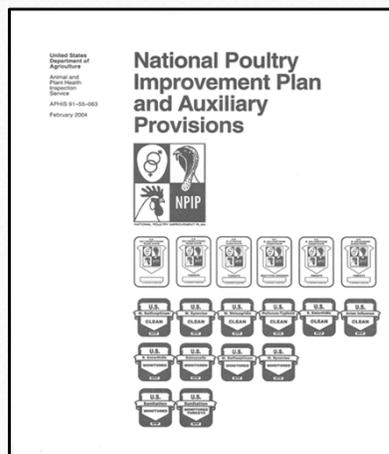


National Poultry Improvement Plan (NPIP) Rules

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

NPIP and Auxiliary Provisions 9 CFR Part 145, 146, 147 and 56

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.



NPIP Program Standards

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.



Memorandum of Understanding (MOU) Between the Iowa Poultry Association and the United States Department of Agriculture Animal and Plant Health Inspection Service (APHIS) Veterinary Services

IPA is the OSA

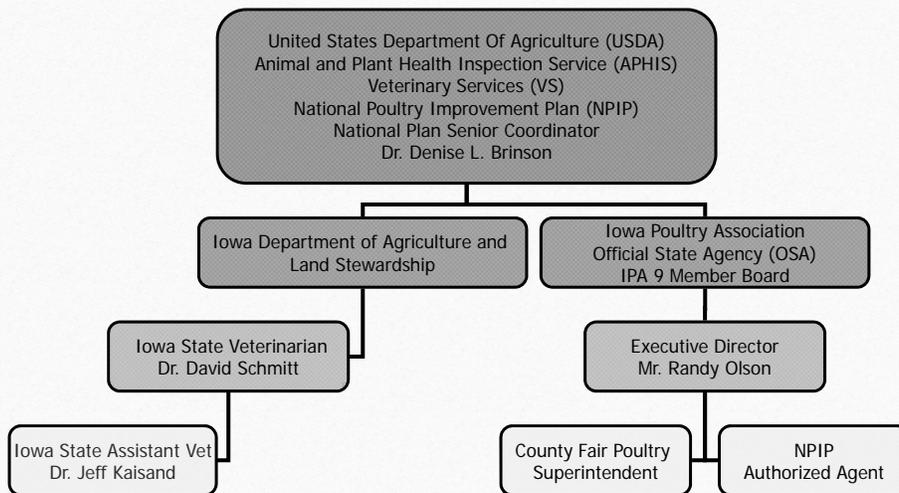
The Iowa Poultry Association is designated as the Official State Agency (OSA) to cooperate with the United States Department of Agriculture and APHIS in administering the National Poultry Improvement Plan for the state of Iowa

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



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

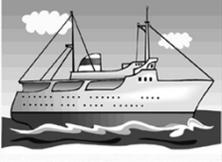
Option 1 – Can submit the bird to the lab

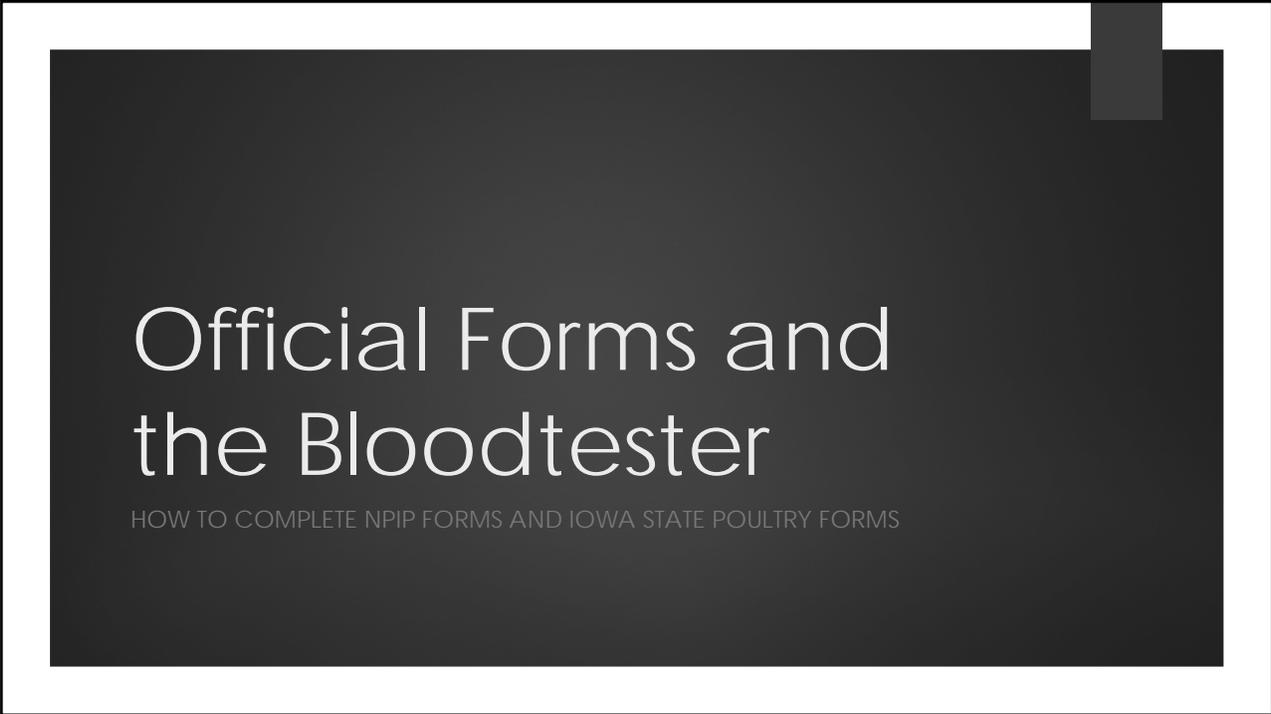
Option 2 – Can obtain serum sample for lab

Option 3 – Can hold bird at home for retest

Thank You

Questions?





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.

Certification of Pullorum-Free Status

National Poultry Improvement Plan
Iowa Poultry Association
8516 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: _____

BREEDS	No. in FLOCK	BAND NUMBER

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

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).

OMB Approved 0579-0007 See reverse side for additional information		REPORT NO. 0001	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN FLOCK SELECTING AND TESTING REPORT		SUBPART <input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input checked="" type="checkbox"/> E - Waterfowl, Exhibition Poultry, and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other	CLASSIFICATION - U. S. <input type="checkbox"/> Salmonella Enteritidis Clean <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other
1. Name and Address of Flock Owner (include ZIP Code)			
2. Location of Flock		3. Date of Preceding Test - This Location	
4. Supply Flock for: (Name and Address of Hatchery or Dealer - include ZIP Code)		Approval Number	
5. Breed, Variety, Strain, or Trade Name of Stock		Age of Birds	Code Identification
6. Males (Source and Number)	Date of Hatch	7. Females (Source and Number)	Date of Hatch
8. Total Birds in Flock			
Blood Testing		a. Number of Males Tested	b. Number of Females Tested
		c. TOTAL Number Tested	d. Number of Reactors
		e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID			
10. M. GALLISEPTICUM			
11. M. SYNNOVIAE			
12. OTHER (Specify)			
AGREEMENT OF FLOCK OWNER I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.		Signature of Inspector or Authorized Agent	Date
		Signature of Flock Owner	Date
VS FORM 9-2 (JUN 2012) Previous edition may be used.		PART 1 - OFFICIAL STATE AGENCY COPY	

USDA APHIS VS Form 9-2

Here is an example of the Classification Section completed for a 4-H member.

OMB Approved 0579-0007 See reverse side for additional information		REPORT NO. 0001	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN FLOCK SELECTING AND TESTING REPORT		SUBPART <input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input checked="" type="checkbox"/> E - Waterfowl, Exhibition Poultry, and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other	CLASSIFICATION - U. S. <input checked="" type="checkbox"/> Pullorum - Typhoid Clean <input type="checkbox"/> M. Gallisepticum Clean <input type="checkbox"/> M. Synoviae Clean <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> M. Meleagridis Clean <input type="checkbox"/> Salmonella Enteritidis Clean <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other
1. Name and Address of Flock Owner (include ZIP Code)		TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Multiplier	

USDA APHIS VS Form 9-2

Lines 1, 2, 3, 4, 5, 6, 7 and 8 are completed as directed on the form:

1. Name and Address of Flock Owner (Include ZIP Code)				
2. Location of Flock			3. Date of Preceding Test – This Location	
4. Supply Flock for: (Name and Address of Hatchery or Dealer – include ZIP Code)			Approval Number	
5. Breed, Variety, Strain, or Trade Name of Stock			Age of Birds	Code Identification
6. Males (Source and Number)	Date of Hatch	7. Females (Source and Number)	Date of Hatch	8. Total Birds in Flock
a. Number of	b. Number of	c. TOTAL	d. Number of	e. Number Sent

USDA APHIS VS Form 9-2

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

1. Name and Address of Flock Owner (Include ZIP Code)				
Sally Smith – 1250 165 th Street, Creston, IN 50801				
2. Location of Flock			3. Date of Preceding Test – This Location	
Same as above				
4. Supply Flock for: (Name and Address of Hatchery or Dealer – include ZIP Code)			Approval Number	
5. Breed, Variety, Strain, or Trade Name of Stock			Age of Birds	Code Identification
Black Cochin, White Polish				
6. Males (Source and Number)	Date of Hatch	7. Females (Source and Number)	Date of Hatch	8. Total Birds in Flock
10	1/15/2015	20	1/15/2015	30
a. Number of	b. Number of	c. TOTAL	d. Number of	e. Number Sent

USDA APHIS VS Form 9-2

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.

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID						
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (Specify)						
AGREEMENT OF FLOCK OWNER I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.				Signature of Inspector or Authorized Agent		Date
				Signature of Flock Owner		Date
VS FORM 9-2 (JUN 2012) Previous edition may be used.				PART 1 – OFFICIAL STATE AGENCY COPY		

USDA APHIS VS Form 9-2

Here is an example of Lines 9 – 12 completed for a 4-H member.

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID	10	20	30	0		
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (Specify)						
AGREEMENT OF FLOCK OWNER I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.				Signature of Inspector or Authorized Agent		Date
				Signature of Flock Owner		Date
VS FORM 9-2 (JUN 2012) Previous edition may be used.				PART 1 – OFFICIAL STATE AGENCY COPY		

USDA APHIS VS Form 9-2

Finally the signatures! "Signature of Inspector or Authorized Agent" is the Blood Tester. "Signature of Flock Owner" is the bird owner.

AGREEMENT OF FLOCK OWNER		Signature of Inspector or Authorized Agent	Date
I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.			
		Signature of Flock Owner	Date
VS FORM 9-2 (JUN 2012) Previous edition may be used.		PART 1 – OFFICIAL STATE AGENCY COPY	

USDA APHIS VS Form 9-2

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.

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: _____		
BREEDS	No. in FLOCK	BAND NUMBER
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 NPPI 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		

The Iowa Certification of Pullorum-Free Status

VS FORM 9-2:
Flock Selecting and Testing Report

OMB Approved 0579-0007 See reverse side for additional information				REPORT NO. 0001	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN			SUBPART <input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input type="checkbox"/> E - Waterfowl, Exhibition Poultry, and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other		CLASSIFICATION - U. S. <input type="checkbox"/> Pullorum - Typhoid Clean <input type="checkbox"/> M. Gallisepticum Clean <input type="checkbox"/> M. Synoviae Clean <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> M. Meleagridis Clean
FLOCK SELECTING AND TESTING REPORT			<input type="checkbox"/> Salmonella Enteritidis Clean <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other		TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Multiplier
1. Name and Address of Flock Owner (include ZIP Code)					
2. Location of Flock				3. Date of Preceding Test - This Location	
4. Supply Flock for: (Name and Address of Hatchery or Dealer - include ZIP Code)				Approval Number	
6. Breed, Variety, Strain, or Trade Name of Stock				Age of Birds	Code Identification
6. Males (Source and Number)		Date of Hatch	7. Females (Source and Number)		Date of Hatch
8. Total Birds in Flock					
Blood Testing		a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors
e. Number Sent to Laboratory		f. Laboratory Findings			
9. PULLORUM TYPHOID					
10. M. GALLISEPTICUM					
11. M. SYNOVIAE					
12. OTHER (Specify)					
AGREEMENT OF FLOCK OWNER				Signature of Inspector or Authorized Agent	
I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.				Date	
				Signature of Flock Owner	
				Date	
VS FORM 9-2 (JUN 2012) Previous edition may be used.					
PART 1 - OFFICIAL STATE AGENCY COPY					

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: _____

BREEDS	No. in FLOCK	BAND NUMBER

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

VS Form 9-2: Practice Sample

OMB Approved 0579-0007

See reverse side for additional information

REPORT NO. **00001**

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN

FLOCK SELECTING AND TESTING REPORT

SUBPART	CLASSIFICATION - U. S.	TYPE
<input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input type="checkbox"/> E - Waterfowl, Exhibition Poultry, and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other	<input type="checkbox"/> Pullorum - Typhoid Clean <input type="checkbox"/> M. Gallisepticum Clean <input type="checkbox"/> M. Synoviae Clean <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> M. Meleagridis Clean	<input type="checkbox"/> Salmonella Enteritidis Clean <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other
<input type="checkbox"/> Primary <input type="checkbox"/> Multiplier		

1. Name and Address of Flock Owner (include ZIP Code)

2. Location of Flock

3. Date of Preceding Test - This Location

4. Supply Flock for: (Name and Address of Hatchery or Dealer - include ZIP Code)

Approval Number

5. Breed, Variety, Strain, or Trade Name of Stock

Age of Birds

Code Identification

6. Males (Source and Number)

Date of Hatch

7. Females (Source and Number)

Date of Hatch

8. Total Birds in Flock

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID						
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (Specify)						

AGREEMENT OF FLOCK OWNER

I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the official State Agency. I further agree to flock inspection by a representative of the official State Agency as prescribed by the provisions and regulations.

Signature of Inspector or Authorized Agent

Date

Signature of Flock Owner

Date