National Poultry Improvement Plan (NPIP) Rules

Michael D. Kopp DVM
Director Poultry Health
Indiana State Board of Animal Health

The Code of Federal Regulations (CFR) governs the cooperative Federal-State-Industry program for the improvement of poultry and poultry products in the U.S. and is recognized worldwide.
The Program Standards describe specific tests and sanitation procedures. Formerly, these tests and procedures were outlined in the regulations at title 9, Code of Federal Regulations (9 CFR) part 147.

IPA is the OSA

The Iowa Poultry Association is designated as the Official State Agency (OSA) to cooperate with the United States Department of Agriculture and APHIS in administering the National Poultry Improvement Plan for the state of Iowa.
NPIP Authorized Agents
9 CFR Part 145.11 (a)

You are the Authorized Agent!

The Official State Agency (OSA) may designate qualified persons as Authorized Agents to do sample collecting and blood testing provided for in NPIP

---

Iowa NPIP Structure

United States Department Of Agriculture (USDA)
Animal and Plant Health Inspection Service (APHIS)
Veterinary Services (VS)
National Poultry Improvement Plan (NPIP)
National Plan Senior Coordinator
Dr. Denise L. Brinson

Iowa Department of Agriculture and Land Stewardship
Iowa Poultry Association
Official State Agency (OSA)
IPA 9 Member Board

Iowa State Veterinarian
Dr. David Schmitt

Executive Director
Mr. Randy Olson

Iowa State Assistant Vet
Dr. Jeff Kaisand

County Fair Poultry Superintendent

NPIP Authorized Agent
NPIP Breeding Flock Subparts

Subpart B – Multiplier Egg-Type Chicken Breeders
Subpart C – Multiplier Meat-Type Chicken Breeders
Subpart D – Turkey Breeding Flocks
Subpart E – Exhibition Waterfowl, Exhibition Poultry and Game Bird Breeding Flocks
Subpart F – Ostrich, Emu, Rhea and Cassowary Breeding Flocks
Subpart G – Primary Egg-Type Chicken Breeders
Subpart H – Primary Meat-Type Chicken Breeders
Subpart I – Meat-Type Waterfowl Breeding Flocks

NPIP Commercial Flock Subparts

Subpart 6B – Commercial Table-Egg Layer Flocks
Subpart 6C – Commercial Meat-Type Chicken Flocks
Subpart 6D – Commercial Meat-Type Turkey Flocks
Subpart 6E – Commercial Upland Game Birds and Waterfowl Flocks
NPIP Exhibition Rule Subpart E
9 CFR Part 145.53 (b)(3)(vii)

P-T certification or test required for exhibition

ALL POULTRY

including exhibition and game birds,

but excluding waterfowl,

going to public exhibition shall come from U.S. Pullorum-Typhoid Clean or equivalent flocks, or have had a negative pullorum-typhoid test within 90 days of going to public exhibition.

NPIP Definitions Subpart E
9 CFR Part 145.51

Exhibition Poultry – Domesticated fowl (such as chickens and turkeys) which are bred for the combined purposes of meat or egg production and competitive showing

Game Birds – Domesticated fowl such as pheasants, partridges, quail, grouse and guineas, but not doves and pigeons

Waterfowl – Domesticated fowl that normally swim, such as ducks and geese
NPIP Directory of Participants
A National Directory is now on-line where one can find & verify status of NPIP P-T Clean flocks along with more information.

http://www.poultryimprovement.org/statesContent.cfm

P-T Reactor Action Options
What to do if you get a reactor?
Always call and report it to IPA
515-727-4701

Option 1 – Can submit the bird to the lab
Option 2 – Can obtain serum sample for lab
Option 3 – Can hold bird at home for retest
Thank You

Questions?
Official Forms and the Bloodtester

HOW TO COMPLETE NPIP FORMS AND IOWA STATE POULTRY FORMS

Iowa Certification of Pullorum-Free Status

This form can be used by the exhibitor to certify that all their poultry to be shown at the fair/exhibition came from NPIP P-T clean flocks or were P-T tested within 90 days. Bird Owners should always keep a completed copy of the form for their records. Blood Testers will retain the form in their records. A copy will be sent to the IPA Office.
Official Forms and the Bloodtester

USDA APHIS VS Form 9-2

This Federal form is used by the exhibitor to certify that all their poultry to be shown at the county fair were P-T tested within 90 days.

Form is completed by Authorized Agent (Certified Blood Tester).

Here is an example of the Classification Section completed for a 4-H member.
Lines 1, 2, 3, 4, 5, 6, 7 and 8 are completed as directed on the form:

Here is an example of sections 1 - 8 completed for a 4-H member.

Sally Smith – 1250 165th Street, Creston, IN 50801

Black Cochin, White Polish

10 1/15/2015 20 1/15/2015 30
Lines 9 – 12 show tests done on poultry. Blood Testers will be complete Line 9, Pullorum Typhoid. Commercial Company Testers will put AI testing on Line 12. Other.

Here is an example of Lines 9 - 12 completed for a 4-H member.
Finally the signatures! “Signature of Inspector or Authorized Agent” is the Blood Tester. “Signature of Flock Owner” is the bird owner.

**WHERE DO THE DIFFERENT COPIES GO?**

- **PART 1 (white copy):** Official State Agency Copy – This copy is sent to the IPA Office.
- **PART 2 (blue copy):** Agent or Laboratory Copy – This copy stays with the Blood Tester or is submitted to a lab.
- **PART 3 (pink copy):** Hatcheryman’s Copy – This copy stays with the Blood Tester or given to the Flock Owner.
- **PART 4 (yellow copy):** Flock Owner’s Copy – This copy goes to the Flock Owner.
QUESTIONS?

NEED HELP WHEN FILLING OUT A FORM?
CALL/EMAIL EMILY AT THE IOWA POULTRY ASSOCIATION!
(515) 727-4701 EXT 14 – EMILY@IOWAPOULTRY.COM
DON’T GET CAUGHT WITHOUT THESE FORMS!

These forms are required for poultry exhibition (county, state fair, etc.) in the state of Iowa.

**VS FORM 9-2: Flock Selecting and Testing Report**

The Iowa Certification of Pullorum-Free Status
Certification of Pullorum-Free Status
National Poultry Improvement Plan
Iowa Poultry Association
8515 Douglas Avenue, Suite 9, Urbandale, IA 50322-2924
(515) 727-4701

FLOCK OWNER: ____________________________________________________________

ADDRESS: ________________________________________________________________

________________________________________________________________________

TESTING FOR: _____ Annual Flock Test _____ Sale _____ Fair/Exhibition

NAME OF FAIR/EXHIBITION: _____________________________________________

TEST RESULTS:
Number of:
Birds Tested: _______ Positives: _______ Negatives: _______

<table>
<thead>
<tr>
<th>BREEDS</th>
<th>No. in FLOCK</th>
<th>BAND NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is to certify the above birds have been tested for Pullorum-Typhoid and that no reactors were found. (See note below.)

Signed: ___________________________ Dated: ___________________________

(Tester Name & Tester Number)*

ANTIGEN BRAND: __________________________

LOT NUMBER: ___________________________ EXPIRATION: _________________

THIS CERTIFICATE IS VOID AFTER 90 DAYS. IT SHOULD BE USED WITHIN IOWA, AS OTHER STATES MAY NOT HONOR IT.

NOTE: If reactors are found, note on this form the number and strain of the bird(s) that reacted.

*Testers must have a valid Pullorum-Typhoid tester's permit card. The exhibition is responsible for insuring the tester is permitted by the State of Iowa NPIP program, which can be verified through the IPA office listed above.

Distribution: Original to exhibitor; copy to IPA office; copy retained by PT tester.

Revised 5/2008
INSTRUCTIONS FOR 9-2’S

Lines 1, 2, 4, 5, 6, 7 & 8: Complete as directed

Line 3: Date of Preceding test: This is important for flock tracing, as well as Line 6, Date of Hatch.

Lines 9 – 12: Testing: You are required to test for Pullorum Typhoid. Please list any other tests that are applicable. For commercial poultry, if you are testing for AI, that can be entered under Section 12, “Other (specify)”. (Please note sections a, b, c, d, e, & f.)

Signature of Authorized Agent: This area is to be signed by a certified Indiana NPIP blood tester. For the signature area, please sign:

“Your Name”
Add date of test
Example: John Doe . 02/23/12

Signature of Flock owner: Please sign and date

* * *

Part 1 - White copy: Official State Agency/ISPA Copy
Send to Iowa Poultry Association Purdue
8515 Douglas Ave #9
Urbandale, IA 50322

Part 2 – Blue copy: PT Blood tester or laboratory copy

Part 3 – Pink copy: For your records or flock owner

Part 4 – Yellow Copy: For flock owner

* * *

Please call our office at 515-727-4701 if you have any questions. Thanks!
**VS Form 9-2: Practice Sample**

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Flock Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Signature of Inspector or Authorized Agent</td>
</tr>
</tbody>
</table>

**Agreement of Flock Owner**

1. Other (Specify)
2. M. S. Strain
3. M. Galliette
4. F. P. Polio
5. M. Typhoid

**Blood Testing**

<table>
<thead>
<tr>
<th>Date of Hatch</th>
<th>Number of Birds Tested</th>
<th>Number of Females Tested</th>
<th>Total Number of Eggs Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. B. Meets, Sex of Egg (source and number)</td>
<td>7. Females (source and number)</td>
<td>8. Total Eggs in Flock</td>
<td></td>
</tr>
</tbody>
</table>

**Code Identification**

<table>
<thead>
<tr>
<th>Approval Number</th>
<th>Date of PDO Test - This Location</th>
</tr>
</thead>
</table>

**TESTING REPORT**

Flock Selection and AD

<table>
<thead>
<tr>
<th>REPORT NO.</th>
<th>0001</th>
</tr>
</thead>
</table>

**See Reverse Side for Additional Information**

VS Form 9-2: Practice Sample