Export Health Certificate

	I.1. Consignor					I.2. IMSOC Ref	erence				
	Name					I.2.a. Local Reference					
	Address										
	Country ISO Code										
ŀ	I.5. Consignee					I.3. Central co	mpetent ai	ıthority			
	Name					I.4. Local com					
en	Address							,			
Ĕ	Country		ISO Cod	le							
쭫	,										
Part I : Details of consignment	I.7. Country of orig	gin			ISO Code	I.9. Country of	destinatio	n		ISO Code	
ខ											
oĮ	I.8. Region of origin				Code	I.10. Region of					
	I.11. Place of Dispatch					I.12. Place of destination					
ta	Name					Name					
മ്	Address					Address					
::	Approval Number	•				Approval Number					
峀	Country		ISO	Code		Country ISO Code					
Pa	I.13. Place of Loadi	'nσ				I.14. Date and time of departure					
	Name	11.6				1.14. Dute und	time of de	purture			
	Address										
	Approval Number	,									
	Country		ISO	Code							
	Country										
	I.15. Means of Trai	nsport				I.16 Entry Poi	nt				
	Mode	Internationa	l Identificati	on							
		transport document									
- 1	I.18. Transport con		_	,		I.17. Accompanying documents					
	Frozen \square	Chilled \square	Ambient 🗆	Cor	ntrolled nperature \square	Commercial document		Data	of issue		
				teri	inperacture in	reference		Date	or issue		
						Country		Place	of		
	140 0	/0127-						issue			
	I.19. Container No	/ Sear No									
	I.20. Certified as										
	Breeding \square										
	104 D					7.00 P	20.00	35	П		
- 1	I.21. For transit thi	rough a third		Ш		1.22. For trans	it through	Member State(s)	Ш		
- 1	Country EU Exit		ISO Code								
	Authority		BCP code			Country		ISO Co	ode		
	EU Entry		BCP code								
	Authority I.23. Total number	of nackages		I 24 Total	l quantity		_	I.25. Total gross we	aight		
	1.23. Total Humber	or hackages		1.24. 10ta	ı quaittity			1.23. 10tai gruss We	-151II		
ľ	I.28. Description of	f consignmen	t					•			
	1. 04 DAIRY PROD	UCE; BIRDS' E	EGGS; NATURAL I	HONEY; ED	IBLE PRODUCT	TS OF ANIMAL (ORIGIN, NO	OT ELSEWHERE SP	ECIFIED OR INC	UDED	
			sh, preserved or c								
	Fertilised eg	gs for incubat	ion								
			pecies Gallus dom								
ı	0407110	Of fowls of	the species Gallus	domesticu	18						
l		9	pecies		Identification	system	Identifica	tion number	Package count		
	Commodity										
	Commodity	3									
	Commodity Quantity										

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E	:UI	ROPEAN U	JNION	(1	MX) HEP Hatching e	ggs from the EU to Mexico				
	I	II. Health information								
]	II.	Animal He	alth Attestation						
			I, the unde certificate:	rsigned official veterinarian, hereby certif	y that the hatching egg	s described in this				
]	II.1.	Information on origin							
 	=		II.1.1.	Come from (insert the name	e of Member State mer	ntioned above).				
1.5	a [10		II.1.2.	originate from establishments that are su	bject to an official vete	erinary control.				
Part II: Certification	srulle srulle		II.1.3.	1.3. have been disinfected at the holding and during incubation and were packaged in trays in new carton boxes or cleaned and disinfected plastic boxes.						
	II.2. Information on salmonella									
	Originate from flocks which are kept in a zone where no restriction salmonellosis (S. Pullorum and S. Gallinarum) and which have un programme for Salmonella in accordance with the EU legislation					nich have undergone a				
			II.2.1.	as regards S. Pullorum and S. Gallinarum, any grounds for suspecting infection by the		to be infected, or showed				
			II.2.2.	as regards the species Gallus gallus, the aldemonstrated.	osence of S. Enteritidis	and S. Typhimurium was				
]	II.3.	Informatio	on on newcastle disease						
L	-	(1)	either	o [Originate from a country where no res	-					
		(1)	or	o [Originate from a parent flock kept on located in a zone under veterinary restrict which a monitoring programme is impler negative results for velogenic Newcastle of Diagnostic Tests and Vaccines for Terre of lay and subsequent testing has been cas amples were live birds or samples taken tonsils and the rest of the samples (25) we of hatching eggs from a high genetic value parents), all of the 35 samples were tracked 35 tracheal or cloacal swabs were taken](tions due to velogenic nented by testing 35 bi lisease using the test re estrial Animals. The pro- rried out every three to from the trachea, lungure tracheal or cloacal se el line (pure lines, great eal or cloacal swabs. For 2);	Newcastle disease and in irds by virus isolation with eferred to in the OIE Manual ogramme started at the point o four months. At least 10 g, spleen, brain or caecal swabs; in case of an export t grand-parents or grand-ollowing the initial testing,				
		(1)	or	o [In case of an occasional consignment of from the same flock), originate from a part which are not located in a zone under vet disease. 35 birds were tested by virus isolidisease using the test referred to in the Ol Terrestrial Animals, during the last 6 wee collected from live birds or samples taker tonsils and the rest of the samples (25) we of hatching eggs from a high genetic value parents), all of the 35 samples were tracket	rent flock kept on an everinary restrictions du ation with negative rest. E Manual of Diagnosti ks prior to export. At less from the trachea, lundere tracheal or cloacal set line (pure lines, great	stablishment and hatcheries are to velogenic Newcastle sults for velogenic Newcastle c. Tests and Vaccines for east 10 samples were g, spleen, brain or caecal swabs; in case of an export t grand-parents or grand-				
]	II.4.	Information on avian influenza							
			II.4.1.	Originate from parent flocks kept on an e veterinary restrictions due to any avian in		n a zone that is not subject to				
			II.4.2.	Originate from parent flocks kept on an e	stablishment where:					
		(1)	either	o [at least 59 serological samples were ta imunodiffusion test or a method referred Vaccines for Terrestrial Animals for any s were collected beginning at the point of la influenza. The analyses were performed i subtypes of avian influenza viruses;]	to in the OIE Manual oubtypes of avian influ ay and continued every	of Diagnostic Tests and enza viruses. The samples y three months for avian				

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II. Health info	ormation or	○ [In case of an occasional consign	ment (not move frequently then once every 6 menths					
(1)	or	o [In case of an occasional consign	ment (not more frequently then once every 6 months					
		the agar gel imunodiffusion test or a Tests and Vaccines for Terrestrial A	ological samples were taken and all tested negative to a method referred to in the OIE Manual of Diagnostic nimals for any subtypes of avian influenza viruses ort. The analyses were performed in laboratories					
	II.4.3.	Originate from parent flocks where carried out.	vaccination against avian influenza has not been					
II.5.	I.5. Information on consignment and shipment							
	II.5.1.	-	s in vehicles and/or containers that were cleaned and ordance with the rules laid down in the EU legislation					
	II.5.2.		vehicles or containers from the hatchery to the point contact with poultry not meeting the requirements la					
Notes								
Part I:								
	Box reference I.15: Registration number (railway wagons or container and lorries), flight number (aircraft) or name (ship) is to be provided. In case of unloading and reloading, the consignor must inform the BIP of entry.							
	Box refer	Box reference I.19: use the appropriate HS code: 0407						
Part II:								
(1)	Keep as a	appropriate.						
(2)	In case of Member States with a non vaccinating policy against Newcastle disease (Finland and Sweden) serological samples were taken instead.							
Certifying Of	ficer							
Name (in capital letters) Date of signature Stamp			Qualification and title Signature					
	Part I: (1) (2) Certifying Off Name (in ca Date of sign.	II.5.2. Notes Part I: Box refer (aircraft) inform th Box refer Part II: (1) Keep as a (2) In case of serologic Certifying Officer Name (in capital letters) Date of signature	disinfected prior to boarding, in accand national legislation. II.5.2. Were directly transported in sealed exit in the country and have had no down in this certificate. Notes Part I: Box reference I.15: Registration number (railwa (aircraft) or name (ship) is to be provided. In cainform the BIP of entry. Box reference I.19: use the appropriate HS code Part II: (1) Keep as appropriate. (2) In case of Member States with a non vaccinating serological samples were taken instead. Certifying Officer Name (in capital letters) Date of signature					

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