ブリーダーズカップ２０２６

出国前の事前血液検査とワクチン接種の手配について

2026 年ブリーダーズカップへの出走を検討している海外遠征馬については、出国前のスクリーニング検査（事前血液検査）および所定のワクチン接種が必要となります。これは、キーンランド競馬場の国際厩舎への入厩および米国での滞在にあたり、米国農務省（USDA）その他関係機関が定める入国前要件に基づくものです。

A. スクリーニング検査（事前の血液検査）

遠征を検討している馬については、出走の可能性の高低にかかわらず、下記スケジュールに沿って血液検体をご提出いただけますようお願いいたします。期限までに検体をご提出いただけない場合、通常の日本馬チャーター便での輸送ができない、または米国到着後に別途輸入検疫が必要となる可能性があります。

ブリーダーズカップに出走する可能性が僅かだとしても、遠征を検討されている関係者の皆さまには、以下のスケジュールに沿って検体を提出していただけますようお願いいたします。

1. **９月１日から９月 15 日までの間に獣医師を手配し４本分の採血**をしてください。獣医師には遠心分離機で**血清（1 本につき最低 5ml）**にし、検体容器（Vial）には必ず**馬名と採血日を英語で記載**していただくようお伝えください。
2. 獣医師に Specimen submission の 10、11、18、20、21 にご記入いただくようお伝えください。添付の記入方法をご参照ください。
3. 保冷剤を入れて血清 4 本を梱包し、2 で獣医師が記入した Specimen Submission を添付し、クロネコヤマトのクール便にて、下記の住所までお送りください。**９月 15 日までに必着**するよう手配ください。

※宅配便で血清を発送する際、クロネコヤマト側から「安全確認証明書」を取り交わすよう指示が出る場合がございます。スムーズな発送のために予めお近くのクロネコヤマト事業所にお問合せの上ご準備ください。獣医師が発送まで担当する場合は、獣医師にもお伝えください。

＜送付先＞

〒282-0004

千葉県成田市古込字込前 154 番地 4　第一貨物代理店ビル M202 号

日本通運株式会社　成田空港支店　国際営業第 1 課

斎田竜一 様あて

TEL：0476-32-6321, FAX：0476-32-6588

e-mail：riyoichi.saida@nipponexpress.com

全頭の検体が集まり次第、4 本のうち 2 本を米国農務省の要請に従って米国にある特別検査機関に送ります。残りの 2 本は、検査機関から、さらにサンプルを送るように指示された場合に備えて保存しておきます。

検査費用は 185 ドルです。検査費用と送料は IRT JAPAN が立て替えることとし、ブリーダーズカップ終了後に馬主様に馬の輸送費用とあわせて請求いたします。送料は出走した陣営で均等に分配します。馬が遠征しなかった場合、ブリーダーズカップ終了後に検査費用のみを、ケイト・ハンターより当該馬の関係者様宛に個別に請求させていただきます。

9 月 15 日の検体の到着期限以降に血液検査を希望される場合は、検体の送料と検査料を全額ご負担いただくことになります。送料は 40,000 円から 70,000 円ほどです。追加の費用を避けるため、期限内に血液をご提出いただけるよう、ご協力をお願いいたします。

※出国検疫開始前に血液検体を提出し陰性結果を得られなかった馬は他の日本馬と一緒の便にて輸送することはできません。　その場合、シカゴ・オヘア国際空港（ORD）近郊のシカゴ輸入検疫施設にて、42 時間の輸入検疫を受ける必要があります。キーンランド競馬場内の検疫エリアとは異なり、シカゴ輸入検疫施設では厩舎スタッフの立ち入り等により厳しい制限があります。また、輸入検疫終了後は、馬運車にてシカゴからキーンランド競馬場まで 7〜8 時間程度かけて移動する必要があります。輸入検疫および専用馬運車の手配には大きな費用負担が発生するほか、出走馬のコンディションにも大きく影響するリスクがあります。そのため、9 月 15 日までに上記宛先へ検体が必着となるよう、ご協力くださいますようお願い申し上げます。

B. 馬インフルエンザ及び鼻肺炎のワクチン接種（国際厩舎入厩条件）

スクリーニング検査に加え、2026 年ブリーダーズカップの開催地であるキーンランド競馬場の国際厩舎に入厩するためには、キーンランド競馬場及び HISA（Horse Racing Integrity and Safety Authority／米国競馬公正・安全機構）が定めるワクチン接種要件を満たしている必要があります。以下の条件をご確認のうえ、必要なワクチン接種を手配くださいますようお願いいたします。

a. 馬インフルエンザワクチン

キーンランド競馬場への入厩日から遡って **180 日以内**に追加接種（ブースター接種）を 1 回行ってください。

b. 馬鼻肺炎ワクチン

キーンランド競馬場への入厩日から遡って **120 日以内**に基礎接種を 2 回行ってください。すでに基礎接種を完了している馬については、同期間内に追加接種（ブースター接種）を 1 回行ってください。

注：日本出発予定日から遡って 14 日以内のワクチン接種は、衛生条件上認められていません。遅くとも 9 月末までに、上記 2 種類のワクチン接種を完了してください。

以上、ご不明な点はお気軽にお問い合わせください。

ケイト・ハンター
ブリーダーズカップ代理人
080-7894-7999

廣瀬徹人
IRT JAPAN 株式会社
Email: thirose@irt.com
090-5521-6907

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 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, 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 0579-0090, 0579-0101, and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
(515) 337-7514

SPECIMEN SUBMISSION

PAGE 1 OF 1

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (*including Business Name*): IRT (USA) LLC
2. NVSL SUBMITTER ID: 3029763
3. NAME OF OWNER: SPIX Co., Ltd ☐ Check if wildlife (*no owner*)

EMAIL ADDRESS: irtusa@irt.com
OWNER CITY: Shibuya
STATE/COUNTRY: Tokyo

PHONE NO. FAX NO.

MAILING ADDRESS (*Street, City, State, ZIP Code*): IRT 1525 Kautz Rd. Ste 1600, West Chicago, IL, 60185

4. LOCATION OF ANIMALS
PREMISES ID
COUNTY: Japan
STATE/COUNTRY: Miyagi Pref

5. PAYMENT METHOD
☒ USER FEE ACCOUNT NO.: 3438478
☐ CHECK/MONEY ORDER (*Enclosed, payable to USDA in US dollars*)
☐ CREDIT CARD Number: Exp. Date:

↓名前を英語で記入してください

6. HERD/FLOCK SIZE
7. NO. IN HERD/FLOCK AFFECTED
8. NO. IN HERD/FLOCK DEAD

9. EXAMINATIONS REQUESTED
EVA
EIA
PIROPLASMOSIS (CELIA and CF)
DOURINE, GLANDERS

10. COLLECTED BY: DR. Takashi Kato
11. DATE COLLECTED: 7 April 2023
12. AUTHORIZED BY

↑検体の採取日を英語で記入してください

13. PURPOSE OF SUBMISSION (*See instructions for definitions*)
☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation
☐ Export ☐ FAD/EP Diagnostic ☐ General Diagnostic ☐ NVSL Intralab
☒ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION: Japan
15. REFERRAL NUMBER

16. PRESERVATION
☐ None ☒ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (*Specify*)

↓検体の本数を記入してください

17. SPECIMENS SUBMITTED (*"X" applicable item(s)*)
☐ Blood ☐ Feces ☐ Parasite ☒ Serum ☐ Tissue (*specify*) ☐ Whole Animal ☐ Other (*specify*)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☐ Swab (*specify*) ☐ Water ☐ DNA/RNA

18. TOTAL NUMBER OF SPECIMENS SUBMITTED: 5

19. SPECIES OR SOURCE (*"X" ONLY one*)
☐ Cattle ☐ Goat ☐ Chicken ☐ Bison ☐ Fish ☐ Other (*specify*)
☐ Swine ☒ Horse ☐ Turkey ☐ Deer (*specify*) ☐ Environment
☐ Sheep ☐ Donkey ☐ Other bird (*specify*) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS SAMPLED: 1

↑検体を採取した馬の頭数をご記入ください

21. IDENTIFICATION (*See instructions <250 samples per form*)

Sample ID	Animal ID	Breed	Age	Sex
	VIN DE GARDE(JPN)	Thoroughbred	7 yo	colt

←馬名、年齢、性別を記入してください

IDENTIFICATION

Sample ID	Animal ID	Breed	Age	Sex

22. ADDITIONAL DATA (*History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary*).
Please email results to IRT. (kknotek@irt.com, mhaug@irt.com,kdelagarza@irt.com)

23. SIGNATURE OF SUBMITTER AND DATE
X [signature] 7th Apr. 2023

NVSL USE ONLY

NVSL USE ONLY

CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY

VS FORM 10-4
AUG 2009

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
(515) 337-7514

SPECIMEN SUBMISSION

PAGE OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (*including Business Name*)	2. NVSL SUBMITTER ID	3. NAME OF OWNER ☐ Check if wildlife (*no owner*)
IRT (USA) LLC	3029763	IRT JAPAN K.K.

EMAIL ADDRESS	OWNER CITY	STATE/COUNTRY
Pls email results to mhaug@irt.com	Yokohama	Japan

PHONE NO. +1 630 377 2300 FAX NO. +1 630 513 0412

MAILING ADDRESS (*Street, City, State, ZIP Code*)
IRT
1525 Kautz Road, Suite 1600
WEST CHICAGO, ILLINOIS 60185, USA

4. LOCATION OF ANIMALS

PREMISES ID

COUNTY	STATE/COUNTRY
JAPAN	

5. PAYMENT METHOD

☒ USER FEE ACCOUNT NO. 3438478 ☐ CHECK/MONEY ORDER (*Enclosed, payable to USDA in US dollars*) ☐ CREDIT CARD Number: Exp. Date:

6. HERD/FLOCK SIZE	9. EXAMINATIONS REQUESTED	10. COLLECTED BY
7. NO. IN HERD/FLOCK AFFECTED	1. Piroplasmosis (b.Caballi & b.Equi) (CELISA & CF) 2. Dourine 3. Glanders 4. EIA	11. DATE COLLECTED
8. NO. IN HERD/FLOCK DEAD		12. AUTHORIZED BY: Owner

13. PURPOSE OF SUBMISSION (*See instructions for definitions*)
☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation
☐ Export ☐ FAD/EP Diagnostic ☐ General Diagnostic ☐ NVSL Intralab
☒ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION: Japan/USA

15. REFERRAL NUMBER: N/A

16. PRESERVATION
☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (*Specify*)

17. SPECIMENS SUBMITTED (*"X" applicable item(s)*)
☐ Blood ☐ Feces ☐ Parasite ☒ Serum ☐ Tissue (*specify*) ☐ Whole Animal ☐ Other (*specify*)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☐ Swab (*specify*) ☐ Water ☐ DNA/RNA

18. TOTAL NUMBER OF SPECIMENS SUBMITTED: 2

19. SPECIES OR SOURCE (*"X" ONLY one*)
☐ Cattle ☐ Goat ☐ Chicken ☐ Bison ☐ Fish ☐ Other (*specify*)
☐ Swine ☒ Horse ☐ Turkey ☐ Deer (*specify*) ☐ Environment
☐ Sheep ☐ Donkey ☐ Other bird (*specify*) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS SAMPLED: 2

21. IDENTIFICATION (*See instructions* <250 samples per form)

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
		Thoroughbred							

22. ADDITIONAL DATA (*History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary*).

Please email results to IRT at irtusa@irt.com

23. SIGNATURE OF SUBMITTER AND DATE
X

NVSL USE ONLY

CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY

NVSL USE ONLY

VS FORM 10-4
AUG 2009

VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (*e.g., 1 of 3*).

1. SUBMITTER CONTACT INFORMATION "REQUIRED"
Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

2. NVSL SUBMITTER ID
For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

3. OWNER INFORMATION "REQUIRED"
Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

4. LOCATION OF THE ANIMALS "REQUIRED"
Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

5. PAYMENT METHOD "REQUIRED FOR BILLABLE CASES"
Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml, for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

6. HERD/FLOCK SIZE
Enter the total number of animals in the herd/flock.

7. NO. IN HERD/FLOCK AFFECTED
Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

8. NO. IN HERD/FLOCK DEAD
Enter the total number of animals from this herd/flock that are dead.

9. EXAMINATIONS REQUESTED "REQUIRED"
For disease programs, it is necessary only to enter the program name (*e.g., CWD, Scrapie, or BSE*). If the test is not for a disease program, specify the disease and the desired test.

10. COLLECTED BY
Enter the complete name of the person collecting the specimen(s).

11. DATE COLLECTED
Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

12. AUTHORIZED BY
Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (*AVIC*) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See http://www.aphis.usda.gov/animal_health/area_offices/ to locate the AVIC in your local area.
If an exotic (*foreign*) disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

13. PURPOSE OF SUBMISSION "REQUIRED"
Definitions of Diagnostic Case Categories are as follows:

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.
Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.
Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.
Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.
FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.
Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.
TB – Tests conducted for diagnosing Tuberculosis.
General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.
Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.
Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.
NVSL Intralab – Tests conducted for another laboratory of the NVSL.

14. COUNTRY OF ORIGIN/DESTINATION
For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

15. REFERRAL NUMBER
This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

16. PRESERVATION
Check all blocks that apply.

17. SPECIMENS SUBMITTED "REQUIRED"
Check all blocks that apply.

18. TOTAL NUMBER OF SPECIMENS SUBMITTED
Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

19. SPECIES OR SOURCE "REQUIRED"
Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

20. NUMBER OF ANIMALS SAMPLED
Enter the total number of animals sampled.

21. IDENTIFICATION "REQUIRED"
Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**
Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (*or name*). NOTE: Laboratory results will be reported by animal identification number.
Breed – Enter the animal breed (*e.g., Holstein, Angus*).
Age – Indicate the approximate age in years (*y*), months (*m*), weeks (*w*), or days (*d*).
Sex – Indicate the sex, male (*M*), or female (*F*), for each animal.

22. ADDITIONAL DATA
Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (*e.g., lymph nodes, obex, brain*)
- Specify clinical signs (*e.g., weight loss, hair missing*)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (*non-standard*) instructions for test report delivery

23. SIGNATURE OF SUBMITTER AND DATE
The individual submitting the specimen(s) must sign and date the form.