

# Honey Bee Form

Veterinary Diagnostic Services

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Veterinarian or Provincial Apiarist \_\_\_\_\_ Billing Clinic \_\_\_\_\_

Additional report to (limit of one) \_\_\_\_\_

Apiary name \_\_\_\_\_ Apiary location \_\_\_\_\_

Owner's name \_\_\_\_\_ Owner's contact information \_\_\_\_\_

Reference (info to be included on report) \_\_\_\_\_ Sample collection date \_\_\_\_\_

**History** (clinical signs, reason for submission, climate factors, etc.)

## Colony ID

## Sample Type

Colony ID	Sample Type

### Bacteria

- American foulbrood (AFB, bacterial culture for *Paenibacillus larvae*)
- European foulbrood (EFB, PCR test for *Melissococcus plutonius*)

### Fungi

- Nosema count
- Nosema detection and identification (PCR test for *Nosema apis* and *Nosema ceranae*)

### Viruses

- Deformed wing virus (DWV)
- Acute Paralysis Panel: Acute bee paralysis virus (ABPV), Israeli acute paralysis virus (IAPV), Kashmir bee virus (KBV)
- Sacbrood virus (SBV)
- Black queen cell virus (BQCV)

### Parasites

- Varroa mite count

### Send out

- Other tests, please specify test and referral lab (additional fees apply) \_\_\_\_\_