

Eastern Hellbender Data Sheet



Date: _____ Time: _____

River/Locality: _____

County: _____ Township: _____

Latitude: _____ Longitude: _____

GPS Comments: _____

Collectors: _____

Water Depth: _____ M / Ft. Water Flow: Slow Med. Fast

Substrate/Habitat: _____

PIT #:

* *

 Recap: Yes No

SVL: _____ TL: _____ Mass: _____

Sex: Male Female Unk. Photo: _____

Abnormalities or Injuries: Yes* (indicate on reverse) No

Samples collected: Blood Bd swab Cloacal swab

Buccal swab Peptides Tissue Other: _____

Sample notes: _____

Additional Comments: _____

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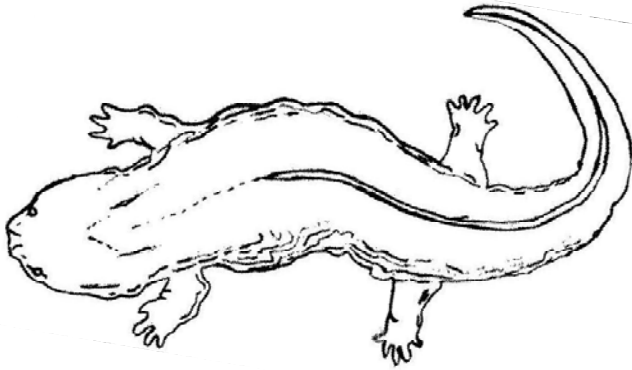
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Indicate all abnormalities or injuries:



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