

<b>#</b>	Locality: ----- -----
<input type="checkbox"/> Whole Animal (EtOH)	-----
<input type="checkbox"/> Tissues	-----
-----	Lat: _____ Long: _____
<input type="checkbox"/> Skeleton	Alt: _____ GPS Error: _____ Datum: _____ GPS unit: _____
<input type="checkbox"/> Other: _____	Date Collected: _____ Time Collected: _____ Date Prepared: _____
-----	<b>Species:</b> _____ <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ? sex
-----	Age Class: _____ Wt: _____ SVL: _____ Tail: _____
-----	Tiss: <input type="checkbox"/> Frozen <input type="checkbox"/> Other _____ Types: _____ Barcode #: _____
<input type="checkbox"/> Photos: _____	Habitat: ----- -----
-----	Collected by: ----- -----
-----	Notes: ----- -----
<input type="checkbox"/> Salvage	-----

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