

<b>Bee Health Diagnostic Sample Form</b> <b>Completed Forms:</b> Mary Coffey Bee Disease Diagnostic Service Teagasc, Oakpark Research Centre, Carlow	<b>Sample Reference No:</b> <hr/> <i>(Laboratory use only)</i>
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### Beekeeper Details

<b>Name of Beekeeper:</b>	<hr/>
<b>Home Address:</b>	<hr/>
	<hr/>
<b>Email: (if available)</b>	<hr/>
<b>Mobile Phone No: (if available)</b>	<hr/>
<b>Telephone No:</b>	<hr/>

### Sample Details

<b>Date of sampling:</b>	<hr/>
<b>Sample Type:</b>	Bees <input type="checkbox"/> Brood <input type="checkbox"/> Other <input type="checkbox"/>
<b>Reason for sampling:</b>	Routine check <input type="checkbox"/> Suspicious symptoms <input type="checkbox"/>
<b>Comments regarding symptoms (if appropriate)</b>	<hr/>
<b>Address of Apiary:</b>	<hr/>
	<hr/>
<b>Apiary GPS Co-ordinates (if available)</b>	<hr/>
<b>Colony details/history (Please give details of the colony history e.g. Nuc, queen right/queenless, varroa treatment/type of treatment)</b>	<hr/>
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"The data given on this form will only be used to communicate with beekeeper regarding the attached samples and will not be used for any other purpose"

*(Laboratory Use Only)*

**Results:** 

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