

# HONEY BEE DIAGNOSTIC LAB REQUEST FORM

DATE COLLECTED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SHIPMENT TYPE  First Class  Priority  Express  \_\_\_\_\_ TRACKING NO. \_\_\_\_\_

**BEEKEEPER** Name \_\_\_\_\_ Primary Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ County \_\_\_\_\_

**APIARY** Name \_\_\_\_\_  Same as above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SAMPLE INFORMATION

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

Colony \_\_\_\_\_ Sample# \_\_\_\_\_ Type:  brood  adults  other \_\_\_\_\_

## DIAGNOSTIC LAB ANALYSIS REQUESTED

American Foulbrood (AFB) [brood sample]

European Foulbrood (EFB) [brood sample]

*Nosema* spp. [adult bee sample]

*Varroa* Mites [adult bee sample]

Other \_\_\_\_\_

Notes \_\_\_\_\_

**SUBMITTED BY (SIGNATURE)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **Title** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Adapted from the Massachusetts Dept. of Agricultural Resources Apiary Program by UMass Extension  
Produced as part of the Massachusetts Bee-Vet Project, September 2021. For more info visit:  
<https://ag.umass.edu/resources/pollinators/resources-for-veterinarians>

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