

WSU Honey Bee Diagnostic Lab/ Dept. of Entomology/ 166 FSHN Pullman, WA 99164  
**Washington State University Honey Bee Diagnostic Lab**  
**Colony Health Data Form/This Form must accompany sample(s)**

**Beekeeper Contact Information**

**Name:**

**Address:**

**Phone:**

**Email:**

Beekeeping Association:

**Beekeeping Operation**

Number of colonies overwintered last year:

Estimated colony losses in last 12 months:

Were these colonies replaced or rebuilt?

Strain of bees:

Origin of stock/queen producer:

Chemicals/treatments used in past 12 months and frequency:

Field ID of Varroa mite?

Tracheal mite?

Nosema?

Have you seen symptoms that appear to be Deformed Wing Virus?      Other Virus?

**Sample Information**

Date samples were taken:

Number of samples submitted for analysis:

Location samples were taken: (town/state/county)

Reason for sampling: (routine? problem?)

Sample ID#:(same as in sample cup):

**See back for WSU Lab address and email address/website for more information.**

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**Recommended Number of samples to be submitted:**

**1-10 colonies: 1 sample. 11-25 colonies: 2 samples. More than 25 colonies: Please contact the Lab.**

Lab Address:

WSU Honey Bee Diagnostic Lab  
Dept. of Entomology/Washington State University  
166 FSHN  
Pullman, WA 99164-6382

[Beediagnosis.fd@wsu.edu](mailto:Beediagnosis.fd@wsu.edu) [bees.wsu.edu/diagnostic-lab/](https://bees.wsu.edu/diagnostic-lab/) (forms/instructions)