



Voluntary Sample Form - IN CONFIDENCE

PERSONAL DETAILS
Name
Address
Postcode
Tel. no.
NBU Beekeeper ID no. (if known)
Email address

APIARY DETAILS
Apiary name
County
OS map reference (if known)
No. of colonies in apiary
Total no. of apiaries
Total no. of colonies

SAMPLE DETAILS
Date Sample Taken:
Sample Type: e.g. comb, adult bee, larvae
Diagnosis required: e.g. adult bee*, foulbrood.
Arrival date (NBU use only):

NBU use only						
Colony	Number of combs of bees	Number of combs of brood	Comments	Initials	Date	NBU ref

Instructions

1. Please fill in your personal, apiary and sample details, and also the colony reference(s) in the appropriate boxes. Please do not write anything in the boxes shaded grey. If there is any additional information you wish to include, please write it on the back of this form ***N.B. Adult Bee Disease Diagnosis which was chargeable at £40 has now been discontinued.**
2. We would be very grateful if you could provide us with the Ordnance Survey Reference of the apiary if possible, available online at 'Street Map' or 'UK Grid Reference Finder'. This allows us to plot the location on our computer mapping system.
3. The personal information you provide is in confidence. For more information please visit our website at: www.nationalbeeunit.com