



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

HEALTH CERTIFICATE FOR EXPORT TO THE ISLE OF MAN OF SEMEN OF THE OVINE/CAPRINE SPECIES

1 Consignor (name and address in full):	HEALTH CERTIFICATE No: ORIGINAL Import license number: <hr/> 2 Country of collection UNITED KINGDOM	
3 Consignee (name and address in full):	4 COMPETENT AUTHORITY:	
NOTES: a) A separate certificate must be provided for each consignment of semen b) The original of the certificate must accompany the consignment to its final destination	5 COMPETENT LOCAL AUTHORITY:	
7 Place of loading:	6 Name and address of approved semen collection centre:	
8 Means of transport:		
9 Place and Country of destination:		
11 Number and code-mark of semen containers:	10 Registration number of approved semen collection centre:	
12 Consignment Identification		
(a) Number of doses	(c) Date(s) of collection	(d) Breed
(b) Identification of donor animal (scientific name)	(e) Approval number of collection centre of origin	

- 13 I, the undersigned veterinarian, certify that:
- 13.1 the semen described above
- 13.1.1 was collected and stored and dispatched from a semen collection centre approved and supervised by the competent authority in accordance with Chapter I (I) (1), and Chapter I (II) (1) of Annex D to Directive 92/65;
- 13.1.2 comes from the donor animal which meets the requirements, Chapter II (II) of Annex D to Directive 92/65;
- 13.1.3 was collected, processed, and storage and transported under conditions which comply with the requirements of Chapter II (II) and III (I) of Annex D to Directive 92/65;
- 13.1.4 meets the requirements of Chapter A(I) of Annex VIII to Regulation No 999/2001;
- 13.1.5 was sent to a place of loading in a sealed container in accordance with point 1.4 of Chapter III (I) of Annex D to Directive 92/65 and bearing the number detailed in Box 11 above;
- 13.2 regarding BLUETONGUE VIRUS (BTV), the semen was obtained from ovine/caprine male donor animal(s) which comply with at least one of the following conditions:
- * (a) they were kept in a BTV free country or zone for a period of at least 60 days before commencement of, and during, collection of the semen; **OR**
 - * (b) they were subjected to a serological test according to the WOAHP Terrestrial Manual to detect antibodies to the BTV group, with negative results, at least every 60 days during the collection period and between 28 and 60 days after the final collection for this consignment; **OR**
 - * (c) they were subjected, with negative results, to an agent identification test for BTV according to the WOAHP Terrestrial Manual carried out on blood samples collected:
 - (i) at commencement and final collection of the semen for this consignment, and
 - (ii) during the period of semen collection for this consignment:
 - *i. at least every 7 days, in the case of a virus isolation test, or
 - *ii. at least every 28 days, in the case of a polymerase chain reaction (PCR) test;
- 13.3 regarding Maedi visna and Caprine arthritis encephalitis (MV/CAE), the semen was obtained from ovine/caprine male donor animal(s) which comply with at least one of the following conditions:
- * (a) The donor animal(s) come from an official MV/CAE accredited flock/herd and has not come into contact with any other ovine/caprine animals that are not from an official MV/CAE accredited flock/herd prior to collection of the semen; **OR**
 - * (b) MV/CAE has not been clinically nor serologically diagnosed in the flocks or herds the donor animal(s) originate from during the 3 years prior to semen collection and no sheep or goat from a flock/herd of lower health status was introduced during that period. The donor animal(s) were also subjected to an ELISA and/or AGIDT test for MV/CAE on blood samples taken within 30 days prior to first semen collection, with negative results.
- 13.4 the following antibiotic or combination of antibiotics was added to produce a concentration in the final diluted semen of not less than:

* Delete as appropriate

Official Stamp

Signed.....

Name in block capitals.....

.....
 Official Veterinarian

Date:

Address
.....
.....

V1: 6984EHC APPLICATION