

Health Certificate No. _____
Valid only if the USDA Veterinary Seal
appears over the Certificate No.)

**U.S. ORIGIN HEALTH CERTIFICATE FOR EXPORTATION OF IN VIVO DERIVED
BOVINE EMBRYOS TO SOUTH AFRICA**

Country where collected: United States of America

Authorized USDA Accredited Veterinarian: _____

Collection in the State of: _____

I. Identification of Embryos

I.D. No. Embryos	Breed of Donor	I.D. No. of Donor	Age of Donor	I.D. No. of Sire	Age of Sire	Collection Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

II. Origin of Embryos

Name/address of the embryo collection center:

Name/address of the Consignor:

Name/address of approved Team
Veterinarian:

Team Approval # _____

Signature of approved Team Veterinarian:

III. Destination of Embryos

Means of transport: _____

Port of embarkation: _____

Name/address of Consignee (country and location):

IV. Testing

The donor cows were negative to the following test:

Tuberculosis: Intradermal tuberculin test with ppd bovine tuberculin (within 3 months prior to or within 30-90 days after collection) ; OR

The animals originate from herds officially free of tuberculosis.

V. Certification Statements

- a. The embryos were collected by an officially approved Team Veterinarian, and the collection procedures followed were in accordance with the stipulations of the manual of the International Embryo Transfer Society (IETS).
- b. The embryos were sired by bulls whose semen either meets the import requirements of South Africa, or meets the CSS requirements or equivalent requirements.
- c. The bulls were continuously resident at an artificial insemination (AI) center that is under the control and supervision of a veterinarian approved by the State Veterinary Authority for a period of at least 2 months prior to collection, and in that time, was not used for natural mating.
- d. No outbreaks of foot-and-mouth disease or vesicular stomatitis have occurred at or within 20 kilometers of the premises at which the donor bulls and cows were kept during the 6 months immediately preceding the date on which the collections were made.

- e. The donor cows were healthy and clinically free from diseases on the day of embryo collection.
- f. The donor cows were not vaccinated against foot-and-mouth disease.
- g. The embryos were examined at a minimum of 50 times magnification, and the entire surface of the zona pellucida was found to be intact and free from adherent material.
- h. The embryos were washed according to the guidelines of the IETS Manual.
- i. No more than ten (10) embryos were washed together, and those embryos were from the same donor.
- j. The embryos are shipped in cleaned and disinfected containers filled with unused cryogenic material and sealed under USDA accredited veterinary supervision with seal No. _____ and container No. _____.
- k. The embryos were:
 1. Conceived by in vivo fertilisation
 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.
 3. Washed, including trypsin treatment, processed, put into straws, frozen and the straws marked according to the guidelines laid down in the IETS Manual.
 4. Not washed more than ten (10) together and not washed together with embryos of other donors.
 5. Shipped in cleaned and disinfected containers, filled with unused cryogenic material, and sealed under USDA accredited veterinary supervision.
- l. Embryos resulting from in vitro fertilization 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.

VI. Issuing USDA Accredited Veterinarian

Name (type or print):

Address:

Telephone: _____

Signature: _____

Date: _____

VII. Endorsing Federal APHIS Veterinarian

Name (type or print):

Address: _____

Signature: _____

Date: _____