

# EMAI Bee Disease Diagnostics Form

Project Code (NSW DPIRD):

Customer Number:  Your Reference:  Quote Number:

| Please Indicate your reason for testing below  |                                                 | *Registration number:                                                                    |
|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Disease investigation | <input type="checkbox"/> Compliance requirement | <input type="checkbox"/> Recreational<br><input type="checkbox"/> Commercial (>20 hives) |
| <input type="checkbox"/> Disease monitoring    | <input type="checkbox"/> Export testing         |                                                                                          |

| SUBMITTER DETAILS Results will be reported to the submitter's email address provided below |                 |
|--------------------------------------------------------------------------------------------|-----------------|
| Submitter name:                                                                            | Company/Clinic: |
| Postal Address:                                                                            | ABN:            |
| Email:                                                                                     | Phone:          |

| OWNER DETAILS              |                                                                              |
|----------------------------|------------------------------------------------------------------------------|
| Apiary site street/town:   |                                                                              |
| GPS Coordinates South East | System <input type="checkbox"/> WGS84<br>Type <input type="checkbox"/> GDA94 |

| SUBMISSION DETAILS |  |
|--------------------|--|
| Diseases suspected |  |

1. ☐ American Foulbrood    2. ☐ European Foulbrood    3. ☐ Other (specify):

| Case History            |                         |
|-------------------------|-------------------------|
| No of hives at risk:    | Sample collection date: |
| Export to:              |                         |
| Interstate movement to: |                         |

| Sample Type  |     |                          |     |             |     |                |     |
|--------------|-----|--------------------------|-----|-------------|-----|----------------|-----|
| SAMPLE TYPE  | QTY | SAMPLE TYPE              | QTY | SAMPLE TYPE | QTY | SAMPLE TYPE    | QTY |
| Slide/smear* |     | Honey (min 100 mL/145g)* |     | Brood Comb* |     | Other samples: |     |

| ADDITIONAL INFORMATION (History/reason for testing) |  |
|-----------------------------------------------------|--|
|                                                     |  |

| DECLARATION                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <p><b>*Beekeeper registration must be provided, or test charges will apply for slide/smear or brood comb testing. Charges apply for honey samples.</b></p> <p>I have read and agree to the <a href="#">NSW DPIRD Laboratory Services Terms and Conditions</a> that can be accessed on the NSW DPIRD Website or provided to me by contacting Customer Services. By signing below, I declare that I am authorised to request analysis of the samples listed above.</p> |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="text"/> |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature            |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="text"/> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |

| LAB USE ONLY            |                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QA                      | <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> OTHER: <input type="checkbox"/> NOTIFIABLE <input type="checkbox"/> EXOTIC <input type="checkbox"/> ACCREDITATION |
| Total samples received: |                                                                                                                                                                                                                             |

## DIAGNOSIS AND TESTS AVAILABLE

|                           |                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>American Foulbrood</b> | The diagnosis is strongly supported by clinical signs of disease. AFB can be confirmed by the Microscopic examination of diseased larvae in smears for the spores of <i>Paenibacillus larvae</i> . Honey testing for these spores is also a useful means of tracing infection sources to the hives of origin from which positive honey samples were collected. |
| <b>European Foulbrood</b> | The diagnosis of this disease is also strongly supported by clinical signs of disease. EFB can be confirmed by the microscopic examination of diseased larvae in smears for the bacterium <i>Melissococcus plutonius</i> and/or the spores of <i>Paenibacillus alvei</i> , a common secondary bacterial invader in cases of EFB.                               |
| <b>Chalkbrood</b>         | This disease is the only significant fungal disease of honey bee brood. The diagnosis is strongly supported by clinical signs of disease and can be confirmed by the microscopy of diseased brood.                                                                                                                                                             |
| <b>Nosemosis</b>          | The only accurate means of diagnosing nosemosis is the microscopic examination of the gut of infected bees.                                                                                                                                                                                                                                                    |

## SPECIMEN REQUIREMENTS- Refer to [Samples for bee disease diagnosis](#) Prime Fact for sample collection guides [HERE](#)

### LARVAL SMEARS

For EFB and AFB:

- > Prepare smears from larvae showing signs of disease (up to 4 larvae per smear).
- > Air dried smears should be individually wrapped in paper and sent between two hard cardboard sheets held together with tape or an elastic band.
- > Do NOT send two smears in contact with each other.
- > Microscope slides to use for smears can usually be sourced from veterinary hospitals.

### DISEASED BROOD

For EFB, AFB and chalkbrood:

- > Submit an approx. 5 x 10 cm piece of brood comb containing diseased larvae/pupae wrapped in paper towel and packaged in a strong cardboard box. The comb must not contain honey and crushed combs may not be suitable for diagnostic analysis.
- > If unable to send the comb on the day of collection, the comb should be refrigerated until being sent.
- > Thoroughly clean any tools used to remove the piece of brood comb to avoid spreading disease to other hives.

### HONEY SAMPLES

For AFB ONLY:

- > Honey samples should only be submitted to trace AFB infections or for regulatory compliance.
- > Submit a minimum of 100 mL (145 g) of bulk honey, preferably from an extraction of multiple hives.
- > Do NOT scrape honey from individual frames or send honey contaminated with debris. If you own a small number of hives and suspect disease, it is best to examine the hives for disease signs and submit smears rather than honey samples.

### ADULT BEE SAMPLES

For nosemosis:

- > Samples for diagnosis should be collected by gathering 10-25 live or freshly dead adult bees from the hive entrance or from the top bars of the frames. Young nurse bees on brood combs are unsuitable for examination.
- > Place live bees in a plastic container with some queen candy and forward to the laboratory by the fastest available means.

## FURTHER INFORMATION

### SAMPLE SUBMISSION DETAILS

All samples should be packed accordingly, accompanied by a complete Bee Disease Diagnostic Form. Submissions should then be forwarded to:

**NSW DPIRD – EMAI**

**Postal Address:** Private bag 4008 Narellan NSW 2567

**Courier Address:** EMAI, Woodbridge Road, Menangle NSW 2568

For further information in regards to Bee disease **testing** only, please visit our Bee Disease Page or contact Customer Services on 1800 675 623. Email inquiries should be sent to [laboratory.services@dpiird.nsw.gov.au](mailto:laboratory.services@dpiird.nsw.gov.au)

For further information in regards to AFB, EFB and Chalkbrood, please contact the **Biosecurity Helpline (select option 2)**  
**On 1800 680 244**