



National Bee Diagnostic Centre

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SUBMISSION FORM - DIAGNOSTICS

Office Use:

Date Received: _____

Beekeepers ID: _____

Submission # : _____

Report Date: _____

| ID | Lab Use Only | Colony ID | Apiary ID | Sample Date | Nosema count | Nosema species identification | Varroa mite count | Tracheal mite detection | AFB detection | AFB detection & Antibiotic Resp. | AFB detection in honey | EFB detection | Chalk brood detection | Acute Bee Paralysis Detection | Black Queen Cell Virus | Chronic Bee Paralysis | Deformed Wing Virus | Israeli Acute Paralysis Detection | Kashmir Virus | Sacbrood Virus | Varroa Destructor Virus | Queen health assessment | |
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Contact Information (Please print clearly)

Name _____

Business _____

Address _____

City/Prov/PC _____

Phone _____

Email _____

Signature _____

Date _____

When sending samples, please send an email and tracking number to nbdc@gprc.ab.ca