



National Bee Diagnostic Centre
Technology Access Centre

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www.nwpolytech.ca/research/nbdc

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	
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Contact Information (Please print clearly)

Name _____

Business _____

Address _____

City, Province, PC _____

Phone _____

Email _____

Signature _____

Date _____

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