**BEE TESTING SUBMISSION FORM**

Client Name:

Address:

Phone: Email:

Purchase order no:

Signed: Date:

**Sampling Instructions**

Take samples of at least ten bees per hive, each sample is to be collected and packaged separately

The sample should be taken from within the hive

Bees should be collected into a container and frozen overnight prior to submission

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| --- | --- | --- | --- | --- | --- | --- |
| **Sample ID** | **Date sampled** | **Nosema Duo +** | **ApiVirus™ panel** | **Full Panel** | **AFB** | **Comments**  (dead out, absconding, varroa etc) |
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Nosema Duo + Nosema apis, Nosema ceranae & Lotmaria passim

ApiVirus™ panel Acute Paralysis Virus, Kashmir Bee Virus, Israeli-associated Paralysis Virus, Black Queen Cell Virus, Chronic Bee Paralysis Virus & Deformed Wing Virus

Full Panel All of above

AFB American Foulbrood

Please send samples by overnight courier in well packaged leak proof containers to

**dnature diagnostics & research Ltd**

**60 Carnarvon Street**

**Gisborne 4010**

**\*\* if you are sending AFB samples, please place an asterix on the package so that your testing remains confidential and that we can handle the samples in the appropriate way.**

If you have other test requirements, please contact us on **0800 DNATURE** or e-mail [info@dnature.co.nz](mailto:info@dnature.co.nz)

to discuss.