

## Instructions for Completing the Honey Bee Form

For your convenience, save the pre-filled form and use it as a template. Click on **File**, click **Save As** (when saving it for the first time) or **Save** (when revising a previous template).

Print all applicable pages and submit it to the laboratory along with the sample(s).

Fill in blanks. Information in bold indicates a **required** field:

1. **Name of Veterinarian, Billing Clinic, Additional Report To**
  - a. Include the first and last name of the veterinarian. If you are not working with a veterinarian, please indicate if you want a copy of the results to be sent to the provincial apiarist for interpretation and recommendation. You can do so by writing "Provincial Apiarist" in this area of the form.
  - b. Billing clinic will automatically receive the report. We accommodate requests for reporting to one additional person. Please indicate full name and contact information including phone number and email address. If you have pre-paid for the diagnostic testing then please indicate that you have paid by cheque by writing "Pre-paid Cheque" in this area of the form.
  
2. **Owner/Apiary Name**
  - a. Include owner's full name (first and last name) and/or apiary name.
  - b. Include owner's full contact information including email and cell number for the purpose of sending reports or if follow-up is required.
  
3. **Apiary Location**
  - a. Include the legal land location and municipality if applicable (e.g., NE 13-3-4E, RM of Little Fork).
  
4. **Reference**
  - a. Reference can include any information that helps you match your records to our report.
  
5. **Sample Collection Date**
  - a. This information allows us to determine the acceptability of the sample for testing.
  
6. **History**
  - a. This helps us to interpret test results. Based on the history, we can also make recommendations for additional testing. Start with gathering information:
    - i. Describe any health or production problems, or state that testing is for surveillance only.
    - ii. Is the colony being treated with anything?
    - iii. Have there been any problems with the colony prior to this?
  
7. **Colony ID**
  - a. If submitting multiple colonies indicate ID number in the table.
  
8. **Test**
  - a. Check off the test(s) you would like performed. If a test is not on the form use the **Other Tests** box under Viruses. Specify the test and the laboratory you would like the samples sent to for additional testing. Additional courier fees for send outs will apply.