

<u>Lab Use Only</u>
Sample Number:
Date Received:

New Jersey Department of Agriculture  
 Division of Plant Industry  
 PO Box 330  
 Trenton, NJ 08625  
 (609) 406-6939



## Honey Bee Submission Form

### For *Nosema* and *Varroa* testing:

- Please submit a minimum of 50 bees for each sample being tested. \$15 testing fee is per sample. Samples may contain bees from a single hive or a composite of multiple hives.
- Please specify if you would like *Nosema* testing for percentage of bees infected or the average number of spores per bee. Percentage of bees infected is considered a better indicator of hive health than spores per bee. All samples will be tested for *Varroa* mites.
- *Nosema* infections will be detected earliest in forager bees collected near the entrance. Testing bees collected from under the lid will detect established infection but may miss the earliest cases.
- Bees should be submitted in a plastic or glass container with a water-tight lid in 70% alcohol just enough to wet the bees. No leaking containers please.
- Mail submissions to address listed above. Make checks payable to New Jersey Department of Agriculture and indicate honey bee testing in the memo.

### For EFB/AFB testing:

- To submit a sample for European foulbrood testing, you will need a cotton swab and a piece of aluminum foil. Insert the cotton swab into several larval cells of the honeycomb that appear to have dead, uncapped “melty” brood that are twisted abnormally within the cell. Wrap the swab in aluminum foil, then place in your shipping envelope with this form.
- For American foulbrood, look for a spotty brood pattern and swab into sunken, capped brood cells. Look for a “ropey” substance that sticks to the cotton swab as you pull it out of the cell.
- Avoid putting the swab in a plastic bag or plastic wrap.
- EFB diagnosis is a separate test that will be **an additional \$10**. There is no additional charge to test for AFB.

Submitter Information			
Name:	Address:		
Telephone #:			
Email:	County:		
Date of Collection:			
<b>Sample Information - \$15 per sample for <i>Nosema</i>; \$10 per sample for EFB.</b> <b>Please use additional form for more hives.</b>			
Hive number, name, or location	Nosema Test (Circle One)	EFB (check box)	AFB (check box)
1	% infected / Spores per Bee		
2	% infected / Spores per Bee		
3	% infected / Spores per Bee		