



Thompson-Bishop-Sparks State Diagnostic Laboratory

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(334) 844-4987

Fax- (334) 844-7224

Accession # _____
Date _____
Case coordinator _____
Paid _____ Charge _____ N/C _____
FedEx _____ UPS _____ USPS _____ Other _____

Honey Bee Submission Form

Submitted samples become the property of the laboratory

Submitter/Inspector _____

License # _____ Account # _____

Address _____

Phone _____

Fax _____

Email _____

Apiary Owner _____

County _____

Address _____

Phone _____

Fax _____

Previous case # _____

Submitted by: Inspector Owner Other

Bill to: Submitter Owner Other

Print name _____

Signature _____

Date _____

Species
<input type="checkbox"/> Honey Bees
<input type="checkbox"/> Other (identify) _____
<hr/>
Submission Purpose
<input type="checkbox"/> Diagnostic
<input type="checkbox"/> Regulatory

Sample		
	# Fresh	# Fixed
Honey Bees		
List Apiary and Sample ID below.		

Test Request
<input type="checkbox"/> Africanized Honey Bee
<input type="checkbox"/> Foulbrood
<input type="checkbox"/> Parasites/Mites
<input type="checkbox"/> Fungal diseases
<input type="checkbox"/> Viral diseases
<input type="checkbox"/> Referral
<input type="checkbox"/> Other _____

Case No.	Apiary Site	Sample No.

History/ problem description
Total # Hives ___ # Affected ___ # Lost ___

Duration/ progression _____

Treatment

Continued on back of form

Some testing may be subcontracted out to qualified laboratories. You will be contacted for permission if this will incur further charges

Sample continuation

Case No.	Apiary Site	Sample No.

Accession #