

## **2020 Colony Health Monitoring Registration Form**

The purpose of this program is to provide temporal monitoring and evaluation of pests and pathogens in the honey bee hive. Colonies will be sampled in early spring and late summer for major pests and pathogens. An effective Integrated Hive Management program includes continuous evaluation and planning steps so that adjustments can be made as necessary to ensure the success of the beekeeping operation. As part of this program, we will also collect colony management data from you, as a way to provide to you an evaluation of your pest management practices and pest/pathogen levels. The goal of the colony management data collection is to investigate possible association between your management practice and your pathogen levels.

Continuous colony monitoring and the implementation of best management practices has been shown to improve bee health, pollination, and honey production, and reduce annual bee losses, use of antibiotics, and overall operating costs for beekeepers.

Apiary sampling will occur twice a year: Samples will be collected in early spring and late summer. Two types of samples will be collected from 10 colonies at each apiary: live bee sample (viruses, Nosema, AFB, EFB) and alcohol wash (Varroa). Live bee samples from all 10 colonies in each yard will be combined/pooled into one sample per yard. Alcohol wash samples will not be pooled and will be assessed on-site (for immediate data result) and re-assessed later in the laboratory using a standard procedure for a more consistent assessment. If your Varroa levels are high, we will also collect extra live bee samples to perform a miticide resistance test, unless we receive instructions from you not to follow up with a resistance test.

Test results for Nosema, AFB and EFB should be expected within 2 ½ weeks from time of sampling. Results for viruses may take an additional 2-3 weeks.

| Name:                                     |         |           |            |
|---|---------|-----------|------------|
| Company name:                             |         |           |            |
| Email address:                            |         |           |            |
| Contact number:                           |         |           |            |
| Address:                                  |         |           |            |
| City:                                     |         | Province: | Post code: |
| Number of yards:                          |         |           |            |
| Please provide GPS                        | Yard 1: |           |            |
| location for all yards<br>(if more than 3 | Yard 2: |           |            |
| please add below):                        | Yard 3: |           |            |



| Spring and Fall sampling collection could be done | Before                             |  |  |
|---|------------------------------------|--|--|
| before or after miticide/                         | After                              |  |  |
| Nosema treatment.                                 |                                    |  |  |
| Do you have a preference?                         | No preference                      |  |  |
| We will be sampling 10                            |                                    |  |  |
| colonies in each yard.                            | Specific colonies                  |  |  |
| Would you like us to                              | (Colonies to be identified onsite) |  |  |
| sample from a specific set                        |                                    |  |  |
| of 10 colonies or can we                          | Choose at random                   |  |  |
| choose the colonies at                            | Choose at random                   |  |  |
| random?   |                                    |  |  |
| If your <i>Varroa</i> mite levels                 | Yes                                |  |  |
| are high, would you like us                       |                                    |  |  |
| to follow up with a                               | No                                 |  |  |
| miticide resistance test?                         |                                    |  |  |

## Please complete the table below (EP = Eligible Producer; Non-EP = Non Eligible Producer):

| Colony<br>Health<br>Monitoring | Description   | Cost per<br>yard (+GST)                  | Number of yards | TOTAL<br>(multiply<br>yard by cost) |
|--------------------------------|---|--|-----------------|-------------------------------------|
| Option 1:                      | <ul> <li>3 viruses</li> <li>AFB (incl. resistant test if colony is tested positive)</li> <li>EFB</li> <li>Nosema</li> <li>Varroa</li> </ul> | \$395.00<br>(EP)<br>\$410.00<br>(Non-EP) |                 |                                     |
| Option 2:                      | <ul> <li>AFB (incl. resistant test if colony is tested positive)</li> <li>EFB</li> <li>Nosema</li> <li>Varroa</li> </ul>                    | \$285.00<br>(EP)<br>\$300.00<br>(Non-EP) |                 |                                     |
| Option 3:                      | <ul><li>Nosema</li><li>Varroa</li></ul>   | \$145.00<br>(EP)<br>\$160.00<br>(Non-EP) |                 |                                     |
| Additional diagnostics*        | Please check the <u>NBDC website</u> for additional services. Please list services requested in the field on the right.                     |  |                 |                                     |

<sup>\*</sup>Tech Transfer Program staff may collect samples for diagnostic services in addition to those listed above, as per the beekeeper request (i.e., additional virus analysis, antibiotic resistance in honey, pesticide residue). The additional cost will reflect the fee for the requested diagnostic service as listed on the National Bee Diagnostics Centre (NBDC) website https://www.gprc.ab.ca/research/nbdc/submitsamples.html



| Please sign ar | d date: |       |  |
|----------------|---------|-------|--|
| Signature:     |         | <br>_ |  |
| Date:          |         | _     |  |

Cost: Beekeepers will be invoiced directly by Alberta Beekeepers Commission after receipt of completed and signed registration form.

## Your privacy matters to us!

The Alberta Tech Transfer Program (TTP) will not release any information that could identify individual's personal information who participate in our programs. Among information we consider personal identifiers, in addition to name, address, email or phone number, includes the location of apiaries.

All information you share with us is confidential. The TTP may create aggregate views of the data to broaden our understanding of trends in bee health. During the development of these aggregate views, much attention will be given to protect your privacy. For example, we will not share your location and name, instead we will assign each beekeeper an Identification Number (IN), to be unrecognizable as an individual, and pool data by region, protecting your apiary location. Additionally, we will use strategies such as reporting results averaged by month or regions instead of the actual sample date or county.

## Contact:

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