



<b>Lab use only:</b>
<b>Date received</b>

<b>Submitter &amp; Clinic Details:</b>		<b>ABN:</b>	
Address:	Phone :	Mobile:	
	Email:		

<b>Owner Name:</b>	<b>PIC</b> - a valid pic must be supplied								
Property Address:									
Mailing Address (if different to above):									

DISEASE SUSPECTED	1.	2.	3.
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<b>Reason for Testing</b>	<input type="checkbox"/> District Surveillance	<input checked="" type="checkbox"/> Exotic/Notifiable	<input type="checkbox"/> Research	<input type="checkbox"/> Accreditation/MAP	<input type="checkbox"/> Charge WBS _____
	<input type="checkbox"/> AI Centre	<input type="checkbox"/> Import from (state or country) _____		<input type="checkbox"/> Export to (state or country) _____	
<b>Date of collection:</b>	Species	Apis mellifera	Number at risk	1 bee hive	
	Breed		Number sick		
	Age	Sex	Number dead		

Number & Type of Specimen	Tests Requested	Lab use only
1 bee hive	AFB, EFB	

<b>History (husbandry, nutrition, clinical signs, treatment, lesions)</b>
Suspected AFB, uncapped cells, sunken pupae ropy with a matchstick test, foul odour.

<b>Veterinarian's Name (please print)</b>	<b>Sign</b>	<b>Date</b>
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Test results and findings may be provided to authorised staff and used for statistical, surveillance, extension, certification and regulatory purposes in accordance with Departmental policies. The information assists disease and residue control programs and underpins market access for agricultural products. The source of the information will remain confidential unless otherwise required by law or regulatory policies.

QA  D  M  AI  E  Other  \_\_\_\_\_ NOTIFIABLE  EXOTIC  ACCREDITATION  TSE  RESIDUE  ANIMAL WELFARE