



**National
Bee Diagnostic
Centre**
NORTHWESTERN POLYTECHNIC

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SUBMISSION FORM - DIAGNOSTICS

Office Use:

Date Received: _____

Beekeeper ID: _____

Submission #: _____

Report Date: _____

ID	Lab Use Only	Colony ID	Apiary ID	Sample Date	Nosema count	Nosema species identification	Varroa mite count	Tracheal mite detection	AFB detection	AFB detection & Antibiotic Resp.	AFB detection in honey	EFB detection	Chalk brood detection	Acute Bee Paralysis Detection	Black Queen Cell Virus	Chronic Bee Paralysis	Deformed Wing Virus	Israeli Acute Paralysis Detection	Kashmir Virus	Sacbrood Virus	Varroa Destructor Virus	Queen health assessment
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Contact Information (Please print clearly)

Name _____ Business _____

Address _____ City _____ Prov _____ PC _____

Phone _____ Email _____

Signature _____ Date _____

When submitting samples, please send an email and tracking number to **NBDC@NWPolytech.ca**