

Honey bee Identification Form

Use this form when sending honey bees in for genetic characterization to determine level of Africanization of bees. For more information, refer to [online instruction form](#)

FOR LAB USE ONLY		Sample No:
Date Received:	Date Processed:	
Determination: AHB / EHB FABIS=	F.1=	F.2=
Date Collector notified:	Method: <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> email Other:	
Latitude:	Longitude:	

FILL OUT THIS SECTION ONLY (Please use pencil and print clearly)	
Name of collector:	Phone: ()
Organization/Occupation:	Email:*
Mailing Address:	
Geographic Information needed for mapping bee distribution.	
County of collection:	
If within town: Town/city name: Address where collected: Nearest cross streets:	
If outside town or city limits: Distance and direction from nearest town (e.g., 10 miles SW Hewitt, TX)	
Where collected (tree, building, meter box, etc.):	
Other Information	
Type of aggregation: <input type="checkbox"/> Swarm <input type="checkbox"/> Managed hive <input type="checkbox"/> Wild colony Other:	
Was the Swarm/hive/colony eliminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If humans or animals were stung, please list name(s) of person(s) stung and estimated number of stings:	
Medical treatment Administered:	
Animals stung:	
Source of disturbance (e.g., lawn mower)	

Mail completed form, with specimens, to: Texas Honey Bee ID Lab, Department of Entomology, 2475 TAMU, College Station, TX 77843-2475. For UPS or other private carrier use: 3100 State Hwy 47, Riverside Campus, Buiding 6884, Room 116, Bryan, TX 77807.

* Email is optional, but will speed up response time.