



Canadian Embryo Transfer Association
Association Canadienne de Transfert d'Embryons
CERTIFICATE OF EMBRYO RECOVERY

Breed _____

Donor Name _____ No. _____

Owner _____ Address _____

Service Sire _____ No. _____ Breeding Date _____
Yc Mo. Day

I.D. Code _____ Freeze Date or Batch No. _____ Recovery Date _____
Yc Mo. Day

Service Sire _____ No. _____ No. Transferred _____
 No. Frozen _____
 No. Unfertilized _____
 No. Cleaved/Degen. _____
 Total Recovered _____

I.D. Code _____ Freeze Date or Batch No. _____

Signature _____ Firm _____
Practitioner Recovering Embryos ET Code _____ Phone () _____

CERTIFICATE OF EMBRYO TRANSFER

Date of Embryo Transfer _____ Surgical _____ Non-surgical _____

Yc Mo. Day

IF FROZEN/THAWED
 Freeze Date _____
 on straw _____

Days Since Estrus of Donor _____ Practitioner Code _____

One Embryo was transferred to each of the following recipients unless it is noted that more than one was transferred.

RECIPIENT IDENTIFICATION Ear Tag, Registration 'or' Tattoo No.	Breed Code	Days Since Estrus	Stage Code	Quality Code	Embryo Divided	Straw No.	Comment*
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	_____

SAMPLE

Signature _____ Firm _____
Practitioner transferring Embryos ET Code _____ Phone () _____

*Use Comment Column for any special notations and/or to identify the location of the opposite half of a divided embryo. Pregnancy can be noted.

CERTIFICATE OF FREEZING

Type of Container: Straw _____ Ampule _____ Other _____

Each container labeled to show firm code, breed, reg. no. of donor, freeze date, straw.

Cane No.	Straw No.	No. Embryos/ Straw	No. X Washed	Trypsin Treated	Stage Code	Quality Code	Zona Intact	Divided	Comments
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Time from recovery to onset of freezing _____ (hrs.) Cryoprotectant and concentration, final molality and cooling procedure _____

How frozen: Seed Temp. _____ Cooling Rate _____ Plunge Temp. _____ Other _____

Recommended method of thawing _____

Signature _____ Firm _____
Practitioner freezing Embryos ET Code _____ Phone () _____