

## Form LHRHa – 3: Results Report Form For Use of Luteinizing Hormone-Releasing Hormone Analog Under INAD 8061

**INSTRUCTIONS**

1. Investigator must fill out Form LHRHa-3 no later than 10 days after completion of the study period. Study Number must be recorded on all pages of Form LHRHa-3. Attach lab reports and other information.
2. If Luteinizing Hormone-Releasing Hormone analog was not used under the assigned Study Number, fill out only the Site Information portion on this page, and skip to the end of page 3 and fill out only the "Negative Report" section.
3. Investigator should keep the original on file, and send a copy to the Study Monitor. Within 10 days of receipt, the Study Monitor should send a copy to the AADAP Office for inclusion in the permanent file.
4. **Note:** Both Investigator and Study Monitor should sign and date Form LHRHa-3.

**SITE INFORMATION**

Facility	
Reporting Individual	

**FISH CULTURE AND DRUG TREATMENT INFORMATION**

Drug lot number		Total amount drug used (mg)	
Fish species treated		Water temperature (°F)	
Drug dosage male (ug/kg body wt)		Drug dosage female (ug/kg body wt)	
Average fish weight (gm)		Average fish length (in)	
Number of treated males		Number of treated females	
Number of control males		Number of control females	
Treatment dates			
Injection Type (i.e. IM or IP)		Injection interval (hrs or days)	
Number of injections/males		Number of injections/females	
Spawning/evaluation interval (time from treatment until spawning)		Spawning/evaluation date	

### Hormone Results Record - Version 4

**INSTRUCTIONS**

1. Green females are those fish that have not ovulated or released their eggs, green males are those fish that are not actively spermiating.
2. Motility Score based on a scale of 0 - 4 (see Study Protocol Section VI).
3. Use additional copies of this form for additional treatment days.

Be sure the facility name is written here:

		TREATED FISH - Females						CONTROL FISH - Females					
Date Treated	Date Evaluated	# of Fish	Number Ripe	Number Green	% Ripe	% Eye-Up	% Hatch	Number of Fish	Number Ripe	Number Green	% Ripe	% Eye-up	% Hatch

		TREATED FISH - Males						CONTROL FISH - Males					
Date Treated	Date Evaluated	# of Fish	Number Ripe	Number Green	% Ripe	Milt/ fish (mL)	Motility Score	# of Fish	Number Ripe	Number Green	% Ripe	Milt/ fish (mL)	Motility Score

**RESULTS:** Describe in detail treatment results. Was treatment successful? If treatment did not appear to be successful, explain why not? Were there any mitigating environmental conditions that

STUDY  
NUMBER \_\_\_\_\_

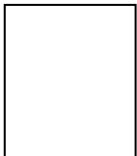
may have impacted treatment results? Were there any deviations from the Study Protocol? Attach pathology reports; Both Pre-and Post-Treatment.

**Toxicity observations:** Report any apparent drug toxicity including a description of unusual fish behavior.

**OBSERVED WITHDRAWAL PERIOD OF TREATED FISH:**

Observed withdrawal period : \_\_\_\_\_ **no withdrawal period** \_\_\_\_\_ **14 days** \_\_\_\_\_ **no release**

Estimated number of days between last treatment and first availability of fish for human consumption (ensure this time period meets the withdrawal period). \_\_\_\_\_



**NEGATIVE REPORT** Luteinizing Hormone-Releasing Hormone Analog was not used at this facility under this Study Number during the reporting period. (Investigator should initial for negative reports as soon as the Study Number is known to be no longer needed or valid.)

**Date Prepared:** \_\_\_\_\_

**Investigator:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_

**Study Monitor:** \_\_\_\_\_