



Customer No:

Your Reference:

Quote No: (If applicable)

BEE KEEPER DETAILS Results will be reported to the submitter's email address provided below

Submitter name:

*Registration number:

Contact address:

ABN:

Email:

Phone:

HIVE LOCATION

Apiary site street/ town:

GPS Coordinates
(decimal degrees)

South

East

System
type

WGS84
GDA94

Disease(s) suspected

1. American Foulbrood 2. European Foulbrood 3. Other (specify)

SPECIMEN DETAILS

SAMPLE TYPE	QTY	SAMPLE TYPE	QTY	SAMPLE TYPE	QTY	SAMPLE TYPE	QTY
Slide / smear		Honey		Brood comb		Other sample(s):	

Case History (clinical signs, treatment, hive movement etc.)

No. of hives at risk:

Sample collection date:

Export to:

Interstate movement to:

DECLARATION

*Bee keeper registration must be provided or test charges will apply

By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at www.dpi.nsw.gov.au or provided to me by contacting Customer Services.

By signing below, I declare that I am authorised to request analysis of the samples listed above

Name:

Signature:

Date:

LAB USE ONLY

QA D M AI E Other: NOTIFIABLE EXOTIC ACCREDITATION

Total samples received: