

**Veterinary Diagnostic Services**

545 University Crescent, Winnipeg, MB, R3T 5S6 **Honey Bee Diagnostic Submission Form**

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| **P:** 204-945-8220 **F:** 204-948-2654  **E:** [vetlab@gov.mb.ca](mailto:vetlab@gov.mb.ca)  **W**: www.manitoba.ca/agriculture/vds  **Office Use:**  Date Received: Beekeepers ID: Submission # : Report Date: | | | | | **Nosema count** | **Nosema species identification** | **Varroa mite count** | **AFB detection (dead larvae)** | **AFB detection & Antibiotic Resp.** | **AFB or EFB detection in Adult bees** | **EFB detection (Dead Larvae)** | **Black Queen Cell Virus (BQCV)** | **Deformed Wing Virus (DWV)** | **Sacbrood Virus** | **Israeli Acute Paralysis Virus (IAPV)** | **Kashmir Bee Virus (KBV)** |  | **Acute Bee Paralysis Virus (ABPV)**  **NBDC ONLY** | **Chronic Bee Paralysis Virus (CBPV)** | **Varroa Destructor Virus (VDV)** | **Tracheal mite detection** | **Queen health assessment** |
| **ID** | **LAB USE ONLY** | **COLONY ID** | **APIARY ID** | **SAMPLE DATE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Contact Information (Please print clearly)**

Name

Businesss

Address

Phone Signature

Email Date

# When sending samples, please send an email and tracking number to [vetlab@gov.mb.ca](mailto:vetlab@gov.mb.ca)