

**Office Use:**  
 Date rec'vd \_\_\_\_\_  
 Sample# B- \_\_\_\_\_

## HONEY BEE PATHOGEN TESTING SUBMISSION FORM



**Mail to:** OSU Insect ID Clinic  
 Botany and Plant Pathology  
 1089 Cordley Hall Phone: 541-737-1501  
 Corvallis, Oregon 97331-2903 Fax: 541-737-2412

*PLEASE PRINT CLEARLY*

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 \_\_\_\_\_ Date collected \_\_\_\_\_

Collection location \_\_\_\_\_

Reply to via: \_\_\_ Phone \_\_\_ Mail \_\_\_ Email \_\_\_ Fax

**Please answer the following to assist with our services:**

What is the colony feeding on (crop)? \_\_\_\_\_

Is it being treated with any chemicals or antibiotics? \_\_\_\_\_

Size of the Hive (# of frames): \_\_\_\_\_ # of Hives being affected \_\_\_\_\_

Has the hive been moved in the last 30 days: Yes / No  
 From where to where: \_\_\_\_\_

In the last 12 months what states have the hive feed in: \_\_\_\_\_  
 \_\_\_\_\_

Primary concern/ Symptoms observed \_\_\_\_\_  
 \_\_\_\_\_

**Testing services available:** check which diseases you want preformed and submit 20 bees preserved in rubbing alcohol or a 3"x 3" section of comb with scales for **EACH** test selected

___ <b>American Foulbrood</b> (from Bees or comb with scales only) .....	\$30
___ <b>European Foulbrood</b> (from Bees or comb with scales only) .....	\$30
___ <b>Chalk Brood</b> (from Bees or comb with scales only) .....	\$20
___ <b>Stone Brood</b> (from Bees or comb with scales only) .....	\$20
___ <b>Nosema Presence</b> (from Bees or feces deposited on glass) <b>Species ID NOT available at this time</b> .....	\$ 0
___ <b>Varroa Mites</b> .....	\$ 0
___ <b>Tracheal Mites</b> .....	\$ 0
___ <b>Insect Pests</b> (Wax moth, Hive beetles, Bee louse, etc.) <b>No bees need to be submitted</b> .....	\$ 0

I agree to pay for the service(s) selected above  
*(Signature is required before sample can be processed)*

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_