

## Client details:

Company name: \_\_\_\_\_ Beekeepers reference: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of collection: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PCR testing required** (select all that apply):  
 **AFB**     **DWV**     **Nosema** (*N. apis* & *N. ceranae*)     **Lotmaria**  
 **Api virus 1** (DWV, BQCV, SBV, KSBV)     **Api virus 2** (CBPV, KBV, ABPV, IAPV)

AFB: American foulbrood / DWV: Deformed-wing virus / BQCV: Black queen cell virus / SBV: Sacbrood virus / KSBV: Korean Sacbrood virus / CBPV: Chronic bee paralysis virus / KBV: Kashmir bee virus / ABPV: Acute bee paralysis virus / IAPV: Israeli acute paralysis virus.

## Sampling Instructions:

- Collect a pool of 10-15 bees from inside of each hive and place into the collection tube (pre-filled with preservative solution) provided.
- Ensure all the container lids are closed tightly and they are clearly labelled with the pool ID you have provided on this form.
- Send the samples, along with the submission form to laboratory (address below).

Pool No.	Pool ID.	Comments (clinical observation, history, deadout, absconding, etc.)
1		
2		
3		
4		
5		
6		
7		
8		

<i>Laboratory use only</i>	<i>Case number label</i>
Date received:	
Processed by:	

March 2024