

HEALTH STATUS FORM

- 1) Beehive identifier: _____
- 2) The colony shows reduced honey production: YES NO
- 3) The colony compared to the others looks depopulated: YES NO
- 4) Upon opening the hive, are foreign materials found? (e.g., wood strips, dust, special devices, etc.) YES NO
If yes, please describe: _____

- 5) Is there brood? YES NO
- 6) If present, does the brood manifest injury signs? (e.g., pierced/ blackened opercula, irregular distribution, abnormal odor, stringy larvae, etc...) YES NO
- 7) Specify the injury signs presenting to the brood: _____

- 8) Do you notice the presence of *Varroa* adults on the bees? YES NO
If yes suspected varroaosis.
- 9) Do you notice the presence of dead bees in pupal stage? YES NO
If yes suspected viruses.
- 10) Do you notice the presence of small, black bees or bees with deformed wings? YES NO
If yes, suspected viruses.

- 11) Do you notice diarrheal droppings on the flight platform and/or inside the hive?
YES NO If yes, suspected noseiosis.
- 12) Do you notice dead bees inside the hive or depopulated families (persistent depopulation for more than 10 days)? YES NO
If yes, suspected noseiosis.

13) Anti-varroa treatment carried out: APISTAN® APIVAR® APIGUARD®
THYMOVAR® APILIFE VAR® API-BIOXAL® DRIP API-BIOXAL® SUBLIMATE.

When (specify): _____

Notes: _____

Beekeeper's Signature

Verbalizer's Signature

SAMPLING FORM

N° _____ of sample(s) of forager adult honeybees

The presence of forager adult honeybees is essential for the diagnosis of nosemosis.

Sampled from the hive(s) N° (specify hive identifier of origin) _____

Verbalizer's notes, if any: _____

Beekeeper's notes, if any: _____

Beekeeper's Signature

Verbalizer's Signature