



# Rainbow bee-eater pellet sample collection form

## Details of person completing the form

Inspector/Person(s) attending

BQ Officer

Contractor

Other

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date

Attach sample no.(s) or barcode

Attach LIMS number

## Location details

Address

Nearest road

Locality

GPS Location

Latitude

Longitude

(WGS 84, decimal degrees)

 °S

 °E

Contact on site (if applicable)

Phone

## Sample details

Number of pellets

Comments

Number of vials



## Office use only

### Sample receipt and dispatch

Date sample received by BQ

Comments

Sample dispatched to DAF BSL for analysis

No If no, provide reason

Yes If yes, provide date of dispatch and connote number

Sample entered into BORIS by

Date

## Laboratory results

Date results received

Results and action taken

Result entered into BORIS by

Date

### Privacy statement

The Department of Agriculture and Fisheries is collecting the information on this form as a record of surveillance activities conducted under the National Varroa Mite Eradication Program. Summaries of surveillance activities may be provided to the Consultative Committee on Emergency Plant Pests, formed by the Australian Government Department of Agriculture and Water Resources for the purpose of reporting against the National Response Plan for the Eradication of *Varroa jacobsoni* from Queensland. Any personal information collected will not be disclosed to any other parties unless authorised or required by law.

Please return this form to Biosecurity Queensland at PO Box 1085 Townsville 4810 or by email to [varroa@daf.qld.gov.au](mailto:varroa@daf.qld.gov.au)