

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	EQUINE IMPORT TESTING SUBMISSION	<i>(NVSL accession sticker)</i>
---	---	---------------------------------

INSTRUCTIONS: Use a separate form for each importer/broker. Consult instructions for help with completing Form VS 17-31 and for necessary definitions. **PORT VETERINARIAN:** Place a copy in the serum sample carton before sealing closed. **SEROLOGIST:** Notify appropriate staff when results are other than negative and distribute results as necessary.

1. PORT OF ARRIVAL	2. DATE OF ARRIVAL (<i>mm/dd/yyyy</i>)	3. COUNTRY OF ORIGIN/PORT OF EMBARKATION	
4. PORT OR ANIMAL IMPORT CENTER CONTACT INFORMATION (<i>name, address, ZIP code, phone number, fax number, email address</i>)	5. IMPORTER CONTACT INFORMATION (<i>name, address, ZIP code, phone number</i>)	6. BROKER CONTACT INFORMATION (<i>name, address, ZIP code, phone number</i>)	
7. NVSL SUBMITTER ID	BLOOD SAMPLES		
8. PAYMENT METHOD <input type="checkbox"/> USER FEE ACCOUNT <input type="checkbox"/> CHECK/MONEY ORDER <input type="checkbox"/> CREDIT CARD NUMBER EXPIRATION DATE (<i>mm/yyyy</i>) BILL TO: <input type="checkbox"/> PORT <input type="checkbox"/> BROKER / AGENT	9. TEST PURPOSE <input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST (IMMEDIATE or FOLLOW-UP #) <input type="checkbox"/> FINAL		11. PRIOR ACCESSION NUMBER(S)
	10. TEST(S) REQUESTED EQUINE PIROPLASMOSIS <input type="checkbox"/> T. EQUI <input type="checkbox"/> B. CABALLI <input type="checkbox"/> DOURINE <input type="checkbox"/> GLANDERS <input type="checkbox"/> EQUINE INFECTIOUS ANEMIA		12. COLLECTED BY
			13. DATE COLLECTED (<i>mm/dd/yyyy</i>)
			14. DATE SHIPPED (<i>mm/dd/yyyy</i>)

15. SAMPLE DATA

SAMPLE NUMBER	IDENTIFICATION 1 (<i>registered name/barn name</i>)	IDENTIFICATION 2 (<i>RFID#, tattoo, tags, markings, other</i>)	ANIMAL COUNTRY OF ORIGIN CODE	AGE	SEX	BREED	COLOR
A	B	C	D	E	F	G	H

16. TOTAL NUMBER OF EQUINES	17. PORT VETERINARIAN SUBMITTING SAMPLES		
CONTINUATION SHEET (17-31A) USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="display: flex; justify-content: space-between;"> PRINT NAME SIGNATURE </div>		
18. ADDITIONAL DATA (<i>history, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions</i>)			