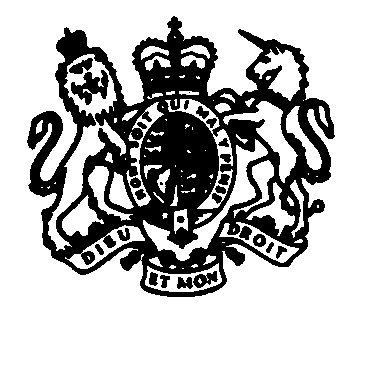
** Department of Agriculture Environment and Rural Affairs (DAERA)**

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

**(Flock of Origin)**

**EXPORT OF BREEDING AND PRODUCTIVE POULTRY TO EU MEMBER STATES**

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

I, as owner\*/exporter\*/manager\* of the establishment below of \*breeding/\*productive poultry of species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe if chickens, turkeys, ducks, geese etc.)

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

To be certified for export on the above certificate

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

(Country) (Date)

(At \* below delete if not applicable)

1. The above establishment is a member of the Northern Ireland Poultry Health Assurance Scheme (NIPHAS) and complies with its requirements.
2. NIPHAS test results are available for the Certifying Officer.
3. Select (a) or (b) below, delete the one that is not applicable:
4. \*The breeding /productive poultry for the production of meat or eggs for human consumption or other products have been continuously resident in one or more approved establishments since hatching or for at least 42 days prior to despatch. List establishments of residence within the last 42 days if other than the exporting establishment in attached schedule.

OR

1. \* The productive poultry for restocking supplies of game birds have been continuously resident in on or more approved establishments since hatching or for at least the last 21 days before despatch during which time they had no contact with birds of lower health status. List establishments of residence within the last 21 days if other than the exporting establishment in attached schedule.

1. The poultry come from an establishment which is not subject to movement restrictions or situated in a restricted zone established for reasons of listed diseases relevant for avian species.

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

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

**DETAILS IN NIPHAS HANDBOOK**

1. The establishment of origin \*(a) has not had infection confirmed with Salmonella Pullorum, Salmonella Gallinarum and Salmonella arizonae within the 12 months before despatch. Delete if not applicable.

OR \*(b) Salmonella Pullorum, Salmonella Gallinarum or Salmonella arizonae infection was confirmed during the last 12 months before despatch, 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. Test results are available.

Delete if not applicable.

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

OR \*(b) Infection with Mycoplasma gallisepticum or Mycoplasma meleagridis was confirmed during the last 12 months before despatch 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 poultry come from an establishment where there were no abnormal mortalities with an undetermined cause.
4. The poultry come from a flock in which infection with Salmonella Pullorum, Salmonella Gallinarum or Salmonella arizonae has not been reported.
5. The poultry come from a flock in which infection with Mycoplasma gallisepticum or Mycoplasma meleagridis has not been reported.
6. The poultry for export
   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.

1. This applies if f moving to a listed country, if not delete all (6):

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

The poultry for export

1. Have not been vaccinated for Newcastle Disease
2. Were kept in isolation for at least 14 days prior to departure of the consignment in the establishment of origin under the supervision of an official veterinarian or an approved quarantine establishment where:
3. No poultry was vaccinated against infection with Newcastle disease virus at least 21 days prior to despatch
4. No other birds have entered into the establishment during that time
5. No vaccination has been carried out in the quarantine establishment
6. Have tested negative to serological tests to detect antibodies against Newcastle disease virus, performed on blood samples at a level which gives 95% confidence of detecting infection at 5% prevalence and which were taken during the period of at least 14 days before despatch.

Guide to samples required for 95% confidence of detecting infection at 5% prevalence below:

|  |  |
| --- | --- |
| **Number of birds in flock** | **Number of samples to be taken and submitted individually** |
| up to 20  20-29  30-39  40-49  50-59  60-89  90-199  200-499  500 or more | all  20  25  30  35  40  50  55  60 |

1. Applicable to ducks and geese only, if not delete.

The ducks or geese have tested negative to a virological examination for highly pathogenic avian influenza within a week of dispatch in accordance with the requirements of Annex IV to Delegated Regulation (EU) 2020/688. [EUR-Lex - 32020R0688 - EN - EUR-Lex (europa.eu)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32020R0688)

1. Applicable to exports of *Gallus gallus* (chickens)and turkeys only, otherwise delete.
2. The flock of origin complies with the requirements of the National Control Programme for Salmonella including sampling frequency and test method.
3. If vaccines were used to control Salmonella, insert details below. If not, insert N/A.

|  |  |
| --- | --- |
| Name of Vaccine for the control of Salmonella | Date administered |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

(c) If any of the test results were positive for the serotypes below during the life of the flock, indicate as positive in the table below; extend as necessary.

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

\* Production flock: Salmonella Enteritidis and Salmonella Typhimurium.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |

(d) The following vaccines for other than the Salmonella National Control Programme were used in the flock of origin:

|  |  |
| --- | --- |
| Name of  Antimicrobial or Vaccine | Date administered |
|  |  |
|  |  |
|  |  |
|  |  |

1. No antimicrobials were used for control of Salmonella.
2. Applicable to exports of breeding poultry of *Gallus gallus* (chickens)and turkeys, otherwise delete.

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

1. Applicable only to exports to Finland or Sweden, otherwise delete.
2. \*The breeding poultry was isolated for 15 days before testing for Salmonella and tested negative for Salmonella
3. \*The laying hens (productive poultry reared to produce eggs for consumption) tested negative for Salmonella as per Commission Decision 2004/235/EC including they were isolated for 15 days and tested within 10 days of dispatch.
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 48 hours before departure of the consignment of breeding/productive poultry.

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

Name in Block Capitals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SCHEDULE OF RESIDENCE**

USE THIS TO LIST WHERE BREEDING AND PRODUCTIVE POULTRY FOR EXPORT ON INTRA.XI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RESIDED, OTHER THAN THE EXPORTING ESTABLISHMENT, WITHIN THE PAST:

1. 42 DAYS FOR BREEDING AND PRODUCTIVE POULTRY FOR MEAT, EGGS OR OTHER PRODUCTS

(B) 21 DAYS FOR PRODUCTIVE POULTRY RESTOCKING SUPPLIES OF GAME BIRDS

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