Model health certificate for imports to New Zealand from the European Union of *in vivo* derived bovine embryos

EUROPEAN UNION

Export certificate

Part I : Details of dispatched consignment

I.1. Consignor Name Address Tel.		I.2. Certificate reference No	I.2.a.
		I.3. Central competent authority	
		I.4. Local competent authority	
I.5. Consignee Name Address Postcode Tel.		I.6. No(s) of related original certificates	
I.7. Country of origin	ISO code I.8.	I.9. Country of destination **New Zealand**	ISO code **NZ** I.10. Region of destination Code
I.11. Place of origin Name Approval number Address		I.12. Place of destination	
I.13. Place of loading		I.14. Date of departure	
I.15. Means of transport Aeroplane ☐ Ship ☐ Railway wagon ☐ Road vehicle ☐ Other ☐ Identification Documentation references		I.16. Entry Point	
		I.17. CITES No(s)	
I.18. Temperature of products		I.19. Number/Quantity	I.20. Total number of packages
I.21. Seal/Container No			
I.22. Commodities certified for: Artificial Reproduction ☐			
I.23. Transit through 3rd country		I.24. For export ☐	

I.25. Identification of the commodities

Custom code and title :
05 11 99 85

Species (scientific name)	***Breed***	***Donor identity***	***Date of collection***	***Approval number of the team***	***Quantity***

COUNTRY: ***In vivo* derived bovine embryos**

Part II: Certification

II. Animal health attestation	II.a. Certificate reference No	II.b.

I, the undersigned, official veterinarian of ……..…….....……..…. (Member State of the EU) certify that:

II.1. The animal products herein described, comply with the relevant European Community animal health standards and requirements which have been recognised as equivalent to the New Zealand standards and requirements as prescribed in Council Decision 97/132/EC, as last amended, specifically, in accordance with Council Directive 89/556/EEC;

II.2. The animal products are eligible for intra-community trade without restriction;

II.3. To the best of my knowledge and as far as I can ascertain, the donors have never been confirmed positive for Q fever; and either

The donors were subjected to a complement fixation test (CFT) (negative being no fixation of complement at dilution of 1:10 or higher) or ELISA test for Q fever, on a sample collected between 21 to 120 days after each embryo collection period (a period of 60 days or less) for export to New Zealand, with negative results; or

A sample of embryos/oocytes and collection and/or washing fluids from each collection for export to New Zealand was tested using a laboratory validated Q fever PCR test which is in accordance with the methods described in the Q fever Chapter of the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals.*

(1)*either* [II.3. The donor animal was subjected to an antigen detection ELISA or virus isolation test for BVDV, with a negative result, within 30 days prior to entry into the embryo collection centre and has been on the embryo collection centre for more than 6 months prior to embryo collection for this consignment and has remained isolated from other animals that have not been tested negative.]

(1)*or* [II.3. The donor animal has had either a pooled sample of non-viable oocytes/embryos and washing fluid (as per the OIE Code appendix for *in vivo* derived embryos) or an embryo, from the first embryo collection for this consignment subjected to either virus isolation or PCR for BVDV with negative results.]

Notes

Part I:

- Box I.11.: *Place of origin* shall correspond to the approved embryo collection team listed in accordance with Article 8(2) of Directive 89/556/EEC on the Commission website: http://ec.europa.eu/food/animal/semen_ova/bovine/ova_embryos_en.htm
- Box I.20.: *Number of packages* shall correspond to the number of containers.
- Box I.21.: *Identification of container and seal number* shall be indicated.
- Box I.25.: *Species*: indicate "*Bos Taurus", "Bison bison"* or *"Bubalus bubalus"* as appropriate
  Donor identity shall correspond to the official identification of the animal.
  Date of collection shall be indicated in the following format: dd/mm/yyyy.
  Approval number of the team shall correspond to the approval number of the embryo collection team by which the embryos were collected.

Part II:

- The signature and the stamp must be in a different colour of that of the printing.

Official veterinarian/Official inspector

Name (in capital letters): Qualification and title:

Date: Signature:

Stamp: