Thompson-Bishop-Sparks State Diagnostic Laboratory
890 Simms Rd P.O. Box 2209 Auburn, AL 36831-2209
(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
☐ Honey Bees
☐ Other (identify)
_____

Submission Purpose
☐ Diagnostic
☐ Regulatory

Sample

	# Fresh	# Fixed
Honey Bees		

List Apiary and Sample ID below.

Test Request
☐ Africanized Honey Bee
☐ Foulbrood
☐ Parasites/Mites
☐ Fungal diseases
☐ Viral diseases
☐ Referral
☐ Other_____

Case No.	Apiary Site	Sample No.

Continued on back of form

History/ problem description
Total # Hives ___ # Affected ___# Lost____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Duration/ progression _____
_____
Treatment
_____
_____
_____

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 #