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|---|---|--|---|
| Name and Address of Exporter AUSTRALIA | | Name and Address of Importer REPUBLIC OF SOUTH AFRICA | |
| | | Import Permit N ^o | |
| Description of Animal Reproductive Material | | | |
| <u>Number</u> | <u>Kind (Species and type; eg bovine semen)</u> | <u>Condition (Fresh/Frozen)</u> | <u>Identification (straw numbers, packing list)</u> |
| | | | |
| | BOVINE EMBRYOS | FROZEN STRAWS | SEE ATTACHED |
| | | | |

I, Dr, an approved Embryo Transfer Veterinarian, declare that the goods described in the following pages have complied with the importing country requirements.

Signature (pdf. doc only)

Date

Commodity: BOVINE EMBRYOS
 To: RSA
 Import Permit Number: **XXXX**,
 Exporting Country: AUSTRALIA
 Competent Authority: Department of Agriculture, Water and the Environment

INFORMATION CONCERNING THE DONOR ANIMALS

Species: Bovine **Breed:** XXX
Total Number of Embryos: XXX
Identification of straws: See attachment

Name, address and approval/registration number of embryo collection centre(s):

XXXXXX

Embryo Collection Veterinarian:

XXXX

Name and address of exporter:

XXX

Name and address of importer:

- 1) The team conducting the collection of the embryos is officially recognised as an embryo collection team by the veterinary authorities of the exporting country and the collection procedures followed by the team are in accordance with the stipulations of the Manual of the International Embryo Transfer Society (IETS Manual). This includes the trypsin wash.
- 2) The embryos were sired by bulls whose semen qualified for export (according to RSA semen Import Protocol) and who were continuously resident at an AI centre which is under the control and supervision of a veterinarian approved by the State Veterinary Authority, for a period of at least one (1) month prior to collection, and in that time had not been used for natural mating.
- ~~3) The country is officially free from Vesicular Stomatitis.~~
- ~~4) The country or zone where the donor originates from is an OIE recognised Foot and Mouth Disease free zone without vaccination.~~
- 5) There has been no clinical, pathological, laboratory or other evidence of Johne's disease for the past 3 years in the herd of origin.
- 6) The donor cows-
 - 6.1) are healthy and clinically free from diseases known to be transmitted via semen or embryos;

6.2) have passed with negative results-

6.2.1) intradermal tuberculin tests with both avian and mammalian tuberculin within three (3) months or that the animals originate from certified tuberculosis free herds

6.2.2) complement fixation tests for brucellosis within three (3) months prior to removal of embryos or collection of semen, or that the animals originate from certified brucellosis free herds

6.2.3) a virus isolation test on blood by tissue culture inoculation for three passages, for Bovine Viral Diarrhoea.

7) The embryos were:

7.1) conceived by in vivo fertilisation

7.2) examined at least 50x magnification and the entire surface of the zona pellucida found to be intact and free of adherent material. The embryos were not manipulated in any way.

7.3) washed, including trypsin treatment, processed, put into straws, frozen and the straws marked according to the guidelines laid down in the IETS Manual

7.4) not washed more than 10 together and not washed together with the embryos of other donors.

7.5) shipped in cleaned and disinfected containers, filled with unused cryogenic material, and sealed under Official Veterinary supervision.

8) Embryos resulting from in vitro fertilisation or embryos which have been subjected to sexing, splitting, cloning or any manipulation which interferes with or violates the integrity of zona pellucida are not eligible for export to South Africa.

9) ~~Identity and description of donors, description and number of embryos, consignor, consignee, Embryo Collection Team, Embryo Collection Centre, container and seal numbers and approved processing laboratory are stipulated on this Veterinary Certificate.~~

~~Seal No: XXX~~

~~Tank Serial No. XXXX~~

ATTACHMENT

| Donor Dam Identification | Donor Sire Registration N° | Embryo Collection date | N° of embryos | Straw No. |
|---------------------------------|-----------------------------------|-------------------------------|----------------------|------------------|
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TOTAL EMBRYOS

XXXXX

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Signature (pdf. doc only)

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Date