Ploidy Analysis Data Collection Form

Step 1: Data Collection Form - - Include with Shipment of (circle one) **Eyeballs or Blood Samples**: Do Not Freeze

GPS Location Coordinates Latitude and Longitude: Date of Capture: Water Temp (or estimate): Collector: Agency: Species: Capture Method: Weight(grams): Girth (millimeters): Girth (millimeters): Sex: Total Length (millimeters): Fork Length (millimeters): Gonad weight (grams): Are gonad branches mirror images? Yes or No Total Gonad Sample weight (grams):

Point of Contact Name: Point of Contact Phone: Point of Contact Email:

For Eyeball and Shipping Arrangements contact Sara Dziki (sara_dziki@fws.gov) or Ken Phillips (kenneth_phillips@fws.gov)

Ships samples to:

La Crosse Fish Health Center U.S. Fish and Wildlife Service 555 Lester Ave Onalaska, WI, 54650 608-783-8444

Reporting Sensitivity Agreement:

Is capture location sensitive? Yes or No Please hold ploidy results and capture location for ______ days after reporting to agency point of contact before publishing results to USGS Non-indigenous Species Database: https:// nas.er.usgs.gov/