Directorate Veterinary Infectious Diseases
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You are required to fill out the fields in gray. Analyses can be refused on the grounds of inadequately completed forms.

Sciensano

ANALYSIS REQUEST FORM: Hymenoptera

A. ADMINISTRATIVE INFORMATION	Your reference:	Dossier nr.:

Veterinarian: name and surname (stamp**)**

Inspector FASFC: name

Order affiliation nr.:
Email:

Local Control Unit (LCU):

Holder:

Sanitel herd number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

surname |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| first name |__| |__|__|__|__|__|__|__|__|__|__|

street |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| nr. |__|__|__|__|__|

postal code |__|__|__|__| city |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Submitted by:
O **Veterinarian**
O **Inspector / FASFC**
O **Holder**
O **Lab / Other** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Report results to:
O **Veterinarian**
O **Inspector / FASFC**
O **Holder**
O **Lab / Other** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Invoicing: Complete field 1 or field 2

Field 1
Invoice for the analyses in the name of:
O **Veterinarian**   O **Holder**
O **Laboratory**   O **Other**

Client nr. (if known) |__|__|__|__|__|__|__|__|__|__|__|

name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

street |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

nr. |__|__|__|__| **postal code:** |__|__|__|__|

city |__|__|__|__|__|__|__|__|__|__|__|__|__|

VAT |__|__|__| |__|__|__| |__|__|__|

Field 2
Analysis costs deducted via:

O **Contract with Sciensano**
(*contract nr. or ref.*) |__|__|__|__|__|__|__|__|
O **FASFC**
 (Provided prior agreement by FASFC was given)

Motive of analysis request:

 O **Diagnostic**

 O **Import:** ………………….

 O **Export:** ………………….

 O **Purchase / Sale**

 O **Outbreak**

 O **Certification / Qualification**

 O **Official program: Screening-Surveillance**

 O **Collection /Competition**

 O **Re-evaluation positive / non-interpretable result**

 O **Suspicion (suspect symptoms):**
…………………………………………………………………..
…………………………………………………………………..
…………………………………………………………………..
…………………………………………………………………..

 O **Other:** ………………..

B. SUBMITTED MATERIAL	Sampling date:	Nr. of samples:	Nr. of animals:

Species: O Bee   O Bumblebee

Type of material

O **living animal** O **cadaver** O **honey** O **capped brood** O **beeswax** O **open brood**
O **other (please specify):**

Identification submitted material:

Nr	Animal ID	Material	Batch	Colony	Ref. lab	External Reference
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Hymenoptera

In case a specific test ◊ is requested for a disease, please specify this in the designated column. In case the requested test/disease combination does not apply to all identified individuals, enter the "Nr." specified in "Identification of submitted material" of each animal in the correct test/disease field(s).

Bacterial diseases			Sample nr.	Test	Molecular Test
Brood (10cm x 10cm) O **European foulbrood**	EVB			Dissection + molecular test	included
O **American foulbrood**	FOU			Dissection + molecular test	included
Honey (20 grams) O **American foulbrood**	FOU			Isolation	Molecular confirmation test on bacteria: yes / no

* The diagnosis of European foulbrood cannot be done on honey.

Viral diseases (at least 60 bees)		Sample nr.	Molecular Test
O **Acute bee paralysis virus**	ABP		
O **Black queen cell virus**	BQC		
O **Chronic bee paralysis virus**	CBP		
O **Deformed wing virus A**	DWV-A		
O **Deformed wing virus B**	DWV-B		
O **Kashmir bee virus**	KBV		
O **Sacbrood virus** (brood or bees)	SBV		
O **Combination of 7 viruses**	BEV		

Parasitology		Sample nr.	Test	Molecular Test
O **Acariosis** (at least 60 bees)	ACA		dissection, microscopy	
O **Nosemosis** (at least 60 bees)	NOS			Determination *N. ceranae* or *N. apis* or *N. bombi* by 2 molecular tests : yes / no
O **Tropilaelaps**	TRO			
O **Varroosis** (at least 60 bees)	VAR			
O ***Aethina tumida*** (small hive beetle)	AET			(Always performed in case of suspicious result in microscopy)
O **Asian hornet**	VES			
O **Other:**				

◊ **Main available methods:**

- Molecular tests: genotyping, PCR, Real Time-PCR
- Bacteriological tests: isolation, identification, special staining, telling, antibiotics sensitivity test
- Virological tests: isolation, negative staining, immunofluorescence, Elisa Antigen, viral presence, hemadsorption
- Serological tests: seroneutralisation, antibody titration, hemagglutination inhibition, Elisa Antibody (gE, gB, indirect,…), complement binding reaction, Immunofluorescence, immunodiffusion, agglutination, Rose Bengal test.

These methods are not necessarily available for all diseases. In case of doubt, please consult the table in this link: https://www.sciensano.be/nl/analyse-aanvragen/aanvraag-voor-veterinaire-analyse

Date and signature of the requestor:	(Reserved for Sciensano. Do not fill out this field)
O **Veterinarian** O **FASFC/LCU** O **Lab / Other**	Date of reception: signature: Time: State received: O **T** O **C** O **F** O **O** Assessment date: signature: Time: Request conform: O yes O no Registration date: signature: Time: