

Honey Bee Form

Veterinary Diagnostic Services
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Veterinarian _____ 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) _____