



National Agricultural Genotyping Center

1616 Albrecht Blvd North
Fargo, ND 58102

Phone: (701) 239-1451 Fax: (314) 942-3393
www.genotypingcenter.com



HONEY BEE SAMPLE SUBMISSION FORM

Date Shipped: _____

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

<i>This area for laboratory use only</i>		
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
--	------------------

Use table below and continue on another sheet of paper, if necessary

Laboratory ID # (lab use only)	Sample ID #	Sample type (species, comb, pupae, etc.)	*Test Code(s)	Rush Testing Requested
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*Test codes: **A** = Honey Bee Full Screen; (**ABPV, BQCV, KBV, LSV-1/LSV-2, CBPV, DWV, IAPBV, SBPV, AFB, and EFB**)
For any single pathogen, please denote using the codes above in bold.

Rush testing is available for a surcharge. Please contact Megan O'Neil at 701-239-1449 for expedited requests.

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