

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	RNA TESTS \$25.00 each
American Foulbrood (<i>Paenibacillus larvae</i>)	ABPV (Acute Bee Paralysis Virus)
<i>Crithidia bombi</i>	Aphid Lethal Paralysis Virus
<i>Crithidia mellifica</i>	BQCV (Black Queen Cell Virus)
Dermestid Beetle	CPV (Chronic Paralysis Virus)
Insect Iridescent Virus	DWV (Deformed Wing Virus)
<i>Nosema apis</i>	IAPV (Israeli Acute Paralysis Virus)
<i>Nosema bombi</i>	KBV (Kashmir Bee Virus)
<i>Nosema ceranae</i>	SBV (Sac Brood Virus)
Phorid Fly	Tobacco Ringspot Virus
Pyemotes	Other _____
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 _____	

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

For additional species and tests please visit online @ <http://www.vetdna.com>