

Part I: Description of consignment	I.1. Consignor		I.2. IMSOC reference		I.2.a. Local reference	
	Name				I.3. Central Competent Authority	
	Address					
	Country		ISO Code		I.4. Local Competent Authority	
	I.5. Consignee			I.6. Operator conducting assembly operations independently of an establishment		
	Name			Name		
	Address			Address		
	Country			Approval Number		
				Country		
	ISO Code			ISO Code		
I.7. Country of origin			ISO Code		I.9. Country of destination	
					ISO Code	
I.8. Region of origin			Code		I.10. Region of destination	
					Code	
I.11. Place of dispatch			I.12. Place of destination			
Name			Name			
Address			Address			
Approval Number			Approval Number			
Country			Country			
ISO Code			ISO Code			
I.13. Place of loading			I.14. Date and time of departure			
Name						
Address						
Approval Number						
Country						
ISO Code						
I.15. Means of Transport			I.16. Transporter			
Mode	International transport document	Identification	Name			
			Address			
			Activity ID			
			Country			
			ISO Code			
			I.17. Accompanying documents			
			Accompanying document reference			
			Date of issue			
			Country			
			Place of issue			
I.18. Transport conditions						
Frozen <input type="checkbox"/>		Ambient <input type="checkbox"/>		Chilled <input type="checkbox"/>		
I.19. Container No / Seal No						
I.20. Certified as						
Germinal products <input type="checkbox"/>						
I.21. For transit through a third country <input type="checkbox"/>						
Third country		ISO Code				
Exit point		BCP code				
Entry point		BCP code				
I.22. For transit through Member State(s) <input type="checkbox"/>			I.23. For export <input type="checkbox"/>			
Member State		ISO Code		Third country		
				ISO Code		
				Exit point		
				BCP code		
I.24. Estimated journey time			I.25. Journey Log			
I.27. Total quantity			I.28. Total gross weight			
I.30. Description of consignment						
<b>1. 05 PRODUCTS OF ANIMAL ORIGIN, NOT ELSEWHERE SPECIFIED OR INCLUDED</b>						
<b>0511</b> Animal products not elsewhere specified or included; dead animals of Chapter   1   or 3, unfit for human consumption						
<b>051191</b> Products of fish or crustaceans, molluscs or other aquatic invertebrates; dead animals of Chapter   3						
<b>05119190</b> Other						
#1.	Commodity	Identification Number	Quantity	Nature of commodity		
	Species	Identification Mark	Date of collection / production	Plant / Establishment / Centre		

<b>Part II: Certification</b>	<p>II. Health information</p>								
	<p>I, the undersigned hereby notify the movement of a consignment of germinal products described in Part I in accordance with Article 163(2) of Regulation (EU) 2016/429 of the European Parliament and of the Council and with Article 33, Article 34(b) or with Article 47 of Commission Delegated Regulation (EU) 2020/686 and confirm, based on the information from the operator, that:</p>								
	<p>II.1. the consignment consist of</p> <p>(1) <input type="checkbox"/> [germinal products to be moved for processing to a germinal product processing establishment and the consignment fulfils the animal health requirements laid down in Chapter 1 of Part III of Delegated Regulation (EU) 2020/686;]</p> <p>(1) <input type="checkbox"/> [germinal products to be moved after processing from a germinal product processing establishment and the consignment fulfils the animal health requirements laid down in Chapter 1 of Part III of Delegated Regulation (EU) 2020/686;]</p> <p>(1) <input type="checkbox"/> [germinal products intended for scientific purposes and the consignment fulfils the animal health requirements laid down in Article 44 of Delegated Regulation (EU) 2020/686. ;]</p> <p>(1) <input type="checkbox"/> [germinal products intended for storage at a gene bank and the consignment fulfils the animal health requirements laid down in Article 45 of Delegated Regulation (EU) 2020/686.];]</p>								
	<p>(1)(2)[II.2 according to information from the operator, the germinal products described in Part I</p> <p>(1) <input type="checkbox"/> [II.2.1. were tested for the following diseases on the date set out below with negative results:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Disease</th> <th style="text-align: left; width: 30%;">Test</th> <th style="text-align: left; width: 40%;">Date (dd.mm.yyyy)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Disease	Test	Date (dd.mm.yyyy)			
Disease	Test	Date (dd.mm.yyyy)							
	<p>(1) <input type="checkbox"/> [II.2.2. have been subjected to the following treatment on the following date (dd.mm.yyyy) .]]</p>								
	<p>Part I:</p> <p>Box reference I.11: Indicate place of dispatch</p> <p>Box reference I.12: Indicate place of destination</p> <p>Box reference I.14: Indicate date of dispatch</p> <p>Box reference I.19: Indicate the number of the seal applied to the transport container</p> <p>Box reference I.30: Indicate the following information:</p> <p>- Species of donor animals</p> <p>- "Type" of germinal products – semen, oocytes or embryos</p> <p>- "Quantity" - number of straws or other packages with the same marking</p> <p>- "Identification mark" - marking applied on the straws or other packages</p>								

<b>Part II: Certification</b>	II. Health information								
	- Date of collection or production of germinal products								
	- “Approval or registration number of plant/establishment/centre” - place of collection or production of germinal products								
	Part II: (1) Delete if not applicable. (2) Applicable to germinal products for storage at gene banks. Complete if testing or treatment was carried out.								
Certifying Officer/Official veterinarian <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name (in capital letters)</td> <td style="width: 50%; border: none;">Qualification and title</td> </tr> <tr> <td style="border: none;">Date of signature</td> <td style="border: none;">Signature</td> </tr> <tr> <td style="border: none;">Stamp</td> <td style="border: none;"></td> </tr> </table>				Name (in capital letters)	Qualification and title	Date of signature	Signature	Stamp	
Name (in capital letters)	Qualification and title								
Date of signature	Signature								
Stamp									