

# DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

### WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

EXPORT OF BOVINE EMBRYOS TO AUSTRALIA

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: TEAM VETERINARIAN/OFFICIAL VETERINARIAN

SUPPLEMENTARY CERTIFICATION IN RESPECT OF SCHMALLENBERG VIRUS (SBV) AND BLUETONGUE (BT) VACCINATION

I, the undersigned, further certify in respect of the embryos described in certificate 629EHC and numbered ...... that:

## in respect of Schmallenberg virus (SBV) and for embryos collected on or after 1 June 2011:

a virus neutralisation test or an approved indirect ELISA for antibody to the Schmallenberg virus (SBV) was carried out on a blood sample collected  $\,$ 

### \*either

between fourteen (14) and sixty (60) days  $\underline{\text{after}}$  the last collection of embryos from the donor for this consignment, with negative results.

#### \*or

between fourteen (14) and sixty (60) days  $\underline{\text{before}}$  first collection of embryos from the donor for this consignment with positive results.

Name or Ear Tag No. of female donor	Straw/Vial Identification	Date embryos collected	Date blood sample collected	Test used: VNT or iELISA	Result of test: positive or negative

<sup>2</sup> b)	in	respect o	of	Bluetonque	(BT)	vaccination:
/						

the following 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 collection for this consignment.

Name or Ear Tag No. of female donor	Name of vaccine	Date of administration

Stamp	Signed: RCVS
707	Name in block letters
	Telephone Number
	Fax Number
	E-mail address
	Approved Embryo Collection Team Veterinarian
Date	
COUNTERSIGNATURE	
I, the undersigned, hereby	certify that the above health certificate has
been issued by	who is a veterinary
surgeon authorised by this De	partment as a centre veterinarian.
Stamp	Signed: RCVS
	Name in block letter
	Telephone Number
	Fax Number
Date:	E-mail address
	Official Veterinarian of the Department
<sup>1</sup> Delete if embryos were colle <sup>2</sup> Delete if embryos were from	ected before 1 June 2011 donors which have not been vaccinated

<sup>\*</sup>Delete as appropriate