

Diagnostic Response Kit (DTK)



Contact Information

Beekeeper Name _____

Beekeeper address _____

Beekeeper phone # _____

Beekeeper email _____

Send an email with contact and tracking info when you ship!

[Heather Eversole at brl1@umd.edu](mailto:brl1@umd.edu)

and ship to: 4112 Plant Sciences Building College Park, MD 20742

Shipping date _____

Number and types of samples sent

wet samples: _____

pesticide samples: _____

live bee boxes (*): _____

(*) do not ship **live bee boxes** on a Thursday or Friday

Beekeeper _____ Sampler _____ Reason for sampling _____ # colonies in the yard _____
 Sampling Location _____ Yard Name _____ # healthy colonies _____
 Sampling address _____ Yard notes _____ # non-healthy colonies _____
 County _____ Latitude _____ # dead colonies _____
 State _____ Longitude _____ # pallets in the yard _____
 Date _____ # colonies per pallet _____
 # colonies missing _____

If this is an Emergency Response Kit, please use "Yard Group" to identify which colonies are "Weak" vs "Healthy"

Bottle#	Colony tag	Colony config.			Frames of bees	Queen status	Brood pattern	Weight	
		8/10 frames						light / medium / heavy	
		___Deep	___3/4	___Medium				Colony is dead/alive	
		___Shallow ___Supers					Yard group:		
Disease Check?	NO	if yes:	Varroa	CBPV	AFB	entombed pollen	Samples taken:		
	SHBA	CDB	PMS	IBDS	EFB		Var	Virus	(virus composite group:)
	SHBL	Chalk	DWV	SBV	shiny bees	wax moth	Nos	Pesticide	(pest. matrix:)
Notes?									

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