

**U. S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
DOURINE AND GLANDERS IMPORT TEST REPORT**

**PORT VETERINARIAN:** Retain station file copy and forward remaining copies in serum sample carton.  
**SEROLOGIST:** Telephone appropriate staff when item 8 is completed or results are other than negative, then distribute copies

1. **IMPORTER NAME AND ADDRESS** (Include Zip Code)

2. **PORT OF ARRIVAL**

3. **DATE OF ARRIVAL**

4. **BROKER (If Any) NAME ADDRESS** (Include Zip Code)

5. **COUNTRY OF ORIGIN**

6. **PORT VETERINARIAN MAILING ADDRESS** (Include Zip Code)

7. **TEST RESULTS**

MAIL  PHONE CALL REQUESTED

8. **CHARGE CALL TO TELEPHONE NO**

IMPORTER  BROKER

window envelope may be used

**BLOOD SAMPLES**

9. **TEST STATUS** INITIAL  RETEST  RETEST NO. 10. **COLLECTED BY** 11. **DATE COLLECTED** 12. **DATE SHIPPED**

13. **METHOD OF SHIPPING TO LABORATORY** AIR MAIL  UNDER VS SEAL VIA COURIER  SEAL NO.

**14. SAMPLE DATA**

| SAMPLE NO.    | SPECIES | AGE | SEX | IDENTIFICATION<br>(Brand, Tattoo, Tags, Markings, etc.) | PREVIOUS TEST<br>SAMPLE NUMBERS | DOURINE | GLANDERS | EQUINE PIROPLASMOSIS |            | INFECTIOUS EQUINE ANEMIA |
|---------------|---------|-----|-----|---|---------------------------------|---------|----------|----------------------|------------|--------------------------|
|               |         |     |     |   |                                 |         |          | B. equi              | B. caballi |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
|               |         |     |     |   |                                 |         |          |                      |            |                          |
| <b>TOTALS</b> |         |     |     | 16. <b>TOTAL SAMPLES INCLUDED</b><br>IN THIS CHART      | 18. <b>ANTIGEN NUMBER</b>       |         |          |                      |            |                          |

17. **PORT VETERINARIAN SUBMITTING SAMPLES** (Signature)

**SAMPLES RECEIVED AND TESTED AT LABORATORY**

19. **RECEIVED BY** AIR MAIL  VIA COURIER  20. **NAME OF COURIER**

21. **DATE TEST COMPLETED** 22. **NAME OF SEROLOGIST**