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 0579-0127. The time required to complete this information collection is estimated to average .5 hours per response, 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 0579-0127 EXP.: 06/2026

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

## AGREEMENT TO CONDUCT EQUINE INFECTIOUS ANEMIA (EIA) TESTING

I, \_\_\_\_\_ have read and understand Veterinary Services Guidance (VSG) 15201. I understand my responsibilities and agree to abide by the guidelines therein. The requirements include, but are not limited to, the following:

- 1. Provide and maintain appropriate testing facilities and resources, as well as required record keeping, as evidenced by a satisfactory annual inspection with VS 10-17 inspection checklist per VSG 15201.
- 2. Provide and maintain technical personnel capable of conducting accurate and reproducible test results; all testing personnel must be authorized by National Veterinary Services Laboratory (NVSL) to conduct testing and each APHIS-approved laboratory must have at least one NVSL-certified test personnel as defined in VSG 15201.
- Agree to pay all fees incurred to maintain APHIS approval as outlined in VSG 15201; this includes requesting and successfully passing an
  annual NVSL-administered EIA proficiency test utilizing the APHIS Laboratory Portal and scheduling an annual laboratory inspection by the
  Area Veterinarian in Charge (AVIC) or their delegate if required (a 60-day grace period for the site visit is acceptable to allow for scheduling
  conflicts).
- 4. Accept only samples submitted by a Category II Federally accredited veterinarian authorized in the State where the sample was obtained and submitted with a properly completed and legible official Veterinary Services (VS)-approved test form.
- 5. Agree to not engage in fraudulent testing, recordkeeping, or reporting.
- 6. Conduct all testing in accordance with the official protocol(s) for the test as provided by NVSL, as described in literature accompanying the diagnostic test kits or in VSG 15201 and use only diagnostic test kits that have been licensed/approved by USDA APHIS..
- 7. Maintain testing competency by performing at least 500 EIA tests per year.
- 8. Submit required monthly summary reports to the VS Equine Health Team no later than 30 days from the close of the previous month.
- Complete testing within agreed upon turnaround times as advertised or committed to the customer and report all final test results within 48
  hours of test completion, or upon receipt of confirmatory results by NVSL, to the submitting veterinarian, State Animal Health Official (SAHO),
  and AVIC.
- 10. Notify the AVIC and SAHO within 24 hours of any non-negative result (positive, suspect, discrepant, or equivocal, as defined in NVSL SOP-0562) by any of the licensed EIA diagnostic tests and submit all non-negative samples to NVSL for confirmation per NVSL-SOP-0562.
- 11. Maintain current contact information and respond to official requests and inquiries.
- 12. Review, update and re-sign the VS 10-15 Agreement Form at least 1 month before the approval term expires or every 2 years, whichever comes first. Re-signing the document within this time frame ensures the NVSL Reference Laboratories and other VS authorities have the most current information on the requesting laboratories and allows the opportunity to reinforce the necessary requirements for each test.

I understand that the laboratory will lose its approval if it fails to comply with any of the provisions in VSG 15201 or if personnel trained to conduct EIA tests are no longer available to conduct EIA testing.	
Laboratory Name:	Laboratory Physical Address:
Laboratory Telephone Number:	
Laboratory Email Address:	
Laboratory Director Name:	
Laboratory Director Signature:	Date Signed: