

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) _____

Privacy Notice:

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

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