



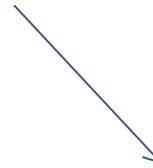
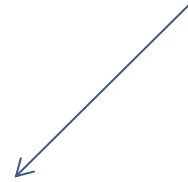
GVL - An electronic solution for EIA submissions

Joanna Sawicki, AHL

What is Global Vet Link?

- Platform offering web based solutions to animal health practitioners, owners, and laboratories to simplify the submission process
- Available in the US since 2001
- EquusLink specifically, allows electronic health certificate generation for Equine Infectious Anemia (EIA)
- CFIA approved in 2016

PROCESS



VS





Advantages

Submitter	Lab	Owner
Quick form submission	Easier handling – no paperwork	Quick TAT
Easy (system checks) prompts	Data entry time decreased (5 min to 1 min)	Easy (real time)
Accurate – problems fixed in real time	Easy (system checks)	Better identification
Streamlined documentation		

CFIA Certificate

- Legal size paper copy
- Result is entered manually
- Certificate is signed
- Scanned to lab LIMS system
- Forwarded as follows
 1. Submitter
 2. CFIA District Office
 3. Laboratory



Laboratory Services - U of G

IMIE INFECT APPOINT ET I SE

17-04-27
11:24 AM

SERIAL NO. / N° DE SÉRIE
425509

Laboratory No. / N° de laboratoire

Owner Information / Information sur le propriétaire
 Owner Name / Nom du propriétaire: [REDACTED] R.R. or Street Address / RR ou adresse à domicile: [REDACTED]
 City / Ville: [REDACTED] Province: ON Postal Code / Code postal: [REDACTED] Telephone No. / N° de téléphone: [REDACTED]

Animal Location / Localisation de l'animal
 Lot No. - Section / N° de lot - Section: [REDACTED] Concession or Township / Rang et canton: [REDACTED] Township-Range / Municipalité: [REDACTED]
 County or Rural Municipality and Meridian / Comté ou municipalité et méridien: [REDACTED] Province: ON

District Office location where the animal was located when the sample was collected / Bureau de district où l'animal était localisé lorsque les échantillons ont été prélevés
 [REDACTED]

Reason for Test (check one only) / Motif de l'épreuve (cochez une case seulement)
 Race Show or Sale Exposition ou Vente Export to U.S.A. / Mexico Exportation aux E.-U. / Mexique Owner request where exposure to EIA is suspected Demande du propriétaire où un contact avec l'AIE est soupçonné Other Autre

Description of Horse (must be completed) / Description du cheval (doit être remplie)

Vial No. / N° amp.	Name / Nom	Breed / Race	Colour / Couleur	Sex / Sexe	Age / Âge
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Registration Number / Numéro d'enregistrement: [REDACTED] **Identification Method / Méthode d'identification:** [REDACTED]

Tattoo and Brands / Tatouage et marques:
 Outline all white markings
 Whorls to be marked as (X)
 Scars to be marked and indicated with an arrow (->)
 If there are no white markings, fill this box with an X.

Identification Number / Numéro d'identification:
 Indiquer toutes les colorations blanches
 Indiquer la localisation des épis avec (X)
 Cicatrices à marquer et à indiquer à l'aide d'une flèche (->)
 Si n'y a pas de coloration blanche, mettre un X dans ce carré.

Distinctive Marks including Acquired Marks / Marques caractéristiques incluant les marques acquises
 Head / Tête: [REDACTED] Body / Corps: [REDACTED]
 Limbs / Membres: [REDACTED] RF / AD: [REDACTED]
 LH / PG: [REDACTED] RH / PD: [REDACTED]

Submitter / Accredited Veterinarian Information - Information sur l'envoyeur / Vétérinaire accrédité
 I certify that I have taken the sample listed from the animal described on the date and at the location shown. / Je certifie que j'ai prélevé l'échantillon précité provenant de l'animal décrit ci-dessus à la date et sur les lieux précisés.
 Name (Print) / Nom (en majuscule): [REDACTED] Signature: [REDACTED] Submitter code / Code de l'envoyeur: [REDACTED]
 Address / Adresse: [REDACTED] Email / Courriel: [REDACTED] Sampling Date / Date d'échantillonnage: [REDACTED]
 Telephone No. / N° de téléphone: [REDACTED]

Laboratory Use Only / À l'usage du laboratoire
 Date Received / Recu le: [REDACTED] Test Type and Result / Type et résultat d'épreuve: EIA CELISA NEGATIVE
 Comments / Commentaires: [REDACTED] Name of Laboratory / Nom du laboratoire: ANIMAL HEALTH LABORATORY, UNIVERSITY OF GUELPH, P.O. BOX 3612
 Tested by / Epreuve complétée par (en majuscule): Joanna Sawicki
 Tested by / Epreuve complétée par (signature): [Signature]

The information you provide on this document is collected by Canadian Food Inspection Agency under the authority of Health of Animals Act for the purpose of supporting the medication and/or control of the animal. This information is protected under the provisions of the Access to Information Act. / Les renseignements que vous fournissez dans le présent document sont recueillis par l'Agence canadienne d'inspection des aliments au vertu de la Loi sur l'accès à l'information. Cette information est protégée en vertu de la Loi sur la protection des renseignements personnels et sera versée au fichier de renseignements personnels ACIA/PI-050. Les renseignements peuvent être accessibles ou protégés selon ce que prescrit la Loi sur l'accès à l'information.

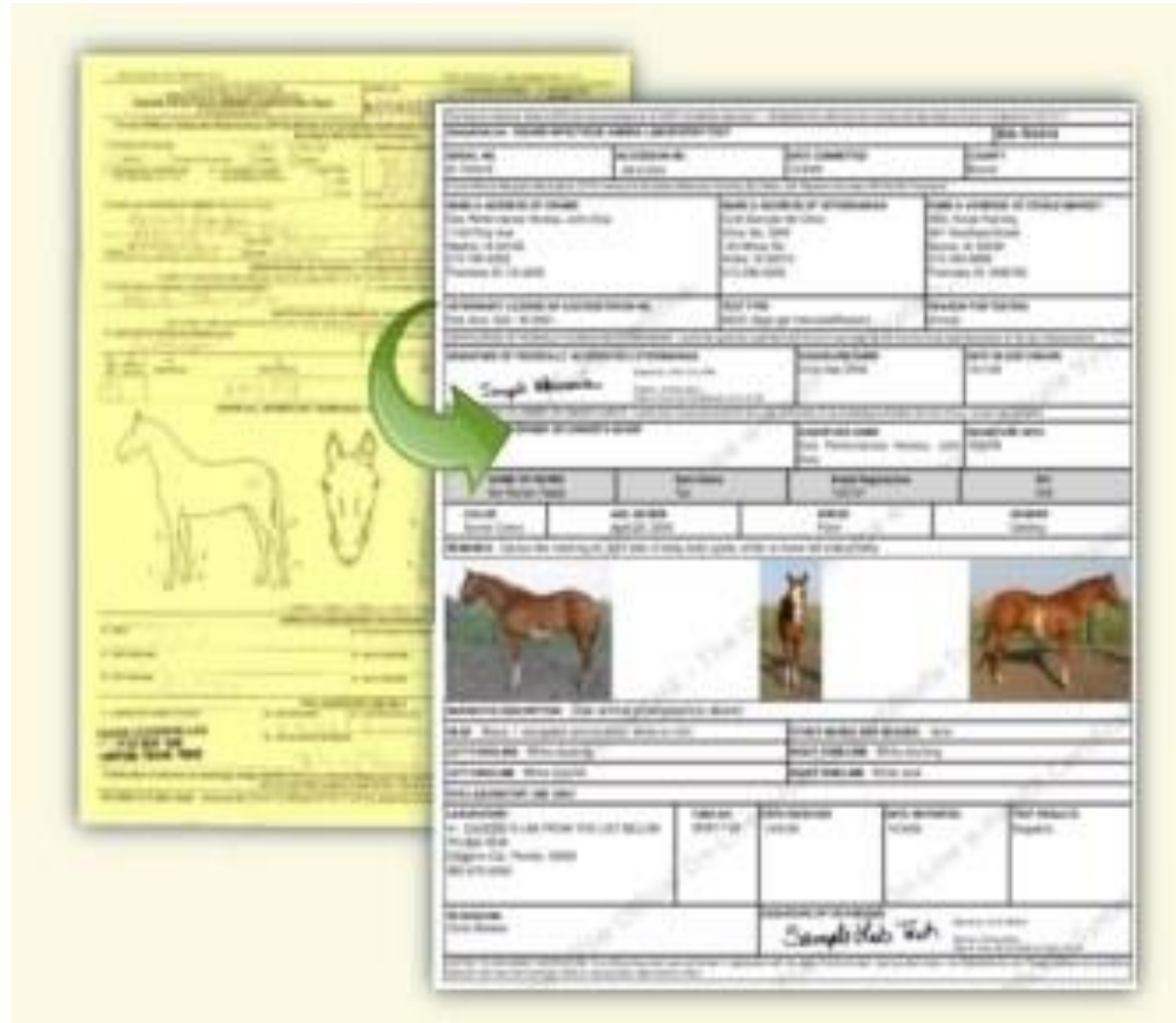
Copy 1 - White - Submitter / Copie 1 - Blanc - Envoyeur
 Copy 2 - Light Yellow - District Office / Copie 2 - Jaune clair - Bureau du district
 Copy 3 - Pink - Laboratory / Copie 3 - Rose - Laboratoire
 Copy 4 - Dark Yellow - Submitter to keep / Copie 4 - Jaune foncé - A garder par l'envoyeur

CFIA / ACIA 3937 (2013/05) Canada



GVL Certificate

- No paper copy
- Result is entered and e-signed in GVL portal
- Certificate accessible in real time to submitter and CFIA



FORM APPROVED - 08B-04089 (07/01/07)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
VTS MEMBERSHIP 10/1/06

SERIAL NO. **N 01675336** ACCESSION NUMBER **2881** DATE OF BLOOD DRAWN **03/10/09**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

1. REASON FOR TESTING: Fever Fatigue Other

2. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)
Doe Performance Horses, John Doe, 1122 Pony Ave, Alva, FL 33920, 239-694-1234, Premises ID: FL12345

3. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
CLM Sample Vet Clinic, Sample Vet, DVM, 123 Whoa Rd, Mooville, FL 32000, 407-884-0000, Premises ID: FL98765

4. VETERINARY LICENSE OR ACCREDITATION NO. Fed. Accr. 543 / FL-1324

5. TEST TYPE: AGID (Agar gel immunodiffusion)

6. REASON FOR TESTING: Annual

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN: I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.


SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: *Sample Veterinarian*, Signed by Sample Vet, DVM, Reason: Authorization, Date & Time: 15 Apr 2009 08:27:14 -07:00

CERTIFICATION OF OWNER OR OWNER'S AGENT: I certify that I have examined this form and, to the best of my knowledge and belief, its form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT: John Doe, Signed by John Doe, Date & Time: 15 Apr 2009 08:28:04 -07:00

17. NAME OF HORSE	18. BARN NAME	19. BREED REGISTRATION	20. ID3
My Rockin Teddy	Taz	742137	N/A
21. COLOR	22. AGE OR DOB	23. BREED	24. GENDER
Sorrel/Overo	April 23, 2005	Paint	Gelding

REMARKS: Cactus like marking on right side of belly, belly spots, white on lower left side of belly



NARRATIVE DESCRIPTION (See animal photograph(s) above)

25. HEAD: Blaze, 1 elongated central whorl, white on chin

26. OTHER MARKS AND BRANDS: none

27. LEFT FORELIMB: White stocking

28. RIGHT FORELIMB: White stocking

29. LEFT HINDLIMB: White coronet

30. RIGHT HINDLIMB: White sock

FOR LABORATORY USE ONLY

LABORATORY: System Testing Only, PO Box 4536, Coggins City, Florida 33000, 863-675-0000

TUBE NO.: 350617-22

DATE RECEIVED: 4/7/09

DATE REPORTED: 4/10/09

TEST RESULTS: Negative

TECHNICIAN: Chris Technician

SIGNATURE OF TECHNICIAN: *Sample Lab Tech*, Signed by Chris Technician, Reason: Authorization, Date & Time: 15 Apr 2009 08:28:04 -07:00

NOTICE TO DOCUMENT INSPECTORS: This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com. Please address any questions related to this document with your state or issuing state veterinarian's office.

VS FORM 13-11 (MAY 2005) PART 3-OWNER