

NH Honeybee Diagnostic Network
NOSEMA Testing Service

Diagnosed by: _____

Date of diagnosis: _____

Beekeeper Information

Beekeeper Name: _____

Beekeeper Phone #: _____

Beekeeper Email: _____

Beekeeper Address: _____

County, town the sample was taken: _____

Sample/hive information

Circle one: Overwintered Nuc Package

Race/strain: _____

Seasonal information (swarming, used in pollination, etc.) _____

Bee Sampling location: House bees next to brood frame (recommended), Incoming field bees, Above inner cover, Other _____

Other relevant information: Supercedure, Colony dwindling, External or Internal spotting, Deadout

| | Sample 1 | Sample 2 | Sample 3 | Sample 4 |
|--------------------------------------|----------|----------|----------|----------|
| Sample ID | | | | |
| Sample Location (within hive) | | | | |
| # of Spores from 5 Squares | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total # from squares 1-5 (1+2+3+4+5) | | | | |
| # of spores X 50,000 | | | | |
| Infection Level (High, Med, Low, ND) | | | | |
| Actions Recommended? | | | | |

High = >5 mil, Med = 2 – 5 mil, Low = 1k – 2 mil, None Detected = no observable spores, Detectable limit 100,000 spores per bee
 Tear below the line and provide bottom to the client

Client copy

Beekeeper Name: _____

Date of diagnosis: _____

| Sample ID | Sample location (within hive) | Total # of spores X 50,000 | Infection Level (High, Med, Low, None Detected) | Action Recommended? |
|-----------|-------------------------------|----------------------------|---|---------------------|
| | | | | |
| | | | | |
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| | | | | |

**Ideally, spore counts should occur three times a year; spring, summer, fall*

Client Information

Diagnostic Information

Client Copy