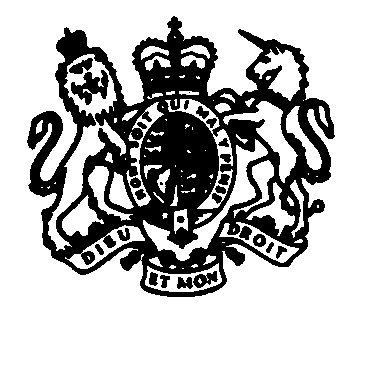
** Department of Agriculture Environment and Rural Affairs (DAERA)**

**OWNER'S\*/EXPORTER'S\*/MANAGER’S\* DECLARATION**

**(Flock of Origin)**

**EXPORT OF DAY OLD CHICKS TO EU MEMBER STATES**

**REF CERTIFICATE NO. INTRA.XI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

As owner\*/exporter\*/manager\* of the establishment of origin of hatching eggs for export of day-old chicks of species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Establishment Approval number | NIPHAS  Approval number |
|  |  |  |  |

Sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Hatchery) (Date)

To be certified for export on the above certificate

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

(Country) (Date)

(At \* below delete if not applicable)

**nOTE: Salmonella arizonae and Mycoplasma meleagridis testing ARE required for turkeys only.**

**IF THE DECLARATION IS FOR ANY OTHER SPECIES IGNORE REFERENCE TO THESE.**

**DETAILS IN NIPHAS HANDBOOK**

1. Collection of the hatching eggs, to be exported as day old chicks, began on \_\_\_\_\_\_\_\_\_\_\_\_\_
2. The flock has not reported infection with Salmonella Pullorum, Salmonella Gallinarum and Salmonella arizonae.
3. The flock has not reported infection with Mycoplasma gallisepticum and mycoplasma meleagridis.
4. The flock has been continuously resident in one or more approved establishments since hatching or for at least 42 days before the collection of the eggs from which the day-old chicks for export have hatched.
5. List establishments of residence within the last 42 days, if other than the establishment from which the hatching eggs were collected, in the schedule below. Insert N/A if not applicable.
6. The establishment of origin of the hatching eggs for export as day-old-chicks

\*(a) has not reported or had infection confirmed with Salmonella Pullorum, Salmonella Gallinarum and Salmonella arizonae within the 12 months before the hatching eggs, from which the day-old chicks have hatched, were collected. Delete if not applicable.

OR \*(b) Salmonella Pullorum, Salmonella Gallinarum or Salmonella arizonae infection was confirmed during the last 12 months before the hatching eggs, from which the day-old chicks have hatched, were collected, the infected flock was destroyed, the establishment cleaned and disinfected and the entire flock had 2 tests at least 21 day apart for Salmonella Pullorum, Salmonella Gallinarum and Salmonella arizonae with negative results in accordance with NIPHAS programme. Test results are available.

Delete if not applicable.

1. The establishment of origin \*(a) has not reported or had infection confirmed with Mycoplasma gallisepticum and Mycoplasma meleagridis in the 12 months before collection of the hatching eggs. Delete if not applicable.

OR \*(b) Infection with Mycoplasma gallisepticum or Mycoplasma meleagridis was confirmed during the last 12 months before collection of the hatching eggs and either

1. \*The infected flock had 2 tests at least 60 day apart for Mycoplasma gallisepticum and Mycoplasma meleagridis with negative results. Test results are available. Delete if not applicable. OR
2. \*The infected flock was destroyed, the establishment cleaned and disinfected and the entire flock had 2 tests at least 21 day apart for Mycoplasma gallisepticum and Mycoplasma meleagridis with negative results. Test results are available. Delete if not applicable.
3. The flock of origin of the day-old chicks shows no clinical signs or suspicion of infection with avian diseases.

Listed diseases in Article 5 & Annex II in

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0429>

1. The flock from which the day-old chicks originated
   1. **\***Has not been vaccinated against Newcastle Disease or
   2. **\***Has been vaccinated against Newcastle Disease using

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**(Name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s))**

At the age of \_\_\_\_\_\_\_\_\_\_\_\_weeks

\*Live attenuated vaccines comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, they were authorized in GB, NI or EU.

If other, describe here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inactivated vaccine was used, delete.

1. \*If moving to a listed country

For listed countries, see ANNEX **X**IN Implementing Reg. (EU) 2021/620: https://eur- lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0620&from=EN

\*Live attenuated vaccines used comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, that were authorized in GB, NI or EU.

Flock vaccination took place at least 30 days before the collection of the hatching eggs.

Delete if not moving to a listed country

1. The hatching eggs from which the day-old chicks originated
   1. **\***Have not been vaccinated against Newcastle Disease or
   2. **\***Have been vaccinated against Newcastle Disease using

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**(Name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s))**

At the age of \_\_\_\_\_\_\_\_\_\_\_\_weeks

\*Live attenuated vaccines comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, they were authorized in GB, NI or EU.

If other, describe here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inactivated vaccine was used, delete.

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1. Applicable to exports of day-old chicks of *Gallus gallus* (chickens)and turkeys only, otherwise delete.

The above flock complies with the requirements of the National Control Programme for Salmonella including sampling frequency, test method and includes testing for:

\* Breeding flock: Salmonella Hadar, Salmonella Virchow and Salmonella Infantis

\* Production flock: Salmonella Enteritidis and Salmonella Typhimurium.

If any of the results were positive for these serotypes during the life of the flock, indicate as positive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification of the flock | Age of the birds | Date of last sampling of the flock from which the testing result is known  (dd/mm/yyyy) | Result of all testing in the flock (add lines as necessary) | |
|  |  |  | Positive | Negative |
|  |  |  |  |  |

1. \*Applicable to exports of day-old chicks of *Gallus gallus* (chickens)and turkeys only, otherwise delete all of (12).

No antimicrobials were administered for Salmonella control.

1. \*Applicable to exports of day-old chicks of *Gallus gallus* (chickens)and turkeys only, otherwise delete all of (12).

The following vaccines used to control Salmonella as part of National Control Programme were used in the parent flock of origin as below (delete if not applicable):

|  |  |
| --- | --- |
| Name of  Vaccine | Date administered |
|  |  |
|  |  |
|  |  |
|  |  |

1. Applicable to exports of day-old chicks of *Gallus gallus* (chickens)and turkeys intended for breeding, otherwise delete.

Neither Salmonella Enteritidis nor Salmonella Typhimurium were detected within the Salmonella National Control Programme for the parent flock.

1. Applicable only to exports to Finland or Sweden, otherwise delete.
2. The flock of origin was isolated for 15 days before testing for Salmonella
3. The flock tested negative for Salmonella including for S typhimurium, S enteritidis, S Hadar, S Virchow, S Infantis.
4. I undertake to notify the Certifying Authorised Private Veterinary Practitioner (aPVP) if any evidence of contagious poultry disease develops in the above flock after the clinical examination / health record check carried out by the aPVP within 24 hours before departure of the consignment of day-old chicks.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE FOR RESIDENCE**

USE THIS TO LIST WHERE POULTRY THAT LAY HATCHING EGGS FOR EXPORT AS DAY-OLD CHICKS ON INTRA.XI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RESIDED OTHER THAN THE FINAL ESTABLISHMENT WITHIN THE PAST 42 DAYS.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Flock  Approval number | NIPHAS  Approval number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |