


| I General information | | | | | | |
|---|------------------------------------|--------------------------------------|---|---|------------|--------------------|
| I.1 Competent ministry of exporting country Ministry of Agriculture and Forestry of Finland | | | I.2 Certificate number | | | |
| I.3 Competent central authority of exporting country Finnish Food Authority | | |  <p style="text-align: center;">SUOMI FINLAND</p> <p style="text-align: center;">VETERINARY HEALTH CERTIFICATE for export of porcine blood and blood fraction samples for in vitro use to Canada</p> | | | |
| I.4 Competent local authority issuing this certificate | | | | | | |
| I.5 Country of dispatch Finland | I.6 ISO code FI | I.7 Country of destination Canada | I.8 ISO code CA | | | |
| I.9 Name and address of consignor | | | I.10 Name and address of consignee | | | |
| I.11 Identification of the means of transportation | | | I.12 Seal number(s) (if applicable) | | | |
| I.13 Place of loading | | | I.14 Place of destination | | | |
| I.15 Date of departure | I.16 Total number of samples | | I.17 Import permit number (if applicable) | I.18 Date of import permit (if applicable) | | |
| II Identification of the product(s) | | | | | | |
| # | II.1 Identification of the samples | II.2 Number of samples | II.3 Date of collection | II.4 Identification of the animal (name, ID number and country of origin) | II.5 Breed | II.6 Date of birth |
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| 14. | | | | | | |
| Continue if necessary on an attached table signed and stamped by the Official Veterinarian. Spare fields remaining empty must be stroked. | | | | | | |

Certificate number

III Attestation

I, the undersigned Official Veterinarian, do hereby certify that:

1. the animal(s), donor animal(s) or thing(s) originate from a country or zone designated free from African swine fever;
2. the animal(s), donor animal(s) or thing(s) originate from a country or zone designated free from classical swine fever (CSF or hog cholera);
3. the animals from which the samples were collected originate from a Member State or zone of origin designated as being free from pseudorabies by the EU. The swine from which the samples were collected had no contact with any swine or swine products (including imported swine or products) that were in an area not designated free from pseudorabies other than live swine or porcine semen in the context of intra-community trade and in accordance with Commission Decision 2001/618/EC or Council Directive 90/429/EEC, as amended; and the swine have not been vaccinated against pseudorabies;
4. the animal(s), donor animal(s) or thing(s) originate from a country or zone designated free from swine vesicular disease; and
5. the animal(s), donor animal(s) or thing(s) originate from a country or zone designated free by Canada from foot and mouth disease.

Done at (place) _____ Date _____

Signature of the Official Veterinarian ⁽¹⁾

Name clarification and official position in capital letters

Official stamp ⁽¹⁾

⁽¹⁾ Signature and stamp must be in a different colour to that of the printed certificate