

APPLICATION – permission to carry out embryo activities

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Jordbruksverket
Avdelningen för djurskydd och hälsa
551 82 Jönköping

The application concerns the following activities							Diarienummer
<input type="checkbox"/> Embryos	<input type="checkbox"/> Eggs and embryos	<input type="checkbox"/> Cattle	<input type="checkbox"/> Horse	<input type="checkbox"/> Pig	<input type="checkbox"/> Sheep	<input type="checkbox"/> Goat	Type of permission
							<input type="checkbox"/> National <input type="checkbox"/> EU

Organizer/applicant

Name of person/name of organization and address	Social security number or organization number
	Holding number or place for the activity
Region	Phone number (incl. area code)

Elements

<input type="checkbox"/> Collection of eggs or embryos	<input type="checkbox"/> Distribution of eggs or embryos
<input type="checkbox"/> Treatment of donor in connection with collection of eggs or embryos	<input type="checkbox"/> Treatment of recipients
<input type="checkbox"/> Processing of embryos for fresh embryo transfer	<input type="checkbox"/> Embryo transfer to recipients
<input type="checkbox"/> Processing of embryos for freezing	<input type="checkbox"/> Production of embryos <i>in vitro</i>
<input type="checkbox"/> Storage of eggs or embryos	

Geographical location and annual planned volume of activity

Supervising veterinarian

Name and address	Phone number (incl. area code)
	Fax number (incl. area code)

Information about other personnel that assists the activities

Name	Address	Completed training in embryo transfer or artificial insemination, year

Attach to the application:

- Signed contingent liability from the supervising veterinarian on the form D52

Signature of the organizer

<ul style="list-style-type: none"> I hereby apply for permission to carry out the embryo activities mentioned above. 	
Date	Signature of organizer
	Name of organizer

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