

LOUISIANA QUARTER HORSE BREEDERS ASSOCIATION

ICSI FORM Instructions for YEAR 2024

ICSI: INTRACYTOPLASMIC SPERM INJECTION

The LQHBA approved the ICSI Process in Year 2019. A formalized ICSI enrollment form has been adopted to ensure all LQHBA Members follow the approved guidelines.

The ICSI FORM is a THREE part Form and must be completed by the assigned individuals below:

Part One: VETERINARIAN to complete

Part Two: VETERINARIAN OR TRAINED PERSONNEL to complete

Part Three: OWNER to complete

Please note MARE OWNER is responsible to ensure all THREE PARTS of the LQHBA ICSI Form are completed and return by deadlines noted to LQHBA office.

EMBRYO produced by OOCYTE aspiration must be IMPLANTED in a RECIPIENT Mare DOMICILED in state of Louisiana.

OOCYTES can leave the state of Louisiana. Recipient Mare MUST be in the state of Louisiana.

DUE DATES FOR YEAR 2024 Breeding Season ICSI PROCESS

Enrollment: \$1,000 ICSI Enrollment Fee is due by May 01, 2024, for the Year 2024 breeding season.

Part One: VETERINARIAN to complete. DUE DATE IS WITHIN 10 business days of ASPIRATION.

Part Two: VETERINARIAN OR TRAINED PERSONNEL to complete. DUE DATE JULY 01, 2024

Part Three: OWNER to complete. DUE DATE JULY 01, 2024

LOUISIANA QUARTER HORSE BREEDERS ASSOCIATION
ICSI FORM FOR YEAR 2024 (THREE PART FORM) ICSI: INTRACYTOPLASMIC SPERM INJECTION

NOTE: Mare Owner is responsible to ensure THREE PART FORM completed

- Part One: VETERINARIAN to complete**
- Part Two: VETERINARIAN OR TRAINED PERSONNEL to complete**
- Part Three: OWNER to complete**

PART ONE – FOR VETERINARIAN at TIME OF ASPIRATION

DONOR MARE: _____ Registration # _____

DONOR MARE LOCATION: _____

Contact person at
location: _____ Telephone: _____

Owner: _____

Address: _____

City/State/Zip: _____

LOCATION WHERE OOCYTES WERE MAILED:

Location Name: _____

Contact person at
location: _____ Telephone: _____

Address: _____

City/State/Zip: _____

DATE OF SHIPMENT: _____

VETERINARIAN SIGNATURE: _____

VETERINARIAN CONTACT INFORMATION:

Address: _____

City/State/Zip: _____

Telephone: _____

105 Carlyon Lane, Alexandria, LA 71303

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Part Three: OWNER to complete

PART TWO – FOR VETERINARIAN OR TRAINED PERSONNEL

(ALL FORMS MUST BE RECEIVED BY July 01st of the breeding year or at time of breeding if after July 01st)

EMBRYO produced by OOCYTE aspiration must be IMPLANTED in a RECIPIENT Mare DOMICILED in state of Louisiana

OOCYTES can leave the state of Louisiana. Recipient Mare MUST be in the state of Louisiana.

DONOR MARE: _____ Registration # _____

DONOR MARE LOCATION: _____

Contact person at
location: _____ Telephone: _____

Owner: _____

Address: _____

City/State/Zip: _____

RECIPIENT MARE LOCATION: _____

Contact person at
location: _____ Telephone: _____

If recipient mare is unregistered provide other identification (markings, brands, tatoos, etc...)

Signature of VETERINARIAN or Individual performing EMBRYO TRANSPLANT:

SIGNATURE: _____

Written Name of Veterinarian or Individual Embryo Transplant: _____

CONTACT PHONE: _____ Location _____

Return this form along with copies of donor mare and recipient mare registration certificates.

105 Carlyon Lane, Alexandria, LA 71303

www.lqhba.com Phone 318.487.9506 Fax 318.487.6033

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DONOR MARE: _____ Registration # _____

DONOR MARE LOCATION: _____

Contact person at
location: _____ Telephone: _____

Owner: _____

Address: _____

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RECIPIENT MARE LOCATION: _____

Contact person at
location: _____ Telephone: _____

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