



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Animal Industry  
Bureau of Animal Disease Control

Please respond to:

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**PERMIT REQUIREMENTS FOR PRIVATE LABORATORY TO  
CONDUCT EQUINE INFECTIOUS ANEMIA (EIA) TESTS**

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

[www.FDACS.gov/AI](http://www.FDACS.gov/AI)

NOTE: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, Florida Statutes.

**Laboratory Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name of Person that Accompanied Inspector** \_\_\_\_\_

**Inspected By** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

The Florida Department of Agriculture and Consumer Services has specific requirements for approval of the laboratory. A laboratory must have a permit from the Florida Department of Agriculture and Consumer Services to conduct Equine Infectious Anemia tests (See Chapter 5C-18.003). Prior to the recommendation by the Florida Department of Agriculture and Consumer Services to issue the permit, the following requirements must be completed.

- USDA APPROVAL.** The laboratory must meet all requirements as provided in USDA VS Guidance Document 15201.1 (2019) and must be approved by United States Department of Agriculture.
- SUCCESSFUL TRAINING OF INDIVIDUAL AT NATIONAL VETERINARY SERVICES LABORATORY.**
- TEST CHECK PROFICIENCY RESULTS.** The laboratory will certify to the Department that it will forward a copy of all test check proficiency results performed in accordance with 9 CFR 75.4(c) within 72 hours after they are received by the laboratory.
- CERTIFICATION TO COMPLY.** The applicant for the permit must certify in writing that the laboratory will comply with all provisions of 5C-18.003, Florida Administrative Code, Equine Infectious Anemia.

**PROCEDURES FOR IDENTIFYING EIA TEST SAMPLES (Rule 5C-18.003, F.A.C.)**

**Receiving Samples**

	YES	NO
The laboratory must confirm that all EIA test samples received are accompanied by VS Form 10-11 (Dec 2020), or approved electronic submission form, which meet the following requirements:		
1. All VS Forms 10-11 (Dec 2020) or approved electronic submission forms, are reviewed by the laboratory staff to assure that they are complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>
2. Information needed on incomplete VS Forms 10-11 (Dec 2020), or approved electronic submission forms, must be obtained from the submitting Accredited USDA Category II veterinarian before the samples may be tested; and	<input type="checkbox"/>	<input type="checkbox"/>
3. The laboratory must confirm that the veterinarian who signed the VS Forms 10-11 (Dec 2020), or approved electronic submission form, is an Accredited USDA Category II veterinarian in the state where the blood sample was taken.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Laboratory Identification Samples</b>		
All samples must be identified by the receiving laboratory by a unique accession number with the format of YY-X00000, where:		
1. YY corresponds to the last two digits of the current year.	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 2. X is unique letter assigned by the Department to the laboratory for identification of the laboratory; and                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 00000 represents a consecutive numbers for tests conducted by that laboratory, beginning with 00001 on January 1 of each year. | <input type="checkbox"/> | <input type="checkbox"/> |

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**Laboratory Records, Record Keeping.**

**YES NO**

The laboratory must maintain a daily log, which records the following test sample information:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Date of receipt of test sample;   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The assigned accession number;  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of the Accredited USDA Category II veterinarian who submitted the sample;  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of the owner of the horse;   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The specific test used;   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The test result;  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The date that the report of the EIA test was provided to the submitting veterinarian; and   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. For all non-negative tests, the name of the contact person in the department and the date that the report of the non-negative EIA test was made to him/her. | <input type="checkbox"/> | <input type="checkbox"/> |

Daily logs for the current year and three preceding years must be available for immediate reference of inspection by representatives of the Department and of USDA.

**Report of Test (s) (Rule 5C-18.004, F.A.C.)**

**YES NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Test Report<br>Results of all EIA tests will be reported on VS Form 10-11 (Dec 2020), or approved electronic form. No other means of reporting is allowed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) The individual who certifies a report of an EIA test must be the authorized laboratory representative approved by USDA. The certification must be by full signature; initials are not acceptable.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) The laboratory will send the carbon copies of the completed VS Form 10-11 (Dec 2020) to the submitting veterinarian. This is not a requirement when posting results to an approved electronic EIA form.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The laboratory should e-mail or fax a monthly report of the number of EIA tests completed on Florida horses to the State Veterinarians Office by the 10 <sup>th</sup> of the following month. See <i>EIA Samples Processed</i> , FDACS Form 09266.         | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) The submitting veterinarian may submit written permission with the sample that the owner may pick up the owner's original carbon copy of the report of an EIA test after the laboratory completes the requirements of 5C-18.004(1)(a) and (b) and (c). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Non-Negative EIA Tests.   |                          |                          |
| (a) All non-negative EIA tests must be confirmed by use of the Agar Gel Immuno-Diffusion (AGID) test at the USDA, National Veerianry Services Labratory.   | <input type="checkbox"/> | <input type="checkbox"/> |

(b) All reports of non-negative EIA tests must be provided to the Department by telephone or email immediately after completion of the test. If the results were obtained outside of the Department's normal business hours, they must be reported not later than 9:00 a.m. on the next business day. The following information is required with this report:

 

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	YES	NO
1. The accession number;	<input type="checkbox"/>	<input type="checkbox"/>
2. The owner's name and address;	<input type="checkbox"/>	<input type="checkbox"/>
3. The name and complete description of the animal;	<input type="checkbox"/>	<input type="checkbox"/>
4. The location of the animal; and	<input type="checkbox"/>	<input type="checkbox"/>
5. The name of the veterinarian who submitted the sample	<input type="checkbox"/>	<input type="checkbox"/>
(c) Sera from non-negative EIA test samples must be retained for two years. The samples must be identified and must be stored in a frozen state.	<input type="checkbox"/>	<input type="checkbox"/>

**STATEMENT OF CERTIFICATION OF COMPLIANCE**

I, \_\_\_\_\_, as representative of the laboratory requesting approval to conduct Equine Infectious Anemia (EIA) tests, hereby certify that the laboratory will comply with provisions of Rule Chapter 5C-18.003, Florida Administrative Code.

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