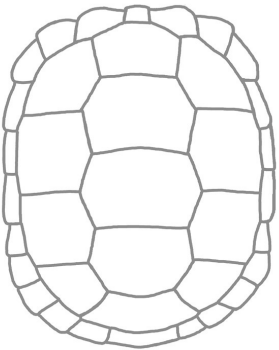
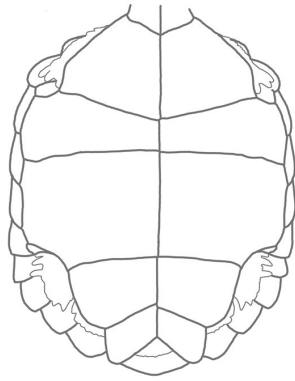


Desert Tortoise Health Assessment (HA) Data Collection Form—Translocation Projects

U.S. Fish and Wildlife Service May 2016

Date (ddmmmyy)		Project name			Site description / current pen #			Tortoise ID#	Transmitter frequency N/A or _____	
GPS datum	UTM zone	UTM easting		UTM northing		Temp °C	Full name of biologist(s)			HA start time (24h)
Attitude/activity: Appropriate Lethargic-weak		Initial Weight g	MCL mm	Width V3 mm	Height V3 mm	Respiration: Abnormal sounds (describe in notes) Increased effort None of above		Beak: Physical defect Staining Evidence of foraging None of above		
Left naris: Eroded Occluded None of above		Left naris discharge and severity: None Serous: 1 2 3 Mucous: 1 2 3			Right naris: Eroded Occluded None of above		Right naris discharge and severity: None Serous: 1 2 3 Mucous: 1 2 3			
Left eye: Sunken Corneal opacity Partially closed Fully closed Serous discharge Mucous discharge Periocular swelling Periocular redness Conjunctival swelling Conjunctival redness None of above					Right eye: Sunken Corneal opacity Partially closed Fully closed Serous discharge Mucous discharge Periocular swelling Periocular redness Conjunctival swelling Conjunctival redness None of the above					
Skin lesion location: None Head Neck L / R forelimb L / R axillary region L / R hindlimb L / R pre-femoral region Vent-tail					Condition of skin lesion(s): N/A Active Inactive		Ticks: 0 1-10 >10 Collected? N/A Yes No All Removed? N/A Yes No			
Shell characteristics: Sunken scutes Whitish flaking Trauma None of above Other _____ (describe below)			Shell characteristics location: Carapace Plastron N/A (Describe or draw below)		Condition of shell trauma: N/A Active Inactive		Circumstances of skin/shell trauma: N/A Unknown Suspect predator Vehicle Other _____			
Sex: M F Unknown		Body condition score: 1 2 3 4 5 6 7 8 9			Coelomic cavity palpation: No mass L / R mass Not done		Photos (take all): _____ Label or data sheet / _____ Front face _____ Left side face / _____ Right side face / _____ Carapace _____ Plastron (*only if abnormal) / _____ Abnormalities / _____ Other			
<p>Draw, label, and describe abnormalities, trauma, anomalies, lesions, missing body parts, and identifying features (including gulars and head/limbs/tail <u>if noteworthy</u>).</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div>										
Oral cavity characteristics and tongue color: Not examined Hypersalivation Impaction Crust-Plaque-Ulcer White Pink Red other _____							Choana: Not examined White Pink Red		# oral swabs collected _____	
Total volume blood + lymph collected _____ ml		Total # hep tubes 0 1 2 3 4		Indicate ml lymph (L) / ml total in each hep tube (number each tube) 1) _____ ml L / _____ ml total 2) _____ ml L / _____ ml total 3) _____ ml L / _____ ml total 4) _____ ml L / _____ ml total						
Void during processing: None Urine-urates Feces					Hydration method: N/A Soak Nasal-oral Epicoelomic Fluid type _____ Vol _____ ml					
Disposition: Wild capture location Same pen _____ New pen _____ Translocated _____ Other _____							End handling time (24h)		Total # of tubes/vials collected	
Blood processing time (24h)		Plasma color: Colorless Red Pink Yellow Green		UFL plasma aliquots: 0 1		USFWS plasma aliquots: 0 1 2 3		Total tubes with RBCs saved: 0 1 2 3 4		Total # tubes saved (for submission/banking):
Notes:										