

**Embryo Collection Team (ECT) Inspection Form
for Export of Equine Embryos to the European Union (EU)**

ECT Team Veterinarian:

Name: _____

Address: _____

Telephone _____

APHIS Approval # _____

Permanent Facility:

Name: _____

Address: _____

Telephone _____

Mobile Laboratory: Yes No

_____ Initial Inspection Approval renewed _____

_____ Re-inspection Approval denied _____

Inspection/approval date _____

(Signature of APHIS-VS Veterinary Medical Officer)