

APIARY SUBMISSION FORM



411 East McDermott Drive Ste B. Allen, Texas 75002
 Phone: (972)960-2221 Fax: (972)960-1997 www.vetdna.com

Owner Name:		
Hive Name:		
Species:		
Age:	Sex:	Date:

Specimen Source (Please Circle)	
BLOOD	SWAB

ACCOUNT	Acct #
	Name
	Address
	City
	State/ZIP
	Country
	Phone#
	Email
	Fax

Check Enclosed	Amount: _____			
Credit Card				
AMEX	Discover	Master Card	Visa	On File
Exp. Date: ____/____/____				
Name On Card				
Credit Card Number				

Specimen Requirements:	Blood - 0.1 ml whole blood	Swab - Dry sterile swab
LIVE ANIMAL TESTING	ENVIRONMENTAL TESTING	POST MORTEM

DNA TESTS \$20.00 each
American Foulbrood (<i>Paenibacillus</i> larvae)
<i>Crithidia bombi</i>
<i>Crithidia mellificae</i>
Dermeestid Beetle
Insect Iridescent Virus
<i>Nosema apis</i>
<i>Nosema bombi</i>
<i>Nosema ceranae</i>
Phorid Fly
Pyemotes
Small Hive Beetle (<i>Aethina tumida</i>)
Stonebrood (<i>Aspergillus fumigatus/flavus/niger</i>)
Tracheal Mites (<i>Acarapis woodi</i>)
<i>Tropilaelaps</i> Mites
<i>Varroa</i> Mites
Other _____

RNA TESTS \$25.00 each (Overnight / 48 Hour Shipping Required)
ABPV (Acute Bee Paralysis Virus)
Aphid Lethal Paralysis Virus
BQCV (Black Queen Cell Virus)
CPV (Chronic Paralysis Virus)
DWV (Deformed Wing Virus)
IAPV (Israeli Acute Paralysis Virus)
KBV (Kashmir Bee Virus)
SBV (Sac Brood Virus)
Tobacco Ringspot Virus
Other _____

PANEL TESTS
Colony Collapse Disorder: \$100.00 American Foulbrood, ABPV, BQCV, <i>Crithidia mellificae</i> , DWV, IAPV, KBV, <i>Nosema apis</i> , <i>Nosema ceranae</i> , SBV, Tracheal Mites, <i>Varroa</i> Mites