According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

Veterinary Health Certificate for Export of Bovine Embryos from the United States of America to Mozambique

Veterinary Authority	Date Of Issue	Certificate Number
UNITED STATES DEPARTMENT OF AGRICULTURE		

1. Consignor:	2. Consignee:
3. Country Of Origin: USA	**4. State Of Origin:**
5. Country Of Destination: Mozambique	**6. Zone Of Destination:** **********
7. Place Of Origin:	**8. Port Of Embarkation / Border Crossing:**
9. Estimated Date Of Shipment:	**10. Means Of Transport:**
11. ********** **********	**12. CITES Permit Number:** **********
13. Description Of Commodity: Bovine Embryos	**14. Date Of Inspection:**
15. Total Quantity:	**16. Additional Information:**

17. Total Number Of Packages/Containers:

18. Identification / Seal Numbers:

19. Commodities Intended Use:	20. Type Of Admission:
N/A	

21. Identification Of Commodities:

(See next page)

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Veterinary Health Certificate for Export of
Bovine Embryos from the United States of America to Mozambique

Veterinary Authority	**Date Of Issue**	**Certificate Number**
UNITED STATES DEPARTMENT OF AGRICULTURE		

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21. Identification Of Commodities: Continued

Donor Dam Identification Number	Donor Sire Identification Number	Embryo Collection Date	Straw Identification	Number of Straws

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Veterinary Health Certificate for Export of
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Veterinary Authority	Date Of Issue	Certificate Number
UNITED STATES DEPARTMENT OF AGRICULTURE		

Additional Field(s):

Import Permit Number issued by the Mozambican Veterinary Authority:	

Certification Statements:

I, the undersigned USDA Accredited Veterinarian, certify to the following statements:

1. The United States is free of contagious bovine pleuropneumonia, foot and mouth disease, lumpy skin disease, and Rift Valley fever, without vaccination.

2. The embryos were:

[O] collected in establishments free of brucellosis and tuberculosis, which has been free of clinical cases of brucellosis and tuberculosis during the thirty (30) days prior to commencement, until conclusion of collection of embryos for export.

[O] from donors that were tested against brucellosis and tuberculosis according to the pest prescribed by WOAH at 180 day intervals with negative results, as described in Part III of this health certificate.

3. The embryos were collected on a premises which has been free of clinical cases of bovine viral diarrhea (BVD), campylobacteriosis, trichomoniasis, and leptospirosis, during the thirty (30) days prior to commencement, until conclusion of, embryo collection for export.

4. No confirmed cases of vesicular stomatitis have been reported within a 50 km radius of the collection premises for the 6 months prior to collection.

5. Donor animals:

a. were continuous residents in the United States either for a minimum of sixty (60) days immediately preceding collection of the embryos for export or have been resident since birth.

b. were identified by a permanent identification system recognized by the USDA.

c. were continuous residents of the collection premises for sixty (60) days prior to collection, and were not used for natural mating during that time.

d. were not resident in any establishment that is subject to quarantine restrictions due to diseases which affect cattle for at least the 90 days before embryo collection for this consignment, until completion of the testing of the donors.

e. originate from states officially free of tuberculosis and brucellosis; OR were tested against brucellosis and tuberculosis according to the test prescribed by WOAH at 180 days intervals with negative results, as described in Part III of this health certificate

f. on the day(s) of collection the donor did not show any clinical evidence of infectious diseases transmissible via embryos, including listeriosis, bovine viral diarrhea/mucosal disease, and Johne's disease.

6. The embryos for export:

a. were produced with semen in accordance with the provisions of Chapter 4.6 of

Veterinary Health Certificate for Export of
Bovine Embryos from the United States of America to Mozambique

Veterinary Authority	Date Of Issue	Certificate Number
UNITED STATES DEPARTMENT OF AGRICULTURE		

Additional Field(s):

Certification Statements:

WOAH Terrestrial Animal Health Code.

b. were collected by an embryo collection team approved by USDA APHIS, annually.

c. were collected, processed and stored in accordance with the procedures established by the International Embryo Technology Society (IETS).

d. are sealed in straws or vials that are clearly and permanently marked to identify the donor and the date(s) of collection in accordance with the recommendations of the IETS.

e. are stored in the frozen state for at least 30 days after collection before shipment, and during this time, the donors, and all animals in contact with them, have remained free from clinical cases of infectious and contagious diseases that are transmissible via embryos.

f. were frozen in fresh liquid nitrogen or other cryoprotectant, and then stored in cleaned and disinfected tanks or new containers, under strict hygienic conditions.

g. will be shipped in cryogenic containers sealed by a USDA Accredited Veterinarian, prior to shipment.

TEST REQUIREMENTS

Each donor female was test negative for the following diseases within 180 days prior to or 180 days after collection, unless otherwise specified below, in a laboratory acceptable to APHIS.

1. Tuberculosis: Intradermal test using bovine PPD tuberculin; OR other test accepted by USDA.

Testing is not required of donors that originate from herds that are Accredited Free of tuberculosis.

2. Brucellosis: Complement fixation test at a 1:10 dilution; OR buffered Brucella antigen test (i.e., card test); OR enzyme-linked immunosorbent assay (ELISA); OR fluorescent polarization assay (FPA); OR standard tube test or standard plate agglutination test at 1:50 dilution; OR other test accepted by USDA.

Testing is not required of donors that originate from herds that are Certified Free of brucellosis.

3. Campylobacteriosis: Culture or PCR of cultured vaginal mucus material.

Testing is not required of donors that have never been used for natural breeding

4. Trichomoniasis: Culture or PCR of cultured vaginal mucus material.

Testing is not required of donors that have never been used for natural breeding.

5. Vesicular stomatitis: Virus neutralization; OR ELISA; OR complement fixation test.

Veterinary Health Certificate for Export of
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Additional Field(s):

Certification Statements:

6. Leptospirosis: The donor animals have continuously resided in centers or premises where no clinical cases of bovine leptospirosis have been recorded in the six (6) months prior to collection; AND

○ Microtiter agglutination test, at the 1:400 dilution for serotypes: L. canicola, L.grippotyphosa, L. hardjo, L. pomona, and L. icterohaemmorhagiae OR other test accepted by USDA.

○ Donors were treated with streptomycin at a dose of 25 mg/kg of live weight during the pre-entry isolation into the collection center and then regularly treated every 6 months with streptomycin at a dose of 25mg/kg of live weight.

Date of Most Recent Treatment: _____

○ Have been vaccinated against leptospirosis using a vaccine approved by the Veterinary Authority.

Nature of vaccine: _____
Manufacturer of vaccine: _____
Date of vaccination: _____

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Veterinary Health Certificate for Export of
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TEST TABLE 1

Donor Identification	Tuberculosis Test Date (if applicable)	Brucellosis Test Method (if applicable)	Brucellosis Test Date (if applicable)	Campylobacteriosis Test Method (if applicable)	Campylobacteriosis Test Date (if applicable)	Trichimoniasis Test Method (if applicable)	Trichimoniasis Test Date (if applicable)

TEST TABLE 2

Donor Identification	Vesicular Stomatitis Test Method	Vesicular Stomatitis Test Date	Leptospirosis Test Method (if applicable)	Leptospirosis Test Date (if applicable)

Name of Accredited Veterinarian	**Name of USDA Veterinarian**
Signature of Accredited Veterinarian	**Signature of USDA Veterinarian**
Date	**Date**