



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT  
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

EXPORT OF BOVINE SEMEN TO AUSTRALIA: PART A No: .....

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: AUTHORISED VETERINARY SURGEON/OFFICIAL VETERINARIAN

I. Information concerning the donor bull(s)

Breed	Date of Birth	Name or ear mark

II. Information concerning the semen

- a) Date(s) of collection:
- b) Number of ampoules/straws and volume of each:
- c) Permanent identification marks on ampoules or straws indicating date of semen collection, registered names and numbers of donors and Centre identity:  
This information may be provided in code form with an explanation of the code as follows:
- d) Degree of dilution and composition of diluent:

III. Origin of the semen

- a) Approval of bovine semen collection centre for export to Australia

Name of approved centre where the semen was collected:	Name of centre veterinarian:
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Address of approved centre:	Telephone:
	Fax:

I, \_\_\_\_\_ (name), being an official veterinarian of \_\_\_\_\_ (exporting country) hereby certify in relation to the above premises that:

The centre was approved on \_\_\_\_\_ (date). *Note: The centre must be approved by an official veterinarian prior to the commencement of each period of collection of semen for export to Australia, or where the centre is used continuously, on an annual basis. Approval must be no more than 12 months before the last date of collection for semen in the consignment.*

b) Name and address of the owner of the donor bull(s):

c) Name and address of exporter:

**IV. Destination of the semen**

a) Name and address of consignee:

b) Address of final destination of the semen:

c) Serial number of seal on shipping/transport container:

d) Means of transportation and all available details of shipment:

e) Import permit number(s):

**V. Health Information**

I, the undersigned, certify that:

a) during the period between the first and last collections of semen for this consignment, the donor animals lived in the United Kingdom which is recognised by the Office International des Epizooties (OIE) as a FMD free country where vaccination is not practised, and which meets the OIE Code Article definitions for country freedom from Rinderpest,

Vesicular Stomatitis, Contagious Bovine Pleuropneumonia, Lumpy Skin Disease, and Rift Valley Fever;

- b) the semen for export was **not** collected between 1 January 2001 and 15 January 2002 or between 1 July 2007 and 18 February 2008 (inclusive of these dates);
- c) the semen in this consignment was collected, processed and stored under conditions which comply with the standards laid down in Council Directive 88/407/EEC (as amended), except that in the case of infectious bovine rhinotracheitis/infectious pustular vulvovaginitis (IBR/IPV), the following applies:

**EITHER**

- \*i) the semen in this consignment complies with the requirements of IBR/IPV in Council Directive 88/407/EEC (as amended);

**OR**

- \*ii) the semen for export was collected from donor animals whose serological status was unknown or was positive, and an aliquot from each semen collection for export was subjected to the following test, with negative results:

**EITHER**

- \*virus isolation test (by cell culture inoculation and a minimum of two passages if no cytopathic effect is seen on the first passage)

**OR**

- \*real-time polymerase chain reaction (RT-PCR) assay.

All collections for export have been tested in this way. The diagnostic tests and interpretation of test results for IBR/IPV are in accordance with the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals Chapter on IBR/IPV;

- d) each donor of semen showed no clinical signs of Johne's disease during the collection period;
- e) in respect of bluetongue (BT)

**EITHER**

- \*i) the semen was collected before 1 May 2006;

**OR**

- \*ii) one of the following applies:

\*- blood samples were drawn from each donor at least every sixty days throughout the semen collection period and between 28 and 60 days after final semen collection **for this consignment** and gave negative results to the competition ELISA for antibody to the BT virus group.

**OR**

\*- blood samples were drawn from each donor at the commencement and conclusion of semen collection and at least every 7 days during semen collection **for this consignment** and gave negative results to a virus isolation test for BT.

**OR**

\*- blood samples were drawn from each donor at the commencement and conclusion of semen collection and at least every 28 days during semen collection **for this consignment** and gave negative results to an approved polymerase chain reaction<sup>1</sup> test for BT.

All tests for BTV should be validated according to the current OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals, calibrated to a diagnostic sensitivity of at least 98.0% and carried out in a laboratory approved by the competent authority of the exporting country.

*The identity and date(s) of sampling of the donor bulls, type of test(s) used and test results are shown in the attached table.*

<sup>1</sup>Real time reverse transcriptase- polymerase chain reaction (RT-PCR) tests must be approved by the competent authority and be able to detect all known 24 BTV serotypes. These tests must use primer sequences directed against highly conserved segments of the bluetongue virus (BTV) genome which code for BTV serogroup(not serotype). An example of an appropriate test is the TaqMan real time RT-PCR test according to the method of Shaw et al. (2007), which uses two primers directed against segment 1 of BTV ribonucleic acid (RNA).

**AND IF APPLICABLE**

\*iii) the following semen donors were vaccinated against BT using inactivated vaccine approved by the competent authority of the country in which the vaccine was administered and the vaccine was administered more than 60 days before semen collection for this consignment.

Name or ear mark	Name of vaccine	Date of administration

\* Delete as appropriate

Stamp

Signed ..... RCVS

.....  
Name in block letters

Telephone Number

Fax Number

E-mail address

Authorised Veterinary Surgeon at the  
Approved Semen Collection Centre at

Date .....

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CONTINUED ON 4930CON PART B