



WILTON SIMPSON  
COMMISSIONER

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**AGREEMENT  
TO CONDUCT THE EQUINE INFECTIOUS ANEMIA  
AGAR GEL IMMUNO-DIFFUSION TESTING  
&  
STATEMENT OF CERTIFICATION**

Rule 5C-18.003, Florida Administrative Code  
585.671, Florida Statutes

PERMIT # \_\_\_\_\_

**AGREEMENT**

**To Conduct the Equine Infectious Anemia AGAR Gel Immuno-Diffusion Testing  
9 CFR 75.4 and VSG 15201.1**

\_\_\_\_\_ agrees to the following:

\_\_\_\_\_  
Laboratory Director

- 1 The person(s) responsible for conducting the EIA test(s) must have completed EIA Training at the National Veterinary Services Laboratories (NVSL), Ames, Iowa; Person(s) employed by a State, Federal or University laboratory who were previously trained at NVSL may train another individual in their laboratory if the training is approved by the Area Veterinarian in Charge and the State Animal Health Official. Individuals who are not trained at NVSL must successfully complete a proficiency test.
- 2 All testing shall be conducted in accordance with the protocol for Equine Infectious Anemia testing as provided by NVSL in USDA Veterinary Services Memorandum VSG 15201.1 (Apr. 5 2019) incorporated in rule 5C-18.003(3)(c)1, F.A.C.
- 3 Proficiency tests must be completed as satisfactory.
- 4 Samples will not be accepted unless they are submitted by a USDA Category II Accredited veterinarian or animal health official.
- 5 All test results conducted must be reported to the State and Federal Animal Health Officials in the State in which the samples were obtained.
- 6 Only antigen, and accompanying antiserum, that is licensed by Animal and Plant Health Inspection Service (APHIS) or supplied by NVSL may be used.

\_\_\_\_\_  
Signature of Laboratory Director

\_\_\_\_\_  
Laboratory

Laboratory Telephone Number: \_\_\_\_\_ Date \_\_\_\_\_

***It is understood that if the person(s) trained to conduct the EIA Testing is (are) no longer available to conduct or supervise the test, the laboratory will lose its approval.***

**I hereby certify that the laboratory will comply with provisions of Rule 5C-18, Florida Administrative Code.**

\_\_\_\_\_  
Name of Laboratory Representative

\_\_\_\_\_  
Signature of Certifying Laboratory Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location of Laboratory