

**A. CERTIFICATE OF EMBRYO RECOVERY**

Breed Scottish Highlander  
 Donor Name GHF Roulette No. 67588 Ear Tag or Tattoo \_\_\_\_\_  
 Owner Legacy Cattle Address \_\_\_\_\_  
 Service Sire Trafalgar Maddox No. 66945 Breeding Date \_\_\_\_\_  
 ID Code \_\_\_\_\_ Freeze Date or Batch No. REVERSE Sexed Semen X or Y X Recovery Date \_\_\_\_\_  
 Service Sire \_\_\_\_\_ No. \_\_\_\_\_ Total Recovered \_\_\_\_\_  
 ID Code \_\_\_\_\_ Freeze Date or Batch No. \_\_\_\_\_ Sexed Semen X or Y \_\_\_\_\_ No. Cleaved/Degen. \_\_\_\_\_  
 Signature \_\_\_\_\_ Firm \_\_\_\_\_ No. Unfertilized \_\_\_\_\_  
 \_\_\_\_\_ No. Transferred 2  
 \_\_\_\_\_ No. Frozen 8  
 \_\_\_\_\_ ET Code \_\_\_\_\_  
Practitioner or Leader of the Embryo Production Team recovering Embryos

**B. CERTIFICATE OF EMBRYO TRANSFER** (see reverse side for coding instructions)  
 ACCOMMODATES DIRECT TRANSFER

IF FROZEN

Date of Embryo Transfer 2025-06-04 Surgical \_\_\_\_\_ Non-surgical  Other \_\_\_\_\_  
 if all trans. at one time Yr. Mo. Day  
 Days since Estrus of Donor IVF  
 One Embryo was transferred to each of the following recipients-unless it is noted that more than one was transferred.

Freeze Date on straw 7 MAY 2025  
 Practitioner I.D. \_\_\_\_\_  
 Straw No.'s 1

**RECIPIENT IDENTIFICATION**

	Ear Tag, Registration or Tattoo No.	Breed Code	Days Since Estrus	Stage Code	Qual. Code	Embryo Manipulated N, D, F, M or U	Straw No.	Emb. Trans. Date	Comments*
1.	<u>910</u>	<u>XX</u>	<u>7.5</u>	<u>7</u>	<u>1</u>			<u>2025-06-04</u>	<u>Frozen IVF</u>
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Signature [Signature] Firm \_\_\_\_\_  
Technician/Practitioner or Leader that transferred the Embryos  
 ET Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\*Use comment column for any special notations and/or identify the location of the opposite half of a divided embryo. Pregnancy can be noted.

**C. CERTIFICATE OF FREEZING** (see reverse side for coding instructions)

Type of Container: Straw  Other \_\_\_\_\_ Each container labeled to show firm code, breed, reg. no. of donor, freeze date and straw no.

Cane No.	Straw No.	No. Embryos/Straw	No. X Washed	Trypsin Treated	Code Stage	Code Quality	Zona Intact	Embryo Manipulated N, D, F, M or U	Comments

Time from recovery to onset of freezing 2 (hrs.) Cryoprotectant and concentration, equilibration, final molality and cooling procedure  
1 MOLAR ETHYLENE GLYCOL WITH SUCROSE  
 How Frozen: Seed Temp. -6 C Cooling Rate 1/2 DEGREE C/MON Plunge Temp. -32 C Other \_\_\_\_\_  
 Recommended method of thawing and dilution AIR THAW FOR 5 TO 8 SECONDS THEN 80 F WATER BATH FOR 30 SECONDS TRANSFER IMMEDIATELY TO THE RECIPIENT.  
 Signature \_\_\_\_\_ Firm \_\_\_\_\_  
Practitioner or Leader of the Embryo Production Team Freezing the Embryos  
 ET Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_