



National Agricultural Genotyping Center

1616 Albrecht Blvd North
 Fargo, ND 58102
 Phone: (701) 239-1451
www.genotypingcenter.com



HONEYBEE SAMPLE SUBMISSION FORM

Date Shipped: _____

Company Name _____
Owner/Contact _____
Address _____
City/State/Zip _____
Primary Phone _____ Secondary Phone _____
Email address(es) _____
All reports will be sent electronically to the provided email address(es).

This area for NAGC use only

CASE NO.	Total number of samples submitted:	
Arrival Status:		
ROOM TEMP	WET ICE	COLD PACK
DRY ICE		AUTOLYZED
MISSING SAMPLE(S):		
DAMAGED:		
FEDEX	UPS	USPS
HAND DELIVERED		LEGAL CASE
Date ____/____/____		Initials _____

The completed form serves as a contract between the customer and the NAGC. All fees incurred for testing are the responsibility of the customer and the laboratory reserves the right to choose the best methods for the requested testing of the submitted samples. Additional information on the testing procedures is available upon request. Specimens and any biological agents isolated from submitted samples become the property of the NAGC.

Samples Submitted By (Print Name - First & Last)	Signature / Date
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Use table below and continue on another copy of this form, if necessary			Rush Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory ID # <small>(NAGC use only)</small>	Sample ID #	Sample type <small>(adult bees, honey, swabs, etc.)</small>	*Test Code(s)	Sample Pooled?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

HB-Q = Honeybee Full Screen ISL1 = IABPV, SBPV, LSV2 TLC = Trop, Lpa, Cme	ABL2 = ABV2, BQCV, LSV2 DCV = DWV, CBPV, VDV1	AES = AFB, EFB, SBV KNN = KBV, <i>N. apis</i> , <i>N. ceranae</i>
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Please include the completed submission form with the items to be tested when sending samples to the lab or email the completed form to Research@genotypingcenter.com at the time of shipment.

Rush testing is available for a surcharge. Please contact the lab at 701-239-1451 for expedited requests.

Please visit www.genotypingcenter.com for detailed sampling, shipping procedures, and current list of test codes.