

A. CERTIFICATE OF EMBRYO RECOVERY

OWNER'S COPY

Page 1 of 1

Breed * WAGYU

Donor Name BARFKO1527 No. _____ Ear Tag or Tattoo _____

Owner D. Hawkins / M. Betar Address _____

Service Sire MACQUARIE PRELUDE MO495 (AI)(ET) Onset Estrus Date _____ AM/PM

BDWFM0495 No. _____ Breeding Date 171121 Yr. Mo. Day

ID Code _____ Freeze Date or Batch No. 117314 Recovery Date 171128 Yr. Mo. Day

Service Sire _____ No. _____ Total Recovered 5

ID Code _____ Freeze Date or Batch No. _____ No. Cleaved/Degen. _____

Signature J Bayard Firm GRS/AAG No. Unfertilized 2

Practitioner or Leader of the Embryo Production Team recovering Embryos No. Transferred _____

ET Code _____ No. Frozen 3

B. CERTIFICATE OF EMBRYO TRANSFER

ACCOMMODATES DIRECT TRANSFER

IF FROZEN

Date of Embryo Transfer if all trans. at one time _____ Yr. Mo. Day

Surgical _____ Non-surgical _____ Other _____

Days since Estrus of Donor _____

Freeze Date on straw _____

Practitioner I.D. _____

Straw No.'s _____

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	Qual. Code	Emb. Divided	Straw No.	Emb. Trans. Date	Comments*
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Signature _____ Technician/Practitioner or Team Leader that transferred the Embryos

Firm _____

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

Type of Container: Straw _____ Other _____ Each container labelled to show firm code, breed, reg. no. of donors, freeze date and straw no.

Cane No.	Straw No.	No. Embryos/Straw	No. X Washed	Trypsin Treated	Code Stage	Code Quality	Zona Intact	Divided	Comments
11181	1-2	1			4	1			
	3	1			4	2			

Time from recovery to onset of freezing 2 (hrs.) Cryoprotectant and concentration, equilibration, final molality and cooling procedure:

How Frozen: Seed Temp. -6 Cooling Rate -0.5 Plunge Temp. -35 Other _____

Method of Thawing: **Ethylene Glycol**: 5 secs in air, 20 secs in 25-30°C H₂O, dry straw, load and transfer ASAP.
10% Glycerol: 15 secs in air, 20 secs in 30-34°C H₂O, 3 step sucrose extraction with 5 mins in each step.

Signature J Bayard Firm _____

Practitioner or Leader of the Embryo Production Team freezing the Embryos ET Code _____ Phone () _____

A. CERTIFICATE OF EMBRYO RECOVERY

OWNER'S COPY

Page 1 of 1

Breed WAGYU
 Donor Name BARFK01613 No. _____ Ear Tag or Tattoo _____
 Owner ~~R. Hawkins~~ M. Betar Address _____
 Service Sire MACQUARIE PRELUDE M0495 (AJ) (ET) Onset Estrus Date _____ AM/PM
BDWFM0495 No. _____ Breeding Date 171121 Yr. Mo. Day
 ID Code _____ Freeze Date or Batch No. 117314 Recovery Date 171128 Yr. Mo. Day
 Service Sire _____ No. _____ Total Recovered 6
 ID Code _____ Freeze Date or Batch No. _____ No. Cleaved/Degen. _____
 Signature J. Bayant Firm GRS/AAG No. Unfertilized _____
 Practitioner or Leader of the Embryo Production Team recovering Embryos No. Transferred _____
 No. Frozen 6
 ET Code _____

B. CERTIFICATE OF EMBRYO TRANSFER

ACCOMMODATES DIRECT TRANSFER

IF FROZEN

Date of Embryo Transfer _____ Surgical _____ Non-surgical _____ Other _____ Freeze Date on straw _____
 if all trans. at one time Yr. Mo. Day
 Days since Estrus of Donor _____ Practitioner I.D. _____
 Straw No.'s _____
 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	Qual. Code	Emb. Divided	Straw No.	Emb. Trans. Date	Comments*
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Signature _____ Technician/Practitioner or Team Leader that transferred the Embryos
 Firm _____
 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

Type of Container: Straw _____ Other _____ Each container labelled to show firm code, breed, reg. no. of donors, freeze date and straw no.

Cane No.	Straw No.	No. Embryos/Straw	No. X Washed	Trypsin Treated	Code Stage	Code Quality	Zona Intact	Divided	Comments
<u>11182</u>	<u>1-4</u>	<u>1</u>			<u>4</u>	<u>1</u>			
	<u>5-6</u>	<u>1</u>			<u>4</u>	<u>2</u>			

Time from recovery to onset of freezing 1^{1/2} (hrs.) Cryoprotectant and concentration, equilibration, final molality and cooling procedure:
Ethylene glycol

How Frozen: Seed Temp. -6 Cooling Rate -0.5 Plunge Temp. -35 Other _____

Method of Thawing: **Ethylene Glycol:** 5 secs in air, 20 secs in 25-30°C H₂O, dry straw, load and transfer ASAP.
10% Glycerol: 15 secs in air, 20 secs in 30-34°C H₂O, 3 step sucrose extraction with 5 mins in each step.

Signature J. Bayant Firm _____
 Practitioner or Leader of the Embryo Production Team freezing the Embryos ET Code _____ Phone () _____