173 APR 27 ⁰

ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form
SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

rinarian's Name, Address and Phone No.

(b)(6)

(b)(6)

ne No.

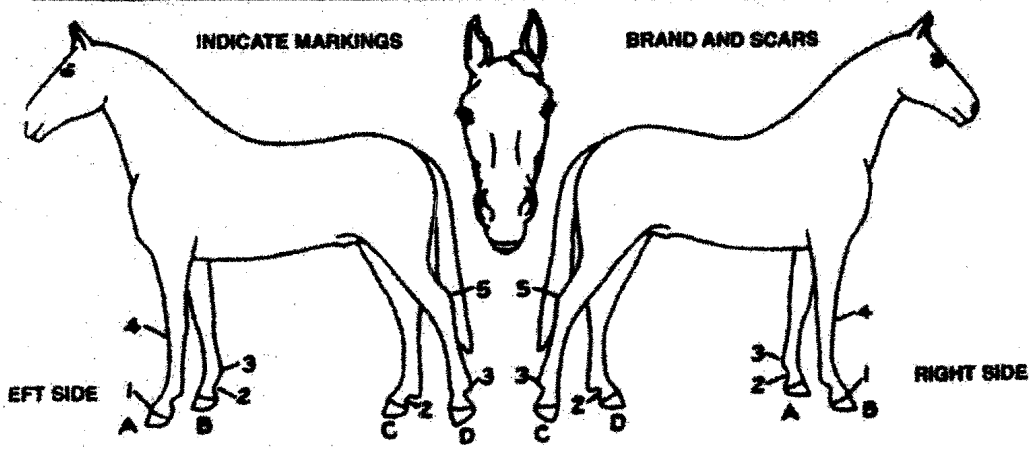
sical Address of Location of Horse **OR** Prem ID:

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

ck One: Sex:

nitial Test ☐ Retest of Negative Horse ☐ Retest of Positive Horse ☐ Male ☒ Female ☐ Gelding

E NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
1	72/11534			Black		Pony	4 Yr



Remarks:

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise he results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is p will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to th disposition of the positive animals.

I certify that I identified the above listed horse, and collected the sampl

Date collected

Signed

Signed

Coggin

Date of report APR 2

TEST RESULTS	REACTOR NO.
Pos.	65 A

Pos. Confirmed 4/28/10 Centaur

Pink — Veterinarian's Copy

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

9 - 043871 MAY-3 10
ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

(b)(6)

(b)(6)

Physical Address of Location of Horse **OR** Prem ID:
N 30.43370 W 89.41904

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

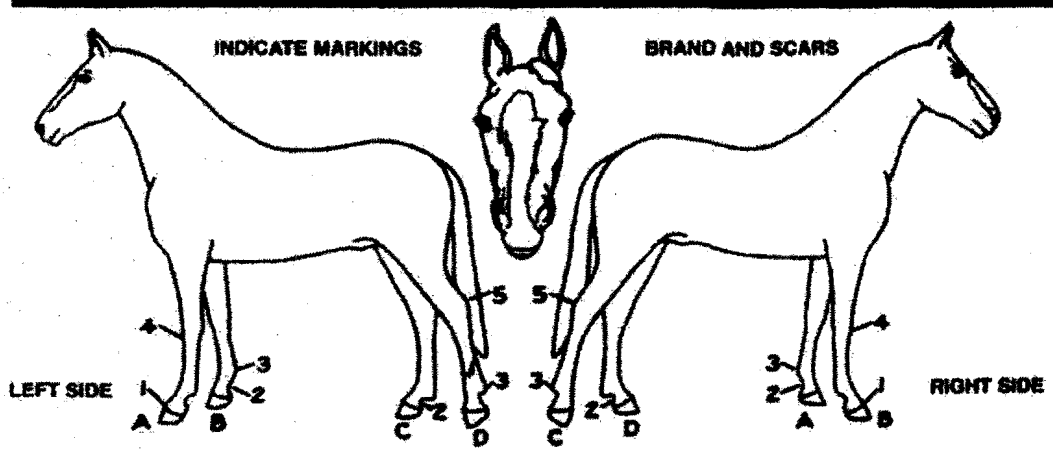
Check One: Same As M10-43172 Sex:

☐ Initial Test ☐ Retest of Negative Horse ☑ Retest of Positive Horse ☐ Male ☑ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
	10487		081	Sorrel		Belgian	2

INDICATE MARKINGS BRAND AND SCARS

Remarks: RL ⅓ sock
wide Blaze



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I certify that I identified the above listed horse, and collected the sample

Date collected 4-29-10

Signed (b)(6)

Signed

Coggin

Date of report MAY 14 2010

TEST RESULTS	REACTOR NO.
Positive	85 A-

Centaur, Idexx / Synbiotics

White — Laboratory Copy Canary — Owner's Copy Pink — Veterinarian's Copy Goldenrod — Receipt Copy

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

10-043872 MAY-3 ⁰
ELISA AGID

Equine Infectious Anemia Test
(EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

[redacted] (b)(6)

[redacted]

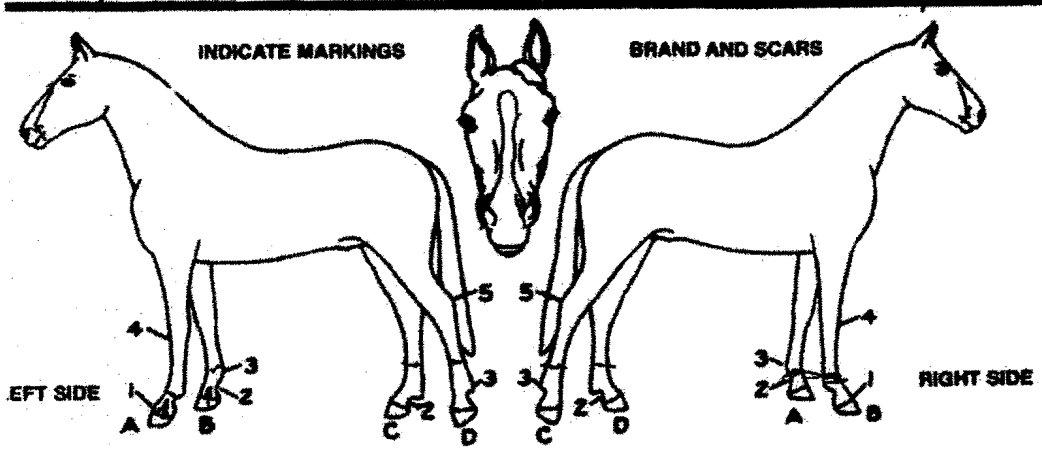
Physical Address of Location of Horse **OR** Prem ID: Lucedale Livestock
N 30.92903 W 88.51336

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: Same As M10-43170 Sex:

☐ Initial Test ☐ Retest of Negative Horse ☑ Retest of Positive Horse ☑ Male ☐ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
	12259			Bay			3



Remarks: Star Strip
Full Nose (Blaze)
RH - Sock, LH - Sock
FL - Pasturn ½
FR - Full Pasturn
Blk Spot on Left side above Cornet Band of Both Front Feet

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

I certify that I identified the above listed horse, and collected the sample [redacted]

Date collected 4-29-2010

Signed [redacted] (b)(6)

Signed [redacted]

Coggin [redacted]

TEST RESULTS	REACTOR NO.
Positive	65 A-

Date of report MAY 24 2010

Centaur / Idexx / Synbiotics

White — Laboratory Copy Canary — Owner's Copy Pink — Veterinarian's Copy Goldenrod — Receipt Copy

Same As
M10-43176
(11) 043868 MAY-3 2
ELISA AGID

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

Equine Infectious Anemia Test (EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No. (b)(6)

(b)(6)

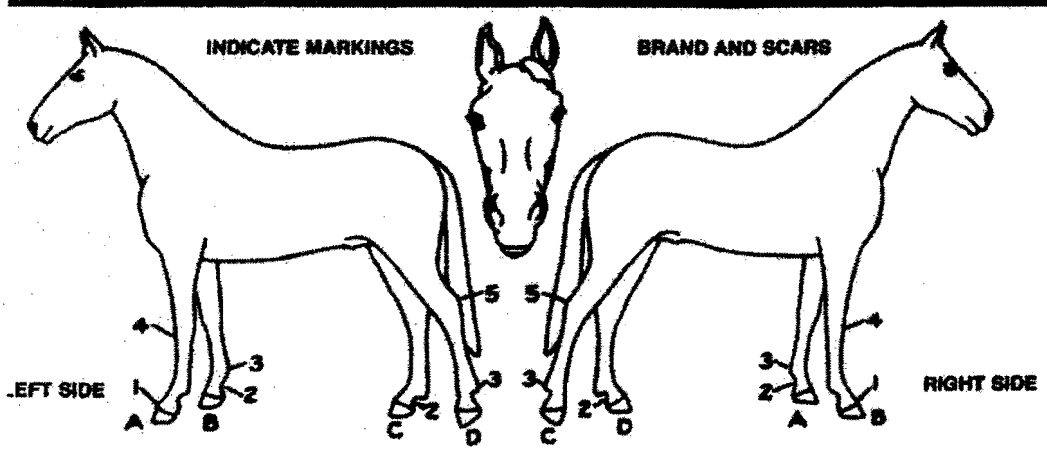
Physical Address of Location of Horse **OR** Prem ID: N 30.81537 W 88.30347

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☑ Retest of Positive Horse

Sex: ☐ Male ☑ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
	N0104		087	Sorrel		Grade	1



Remarks:

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I certify that I identified the above listed horse, and collected the sampl (b)(6)

Date collected 4-29-10

Signed

Signed

Coggin

Date of report MAY 13 2010

TEST RESULTS	REACTOR NO.
Neg	65 A-

Centaur / Idexx / Symbiotics

White — Laboratory Copy Canary — Owner's Copy Pink — Veterinarian's Copy Goldenrod — Receipt Copy

Same As
M10-43173

(12) 043867 MAY-3 10
ELISA AGID

MISSISSIPPI VETERINARY DIAGNOSTIC LABORATORY
P.O. Box 97813
Pearl, Mississippi 39288
(601) 420-4700

Equine Infectious Anemia Test (EIA) Request Form

SEND SERUM ONLY

Send white, canary and pink copies with sample. Please print except signature.

Veterinarian's Name, Address and Phone No.

(b)(6)

(b)(6)

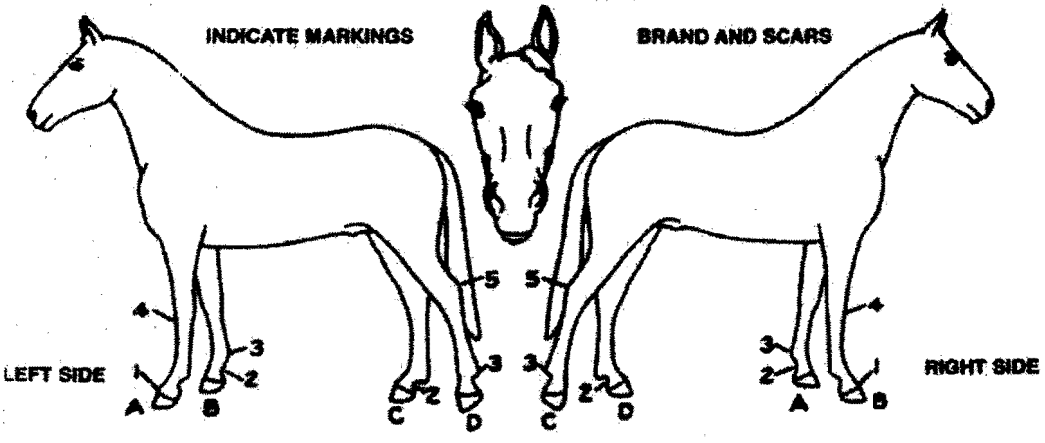
Physical Address of Location of Horse **OR** Prem ID: Lucedale Livestock
N 30.92903 W 88.51336

HORSE IDENTIFICATION MUST ME COMPLETED BEFORE TEST WILL BE RUN

Check One: ☐ Initial Test ☐ Retest of Negative Horse ☑ Retest of Positive Horse

Sex: ☐ Male ☑ Female ☐ Gelding

TUBE NO.	OFFICIAL TAG NO.	TATTOO/BRAND NO.	NAME OF HORSE	COLOR	REG NO.	BREED	AGE
	72		10446 BT72	Blk		Pony	4



Remarks: No White

NOTICE: Pursuant to Equine Regulation 1.2(c) the horse or other equidae identified above shall not be sold or title otherwise transferred until the results of the equine infections anemia test performed o the animal are returned. Positive test results shall automatically result in the quarantine of the animal without further notice at the premises of the owner or where the test was conducted. If the test is positive the horse will be branded according to Equine Regulation 1.4. A retest may be requested within 15 days. You will be notified as to the acceptable disposition of the positive animals.

I certify that I identified the above listed horse, and collected the sampl

Date collected 4-29-2010

Signed (b)(6)

Signed

Coggins test conducted by

Date of report MAY 5-4 2010

TEST RESULTS	REACTOR NO.
Neg	65 A-

Centaur/Idex/Synbiotics

White — Laboratory Copy Canary — Owner's Copy Pink — Veterinarian's Copy Goldenrod — Receipt Copy

See reverse for more OMB information. Program Test

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

13

SERIAL NO. E 401543

1. ACCESSION NUMBER 10E00743

2. DATE BLOOD DRAWN 3 May 2010

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO. 4384

6. TEST TYPE: ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): Same as #8

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type): (b)(6)

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type): (b)(6)

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SI (b)(6)

2. SIGNATURE DATE 5/3/2010

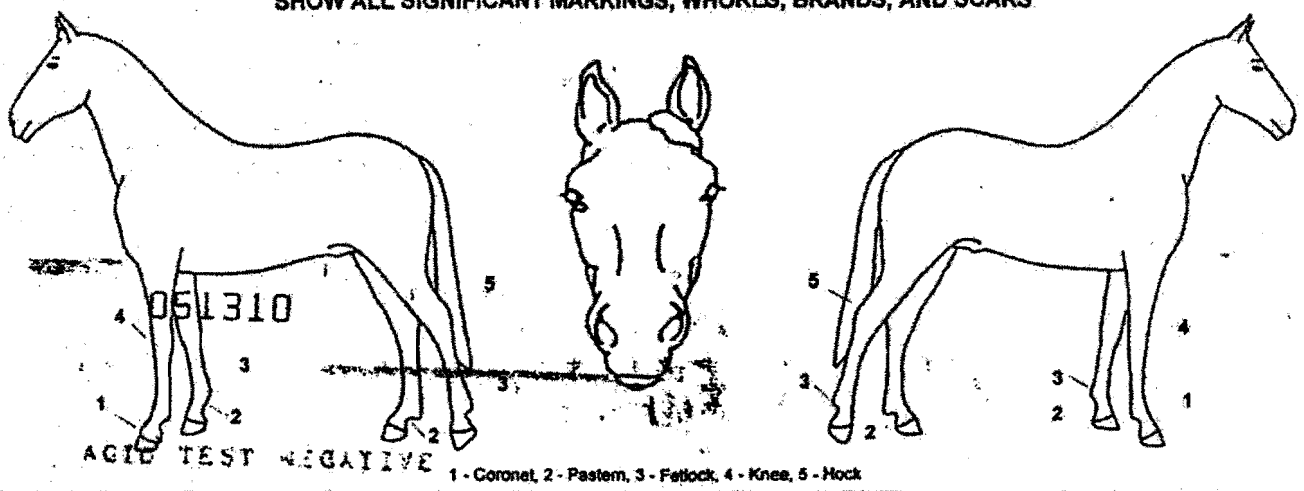
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. (b)(6)

15. SIGNATURE DATE 5/3/2010

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
2/F86			Backtag #71	Gray	mini		2006	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: no white

26. OTHER MARKS AND BRANDS: none

27. LEFT FORELIMB: no white

28. RIGHT FORELIMB: no white

29. LEFT HINDLIMB: no white

30. RIGHT HINDLIMB: no white

Auburn Lab EIA Negative (AGI 5/6/1 Synbiotics Lot # 0900-111 XP 6/22/10; EIA Negative - ELISA Centaur Lot 5 XP 1/15/11 SEKO

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED 050510

33. DATE REPORTED OUT 5/13/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☒ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS: NVSL confirmed Negative 10-022098 5/12/10 SEKO 5/13/

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 (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART 2-LABORATORY OFFICE

See reverse for more OMB information. Program Test

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

(14)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
E 401542	1050374 2	3 May 2010

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO.: 4384

6. TEST TYPE: ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): same as #8

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type): (b)(6)

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type): (b)(6)

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. (b)(6)

12. SIGNATURE DATE: 5/3/2010

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

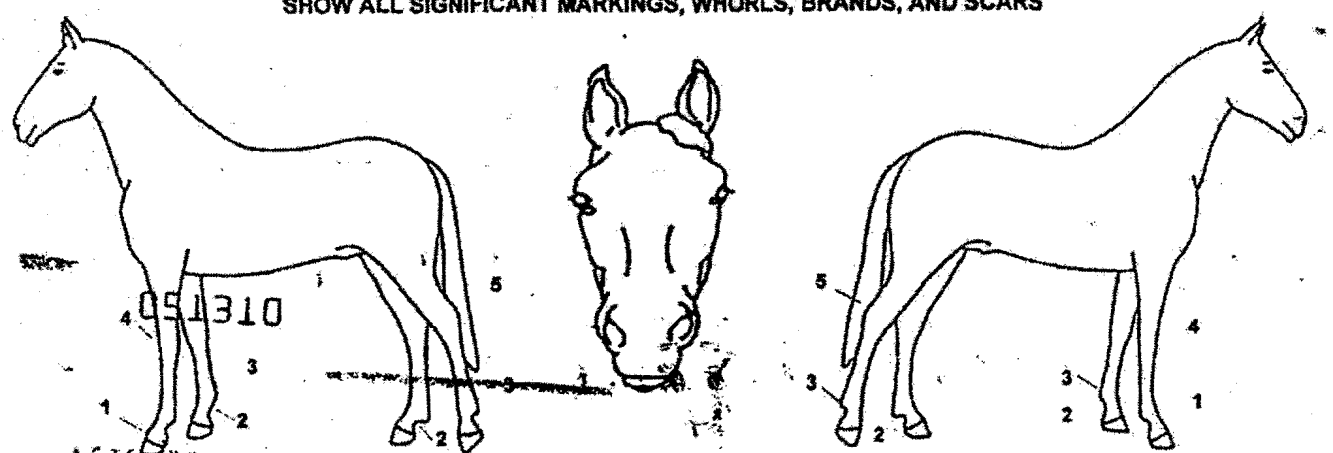
13. SIGNATURE OF OWNER OR OWNER'S AGENT: (b)(6)

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE: 5/3/2010

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
Y/F 910			Diamond Backtag #70	Sorrel	Mini		2008	F

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: no white	26. OTHER MARKS AND BRANDS: Flaxen Mane & Tail
27. LEFT FORELIMB: no white	28. RIGHT FORELIMB: no white
29. LEFT HINDLIMB: no white	30. RIGHT HINDLIMB: no white

Auburn Lab EIA Negative (AGID) 5/6/
Syringe # 0900-11
EIA 4/22/10: EIA Negative ELISA-Q Test 58

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
	051510	5/13/10	☒ Negative ☐ Positive ☒ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS: NVSL confirmed Negative 10-022097 5/12/10

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 (U.S.C. Section 1001).

5/13/10

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

ANTIBODY PROFILE PROCEDURE AND REAGENTS WORKSHEET
NO: 08029C

Date: 6/8/10 Initials: JH/AW

Procedure:

AW Apply printed labels on sample tubes.
JA Warm DFG to room temperature.
JA Thaw control serum.
JA Warm samples to room temperature.
JA Warm BCIP-NBT Phosphatase Substrate to room temperature.

JA 1 Remove ***E. coli* immunostrips** from freezer - 30 min.
JA 2 Add **3 ml DFG in TBST** to each test tube with an *E. coli* immunostrip - rock, 30 min.
JA 3 React each *E. coli* immunostrip with serum: **DFG in TBST:sample (3 ml:100 ul)** - rock, 30 min, RT.
JA 4 Wash *E. coli* immunostrips in **HS-TBST**, 4 X, 3 minutes each.
JA 5 Dilute **Biotinylated Protein G in DFG in TBST (40 ul: 36 ml DFG)**.
JA 6 Incubate *E. coli* immunostrips in **Biotinylated Protein G in DFG in TBST**, 30 minutes, RT.
JA 7 Dilute **Reagent A & Reagent B in HS-TBST (134 ul: 134 ul: 36 ml)**: let complex a minimum of 20 min, RT.
JA 8 Wash *E. coli* immunostrips in **HS-TBST**, 5 X, 3 minutes each.
JA 9 Incubate *E. coli* immunostrips in **Reagent A & Reagent B in HS-TBST**, 30 minutes, RT.
JA 10 Wash *E. coli* immunostrips in **HS-TBST**, 5 X, 3 minutes each.
JA 11 Add **Levamisole solution to BCIP/NBT Phosphatase Substrate (1drop/5ml).**
JA 12 React *E. coli* immunostrips with **BCIP/NBT Phosphatase Substrate & Levamisole solution,** watch for band development.
JA 13 Stop band development in **high purity water**.
JA 14 Record time in BCIP-NBT substrate & Levamisole solution: 11.1 min
JA 15 Blot *E. coli* immunostrips dry.

Special Conditions:

Control serum was thawed just prior to use. 6/8/10 AW

Reagents used:

1 Diluted Fish Gelatin in TBST: **Reagent Lot:** 156 **Date Made:** 12/17/08 AW

2 HS-TBST: **Media Order No:** 109107 516116 **Date:** 3/10/10

3 Biotinylated Protein G: **Lot No:** 087K6050 **Diluted:** 3/19/10 AW

4 Vectastain ABC-AP kit (Reagent A & Reagent B): **Lot No:** — **Expiration Date:** 9/3/10

5 BCIP/NBT Phosphatase Substrate: **Lot No:** 090437 **Expiration Date:** —

6 Levamisole Solution: **Lot No:** V0811 **Expiration Date:** — **Date Received:** 9/8/09 AW

REAGENT DATA SHEET

COPY

1. Reagent Name	2. Reagent Lot Number(s)	3. Date Made	4. By
Escherichia coli Antigen Immunostips	08029A, 08029B, **08029C**, **08029D**, 08029E, 08029F	1/28/10	AW

5. Storage Conditions	6. Expiration Date	7. Precautions	8. Instructions for Use
Frozen -20 ± 5 °C	at least 6 months from date made	See section 3 (Safety Precautions) of PCPSOPSS11	PCPSOPSS12: Antibody Profile for Individual Animal Identification

9. Method of Production PCPSOPSS11.02: Eectrophoresis and Western Blot for the Production of *Escherichia coli* Antigen Immunostrips

Electrophoresis: (XCell 6) XCell *Surelock* **Blot:** (iBlot) XCell 2 Blot Module
(Circle all that apply)

10. Number of Strips made from Blot

A/ 1-32 B/ 33-64

11. Antigen/Lot Number/Date Received
E. coli #042705 Brenda Flugrad Received April 27, 2005

12. Hot Water Bath Temperature within Range (70±1 °C) (Yes) No

13. Formulas

1X Running Buffer		*E. coli* Antigen Preparation	1X Transfer Buffer (XCell II)
XCell6	**XCell *Surelock***	This formulation is for 1 gel.	755±15 ml High Purity Water
75±5 ml NuPAGE MES SDS Running Buffer (20X)	50±2 ml NuPAGE MES SDS Running Buffer (20X)	240±5µl High Purity Water	200±5 ml Methanol
1425±15 ml High Purity Water	950±10 ml High Purity Water	100±2 µl NuPAGE Sample Buffer (4X)	44±3 ml NuPAGE Transfer Buffer (20X)
667±10 µl Antioxidant/2 gels	500±10 µl Antioxidant	43±1.5 µl NuPAGE Sample Reducing Agent (10X)	1±0.5 ml NuPAGE Antioxidant
		20±1 µl Titrated *E. coli*	

14. Comments

5. Reagents Used in Procedure

Reagent Name	Lot No.	Expiration Date	Amount Used
NuPAGE MES SDS Running Buffer	627072	May 2010	75 ml or 50 ml
NuPAGE 4 - 12% Bis-Tris Gel -- gel A	9060373-1237	02Oct10	1 gel
NuPAGE 4 - 12% Bis-Tris Gel -- gel B	9060373-1239	02Oct10	1 gel
NuPAGE LDS Sample Buffer	700243	Oct 2010	200 µl
NuPAGE Sample Reducing Agent	557771	Feb 2010	86 µl
NuPAGE Antioxidant	617979	Apr 2010	667µl/2gels or 1.5 ml
NuPAGE Transfer Buffer	-----	-----	44 ml
Optitran BA-S 83 Nitrocellulose Blot Membrane	-----	Not Specified	2 membranes
Whatman filter paper #1 (150mm)	-----	Not Specified	4 sheets
Whatman blot paper GB004	6059023	Not Specified	4 sheets
TBST (no salt)	NVSL Media/Order No.: -----	Date made:	150 ml
Methyl Alcohol, Anhydrous	-----	Not Specified	200 ml
iBlot Gel Transfer Stacks, Regular	NR25109-01	25Apr10	1 set/2gels

Date Made: 1/28/10 Initials: AW

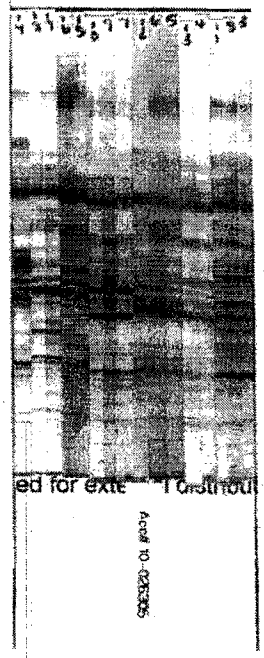
PCPFMASS11.03
Revised 8/10/2007

SS_IMS_08029C

National Veterinary Services Laboratories
Serum Screen AntiBody Profile
INITIAL _____ DATE 6-8-10

Accession #	Sample Number	Sample_Name	Strip #
Control	Bovine	BOVINE-4012	1
Control	Bovine	BOVINE-4012	2
10-026305	1548856	1	3
10-026305	1548857	2	4
10-026305	1548858	3	5
10-026305	1548859	4	6
10-026305	1548860	5	7
10-026305	1548861	6	8
10-026305	1548862	7	9
10-026305	1548863	8	10
10-026305	1548864	9	11
10-026305	1548865	10	12
10-026305	1548866	11	13
10-026305	1548867	12	14
10-026305	1548868	13	15
10-026305	1548869	13	16
10-026305	1548870	14	17
10-026305	1548871	14	18
10-000618	1341490	3	19
10-000618	1341492	5	20
10-000618	1341491	4	21
10-000618	1341494	7	22
10-000618	1341496	9	23
10-000618	1341495	8	24
10-000622	1341799	2	25
10-000622	1341800	3	26
10-012706	1409869	2	27
10-012706	1409873	6	28
10-012706	1409870	3	29
10-012706	1409872	5	30
Control	Bovine	BOVINE-4012	31
Control	Bovine	BOVINE-4012	32

INTERPRETATION



ANTIBODY PROFILE PROCEDURE AND REAGENTS WORKSHEET
NO: 08029D

Date: 6/8/10 Initials: AN/GA

Procedure:

AN Apply printed labels on sample tubes.
GA Warm DFG to room temperature.
GA Thaw control serum.
GA Warm samples to room temperature.
GA Warm BCIP-NBT Phosphatase Substrate to room temperature.

GA 1 Remove ***E. coli* immunostrips** from freezer - 30 min.
GA 2 Add **3 ml DFG in TBST** to each test tube with an *E. coli* immunostrip - rock, 30 min.
AN 3 React each *E. coli* immunostrip with serum: **DFG in TBST:sample (3 ml:100 ul)** - rock, 30 min, RT.
GA 4 Wash *E. coli* immunostrips in **HS-TBST**, 4 X, 3 minutes each.
GA 5 Dilute **Biotinylated Protein G in DFG in TBST (40 ul: 36 ml DFG).**
GA 6 Incubate *E. coli* immunostrips in **Biotinylated Protein G in DFG in TBST**, 30 minutes, RT.
GA 7 Dilute **Reagent A & Reagent B in HS-TBST (134 ul: 134 ul: 36 ml)**: let complex a minimum of 20 min, RT.
GA 8 Wash *E. coli* immunostrips in **HS-TBST**, 5 X, 3 minutes each.
GA 9 Incubate *E. coli* immunostrips in **Reagent A & Reagent B in HS-TBST**, 30 minutes, RT.
GA 10 Wash *E. coli* immunostrips in **HS-TBST**, 5 X, 3 minutes each.
GA 11 Add **Levamisole solution** to **BCIP/NBT Phosphatase Substrate (1drop/5ml).**
GA 12 React *E. coli* immunostrips with **BCIP/NBT Phosphatase Substrate & Levamisole solution,** watch for band development.
GA 13 Stop band development in **high purity water.**
GA 14 Record time in BCIP-NBT substrate & Levamisole solution: 11.3 min
GA 15 Blot *E. coli* immunostrips dry.

Special Conditions:
Control serum was thawed just prior to use. 6/8/10 AN

Reagents used:

1 Diluted Fish Gelatin in TBST: **Reagent Lot:** 156 **Date Made:** 12/17/08 AN

2 HS-TBST: **Media Order No:** 10907 516116 **Date:** 3/10/10

3 Biotinylated Protein G: **Lot No:** 087K6050 **Diluted:** 3/19/10 AN

4 Vectastain ABC-AP kit (Reagent A & Reagent B): **Lot No:** — **Expiration Date:** 9/3/10

5 BCIP/NBT Phosphatase Substrate: **Lot No:** 090437 **Expiration Date:** —

6 Levamisole Solution: **Lot No:** V0811 **Expiration Date:** — **Date Received:** 9/8/09 AN

REAGENT DATA SHEET

COPY

1. Reagent Name	2. Reagent Lot Number(s)	3. Date Made	4. By
Escherichia coli Antigen Immunostips	08029A, 08029B, **08029C**, **08029D**, 08029E, 08029F	1/28/10	AW

5. Storage Conditions	6. Expiration Date	7. Precautions	8. Instructions for Use
Frozen -20 ± 5 °C	at least 6 months from date made	See section 3 (Safety Precautions) of PCPSOPSS11	PCPSOPSS12: Antibody Profile for Individual Animal Identification

9. Method of Production PCPSOPSS11.02: Eectrophoresis and Western Blot for the Production of *Escherichia coli* Antigen Immunostrips

Electrophoresis: (XCell 6) XCell *Surelock* **Blot:** (iBlot) XCell 2 Blot Module
(Circle all that apply)

10. Number of Strips made from Blot

A/ 1-32 B/ 33-64

11. Antigen/Lot Number/Date Received
E. coli #042705 Brenda Flugrad Received April 27, 2005

12. Hot Water Bath Temperature within Range (70±1 °C) (Yes) No

13. Formulas

1X Running Buffer		*E. coli* Antigen Preparation	1X Transfer Buffer (XCell II)
XCell6	**XCell *Surelock***	This formulation is for 1 gel.	755±15 ml High Purity Water
75±5 ml NuPAGE MES SDS Running Buffer (20X)	50±2 ml NuPAGE MES SDS Running Buffer (20X)	240±5µl High Purity Water	200±5 ml Methanol
1425±15 ml High Purity Water	950±10 ml High Purity Water	100±2 µl NuPAGE Sample Buffer (4X)	44±3 ml NuPAGE Transfer Buffer (20X)
667±10 µl Antioxidant/2 gels	500±10 µl Antioxidant	43±1.5 µl NuPAGE Sample Reducing Agent (10X)	1±0.5 ml NuPAGE Antioxidant
		20±1 µl Titrated *E. coli*	

14. Comments

5. Reagents Used in Procedure

Reagent Name	Lot No.	Expiration Date	Amount Used
NuPAGE MES SDS Running Buffer	627072	May 2010	75 ml or 50 ml
NuPAGE 4 - 12% Bis-Tris Gel -- gel A	9060373-1237	02Oct10	1 gel
NuPAGE 4 - 12% Bis-Tris Gel -- gel B	9060373-1239	02Oct10	1 gel
NuPAGE LDS Sample Buffer	700243	Oct 2010	200 µl
NuPAGE Sample Reducing Agent	557771	Feb 2010	86 µl
NuPAGE Antioxidant	617979	Apr 2010	667µl/2gels or 1.5 ml
NuPAGE Transfer Buffer	-----	-----	44 ml
Optitran BA-S 83 Nitrocellulose Blot Membrane	-----	Not Specified	2 membranes
Whatman filter paper #1 (150mm)	-----	Not Specified	4 sheets
Whatman blot paper GB004	6059023	Not Specified	4 sheets
TBST (no salt)	NVSL Media/Order No.: -----	Date made:	150 ml
Methyl Alcohol, Anhydrous	-----	Not Specified	200 ml
iBlot Gel Transfer Stacks, Regular	NR25109-01	25Apr10	1 set/2gels

Date Made: 1/28/10 Initials: AW

PCPFMASS11.03
Revised 8/10/2007

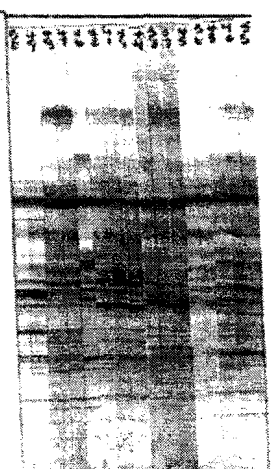
SS_IMS_08029D

National Veterinary Services Laboratories
Serum Screen AntiBody Profile
INITIAL AW DATE 6/8/10

Accession #	Sample Number	Sample_Name	Strip #
Control	Bovine	BOVINE-4012	33
Control	Bovine	BOVINE-4012	34
10-026305	1548856	1	35
10-026305	1548857	2	36
10-026305	1548858	3	37
10-026305	1548859	4	38
10-026305	1548860	5	39
10-026305	1548861	6	40
10-026305	1548862	7	41
10-026305	1548863	8	42
10-026305	1548864	9	43
10-026305	1548865	10	44
10-026305	1548866	11	45
10-026305	1548867	12	46
10-026305	1548868	13	47
10-026305	1548869	13	48
10-026305	1548870	14	49
10-026305	1548871	14	50
10-000617	1341472	4	51
10-000617	1341469	1	52
10-012702	1398779	10	53
10-012702	1398782	13	54
10-000620	1341534	6	55
10-000620	1341535	7	56
10-000620	1341530	2	57
10-012704	1409822	5	58
10-012704	1409818	1	59
10-012704	1409826	8	60
10-012704	1409819	2	61
10-012704	1409825	7	62
Control	Bovine	BOVINE-4012	63
Control	Bovine	BOVINE-4012	64

matching samples AW 6-15-10

INTERPRETATION



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