# Model health certificate for blood and blood products from equidae for purposes outside the feed chain (BP-E) GBHC501 v1.0 May-23

| Part I. Details of the       | dispatche          | d consignment |                      |                               |           |                                 |
|------------------------------|--------------------|---------------|----------------------|-------------------------------|-----------|---------------------------------|
| I.1 Consignor                |                    | I.2 Certif    | ficate reference no. |                               |           |                                 |
| Name:<br>Address:            |                    |               |                      |                               |           |                                 |
| Tel:                         |                    |               | I.2.a                | I.3 Central competent         | 14100     | al compotent                    |
|                              |                    |               | 1. <b>2</b> .a       | authority                     |           | ority                           |
|                              |                    |               | Not in               |                               |           | ,                               |
|                              |                    |               | use                  | APHIS-VS                      |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
| I.5 Consignee                |                    |               |                      | 1.6 Person responsib          | le for th | e load in Great                 |
| Name:                        |                    |               |                      | Britain                       |           |                                 |
| Address:                     |                    |               |                      | Name:                         |           |                                 |
| Tel:                         |                    |               |                      | Address:<br>Tel:              |           |                                 |
|                              |                    |               |                      | 161.                          |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
| I.7 Country of origin        | ISO code           | I.8 Region of | Code                 | I.9 Country of<br>Destination | ISO       | I.10 Region of Code destination |
|                              |                    | origin        |                      | Desunation                    | code      | uestination                     |
| I.11 Place of origin         |                    |               |                      | 1.12 Place of destinat        | ion       |                                 |
| Name:<br>Approval number:    |                    |               |                      | Custom warehouse              |           |                                 |
| Address:                     |                    |               |                      | Name:                         |           |                                 |
|                              |                    |               |                      | Approval number:<br>Address:  |           |                                 |
|                              |                    |               |                      | Address:                      | _         |                                 |
|                              |                    |               |                      |                               |           |                                 |
| Name:                        |                    |               |                      |                               |           |                                 |
| Approval number:<br>Address: |                    |               |                      |                               |           |                                 |
|                              |                    | _             |                      |                               |           |                                 |
| Name:<br>Approval number:    |                    |               |                      |                               |           |                                 |
| Address:                     |                    |               |                      |                               |           |                                 |
| I.13 Place of loading        |                    |               |                      | I.14 Date of departure        | е         |                                 |
|                              |                    |               |                      |                               |           |                                 |
| I.15 Means of transpo        | ort                |               |                      | I.16 Entry BCP                |           |                                 |
| ☐ Aeroplane                  | ☐ Shi <sub>l</sub> | p             |                      | I.17 Not in use               |           |                                 |
| ☐ Railway wagon              | Roa                | ad vehicle    |                      | I.I7 NOT III use              |           |                                 |
| Other                        |                    |               |                      |                               |           |                                 |
| Identification:              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
| Documentation referes        | nces:              |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |
|                              |                    |               |                      |                               |           |                                 |

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| II.a. Certificate reference no. | Ж.b. |
|---------------------------------|------|
|                                 |      |

| I.18 Description of commodity  |   |  |   |
|--|---|--|---|
| I.19 Commodity code (HS code)  | I.21 Temperature of products  Ambient Chilled  Frozen |  | I.23 Seal / Container No.                             |
| I.20 Quantity  | I.22 Number of packages                               |  | I.24 Type of packaging                                |
| I.25 Commodity certified for   | Technical use   |  |   |
| I.26 For transit through Great Britain to third country Third country ISO Code |   | I.27  For import or admission into Great Britain |   |
| I.28 Identification of the commodities   | 5   |  |   |
| Species (Scientific  | name)   | Approv   | val number of establishments /<br>Manufacturing plant |
|  |   |  |   |
|  |   |  |   |
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II.a. Certificate reference no.

# N.b.

#### Part II. Certification

#### **Animal Health**

I, the undersigned official veterinarian, declare that I am aware of the relevant requirements of the GB legislation, and certify that the animal by-products described in Part I of this certificate consist of blood or blood products from equidae that satisfy the health requirements below:

#### **AH/T115 Territory requirements**

have been obtained from animals that originate from the EU Member States or from a third country, territory or part thereof listed as per GB requirements where the following diseases are compulsorily notifiable: African horse sickness, dourine, glanders (*Burkholderia mallei*), equine encephalomyelitis (all types including Venezuelan equine encephalomyelitis), equine infectious anaemia, vesicular stomatitis, rabies, anthrax;

# **AH/T116 Territory requirements**

blood products have been produced from blood which fulfils the conditions referred in AH/E008, AH/E303, AH/A702, AH/A051 and AH/A610 and:

\*EITHER

[has been collected from equidae which have been kept for a period of at least three months, or since birth if less than three months old, prior to the date of collection on holdings under veterinary supervision in the country of collection which during that period and the period of blood collection has been free of:

- (a) African horse sickness for two years;
- (b) Venezuelan equine encephalomyelitis for a period of at least two years;
- (c) glanders

(\*) EITHER [for a period of three years;]

<del>(\*)</del>**⊘**R

[for a period of six months where the animals have passed the post-mortem inspection for glanders in the slaughterhouse referred to in AH/E303, including a careful examination of mucous membranes from the trachea, larynx, nasal cavities and sinuses and their ramifications, after splitting the head in the median plane and excising the nasal septum;]

(d) in the case of blood products other than serum and plasma, vesicular stomatitis for six months;]

(\*)**OR** 

[has been subjected to at least one of the following treatments, followed by an effectiveness check, for the inactivation of possible causative pathogens for African horse sickness, equine encephalomyelitis of all types including Venezuelan equine encephalomyelitis, equine infectious anaemia, vesicular stomatitis and glanders (*Burkholderia mallei*):

(\*) **EITHER** [heat treatment at a temperature of 65°C for at least three hours;]

(\*)AND/OR [irradiation at 25 kGy by gamma rays;]

\*AND/OR [change in pH to pH 5 for two hours;]

\*\*AND/OR [heat treatment of at least 80°C throughout their substance;]

## AH/E008 Establishment requirements (holding)

have been derived from blood which was collected from equidae which have been kept for at least 30 days prior to the date of and during blood collection on holdings under veterinary supervision which were not subject to a prohibition as per GB legislation;

# AH/E111 Establishment requirements

blood products come from an establishment or plant approved or registered by the competent authority of the third country meeting the specific conditions required by GB legislation;

#### AH/E303 Establishment requirement (slaughterhouse)

have been derived from blood from equidae which was collected under the supervision of a veterinarian in slaughterhouses approved in accordance with GB requirements, in slaughterhouses approved and supervised

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| Blood and blood products from equidae for |
|---|
| purposes outside the feed chain (BP-E)    |
| GBHC501                                   |

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



by the competent authority of the country of collection and in facilities approved and supervised by the competent authority of the country of collection for the purpose of collecting blood from equidae for the production of blood products for purposes other than feeding for farmed animals;

# AH/A051 Animal requirements

which had no contact with equidae from a holding which was subject to a prohibition order for animal health reasons pursuant to GB legislation;

# AH/A610 Animal requirements

for which the period for the prohibition order referred to in AH/E008 and AH/A051 has been determined as follows:

(\*)EITHER

[not all the animals of species susceptible to the disease located on the holding have been slaughtered, in which case the period of prohibition must be at least as per GB requirements set out in the notes for completion;]

(\*)OR

[all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises were disinfected, in which case the period of prohibition must be 30 days beginning on the date on which the animals were slaughtered, and the premises disinfected, except in the case of anthrax, where the period of prohibition shall be 15 days;]

# AH/A702 Animal requirements

have been derived from blood which was collected from equidae which on inspection on the date of blood collection did not show clinical signs of any of the compulsorily notifiable diseases listed as per GB requirements;

# **AH/P017 Product requirements**

all precautions have been taken to avoid contamination of the blood and blood products with pathogenic agents during production, handling and packaging;

#### **AH/P159 Product requirements**

consist exclusively of blood or blood products of equidae not intended for human or animal consumption;

#### **AH/P522 Product requirements**

blood and blood products were packed in sealed impermeable containers clearly labelled "NOT FOR HUMAN OR ANIMAL CONSUMPTION" and bearing:

- (a) in the case of blood, the approval number of the establishment of collection;
- (b) in the case of blood products, the approval number of the establishment of production;

# AH/P550A Storage

the product was stored in enclosed storage;

(\*) Keep as appropriate.

| Official Veterinarian / Official Inspector  By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met. |                          |  |  |  |
|---|--------------------------|--|--|--|
| Name (in capital letters):  | Qualification and title: |  |  |  |
| Date:   | Signature:               |  |  |  |
| Stamp:  |                          |  |  |  |

The signature and the stamp must be in a different colour to that of the printing.

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