INTRA

	I.1. Consignor				I.2. IMSOC reference		I.2.a. Local refere	ence
	Name Address						I.3. Central Comp	petent Authority
	Country		ISO Code				I.4. Local Compe	tent Authority
ent	I.5. Consignee			I.6. Operator conducting assembly operations independently of an establishment				
m	Name Address				Name			
\mathbf{sig}	Country		ISO Code		Address			
ons					Approval Number			
$^{ m of}$					Country		ISO Code	
Part I: Description of consignment	I.7. Country of ori	gin	ISO Code	9	I.9. Country of destination	on		ISO Code
crip	I.8. Region of original	in	Code		I.10. Region of destination	on		Code
)es	I.11. Place of dispa	atch			I.12. Place of destination	າ		
I: I	Name				Name			
ırt	Address Approval				Annous			
Ρĉ	Number				Approval Number			
	Country		ISO Code		Country		ISO Code	
	I.13. Place of loadi	ing			I.14. Date and time of de	eparture		
	Name							
_	Approval							
	Approval Number							
	Country ISO Code							
	I.15. Means of Tra		- 1		I.16. Transporter			
	Mode	International transport	Identification		Name			
		document			Address Approval			
					Number		100 0 1	
					Country		ISO Code	
					I.17. Accompanying doc	uments		
					Document Type Accompanying document reference			
					Date of Issue			
				Country Place of issue				
	I.18. Transport co	nditions	_			_		
	Chilled		Ambient 🗆			Frozen 🗆		
	I.19. Container No / Seal No							
	I.20. Certified as							
	Germinal products \square							
	I.21. For transit through a third country							
	Third country				ISO Code			
	Exit point Entry point				BCP code BCP code			
		rough Member Sta	te(s)		I.23. For export			
	Member State	5	ISO Code		Third country		ISO Code	
	I.24. Estimated jou	ırney time			Exit point BCP code I.25. Journey Log			
	I.26. Total number		I.27. Total quan	ntity		I.28. Total g	ross weight	
	I.30. Description o		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,		1	- 0 .	
	_	_	, NOT ELSEWHERE SPECIFIE	ED OR IN	CLUDED			
		oducts not elsewhe	re specified or included; dea			t for human (consumption	
	05119985 (Other						

en 1/4

_	ION	1	T	T		INIK
	#1. Commodity	Identification Number	Quantity	Nature of commodity	Identification Mark	
	Species	Package count	Date of collection / production	Plant / Establishment / Centre	Туре	
5						
t at a transfer of country						
b						
1						
I						
I						
I						

en 2 / 4

UI	NION			2024/1044 (2021/40	03) OV/CAP-SEM-B-INTRA				
	II. Health info	rmation							
	I, the undersigned official veterinarian, hereby certify that			<u> </u> t•					
	II.1.		n described in Part I:						
u u		II.1.1.							
ficatio		II.1.2.	comes from donor animals which in Directive 92/65/EEC;	comes from donor animals which meet the requirements of Chapter II(II) of Annex D to Directive 92/65/EEC;					
Certii		II.1.3.	was collected, processed, stored an requirements of Chapters II(II) and	-					
Part II: Certification		[II.1.4.	is dispatched from:						
	(2) either	animals are emergency it was coll	d collection center or a zone not subject to movement restrictions affecting ovine and caprine d established for reasons of listed diseases relevant for those species or diseases subject to measures relevant for those species, or those restrictions do not apply to this semen because cted before the restrictions were established, and the semen has not been in contact with n of a lower health status for an adequate period;]						
	(2) or			to movement restrictions affout derogations from movement					
	(2)	☐ [it com	plies with the requirements set out i	n (4);]]					
	(2)	☐ [and in	particular, it is (5);]]						
	(2) either	○ [II.1.5.	was collected from animals which holdings recognised as having a ne point 1 of Section A of Chapter A of	gligible or controlled risk of	classical scrapie according to				
	(2) or	[II.1.5.	was collected from animals which have been kept continuously for the last three years before the collection on a holding or holdings which has/have complied for the last three years before the collection with the requirements laid down in points 1.3. (a) to (f) of Section A of Chapter A of Annex VIII to Regulation (EC) No 999/2001;]						
	(2) or	[II.1.5.	was collected from animals which State or zone of a Member State wi accordance with point 2.2 of Section 999/2001.;]	th a negligible risk status for	classical scrapie approved in				
	(2) ○ or	[II.1.5.	was collected from ovine animals o	of the ARR/ARR prion protein	genotype;]				
		II.1.6.	was sent to the place of loading in Chapter III(I) of Annex D to Directi		- 1				
	(2) o either	[II.2.	No antibiotics or no mixture of ant	ibiotics were added to the se	men.]				
	(2) or	[II.2.	The following antibiotic or combin in the final diluted semen of not le		d to produce a concentration				
	Notes								
	from the E Protocol or	In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland/Northern Ireland in conjunction with Annex 2 to that Protocol, references to the Union in this animal health certificate include the United Kingdom in respect of Northern Ireland.							
			rtificate shall be completed in accorder 2 of Annex I to Commission Imple		=				
Part I: Box Place of dispatch shall correspond to the semen collection centre of origin of the semen. reference I.11:					of the semen.				
	Box reference		estination shall correspond to the sentent, germinal product storage centr						

en 3/4

	II. Health info	rmation						
	I.12:							
		Seal number shall be indicated						
	Box reference I.19:	Seal number shall be indicated.						
fication	Box reference I.26:	Total number of packages shall correspond to the number of containers.						
	Box reference I.30:	Identification number shall correspond to the official identification of the animal.						
rt I		Date of collection shall be indicated in the following format: dd/mm/yyyy.						
Pa		Approval number of the centre shall correspond to the approval number of the semen centre indicated in box I.11. where the semen was collected.						
	Part II:							
	(1)	Only semen collection centres approved by the competent authority and listed in accordance with Article 11(4) of Directive 92/65/EEC.						
	(2)	Delete if not applicable.						
	(3)	Insert the name of the disease(s).						
	(4)	Insert the specific reference to the article(s), ti Commission providing for those requirements		nt legal act(s) adopted by the				
(5) Insert the specific attestation(s) provided for in and required by the relevant Commission, as referred to in Article 159(2), points (a), (b) and (c), of Regulat European Parliament and of the Council.								
	(6)	Insert names and concentrations.						
	(0)	THE OTT HUMINGS WITH CONTOUNT WITH WITH CONTOUNT WITH CONTOUNT WITH CONTOUNT WITH WITH CONTOUNT WITH CONTOUNT WITH CONTOUNT WITH WITH CONTOUNT WITH WITH CONTOUNT WITH WITH CONTOUNT WITH CONTOUNT WITH WITH CONTOUNT WITH CONTOUNT WITH WITH CONTOUNT WITH WITH CONTOUNT WITH WITH CONTOUNT WITH WITH WITH WITH WITH WITH WITH WIT						
	Certifying Off	icer/Official veterinarian	O aliferation of the					
	` '	icer/Official veterinarian ital letters)	Qualification and title Signature					
	Certifying Off Name (in capi	icer/Official veterinarian ital letters)	Qualification and title Signature					
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						
	Certifying Off Name (in capi Date of declar	icer/Official veterinarian ital letters)						

en 4 / 4