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## FORM ET2 IMPLANT OF FROZEN EMBRYOS

**If details of the flush which produced these embryos have not been reported to MGBCS, please attach a completed ET1 form for the flush.**

BREEDER NAME: \_\_\_\_\_ HERD ID: \_\_\_\_\_

DONOR DAM NAME: \_\_\_\_\_ IDENT: \_\_\_\_\_

SIRE OF EMBRYOS: \_\_\_\_\_ IDENT: \_\_\_\_\_

FLUSH NUMBER: \_\_\_\_\_ FLUSH DATE: \_\_\_\_\_

NUMBER IMPLANTED: \_\_\_\_\_ IMPLANT DATE: \_\_\_\_\_

EMBRYO NO.	RECIPIENT EAR TAG eg ABC Z59	RECIPIENT IDENTIFICATION Rebecca Jane	RECIP. BREED CODE	RECIP. YEAR OF BIRTH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name of Practitioner: \_\_\_\_\_

I certify that all information as shown above, is correct;

Member's Name (please print): \_\_\_\_\_ Herd Id: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_