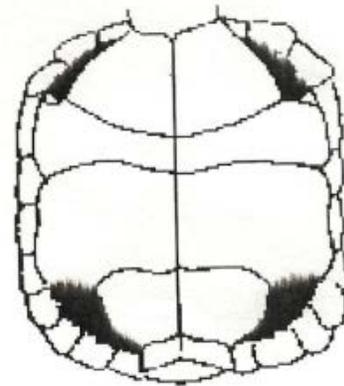
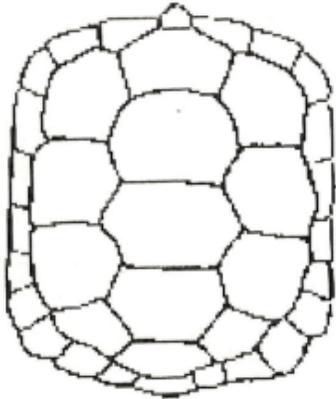


Date (ddmmyy):		Start time (24h):		Project name:		Site description / current pen #:		Tortoise ID #:		Transmitter frequency: N/A or _____	
GPS datum:	UTM zone:	UTM easting:		UTM northing:		Temp °C:	Full name of biologist(s):				
HA start time	Attitude/activity: Appropriate Lethargic/weak		Initial weight _____(g)		Respiration: Abnormal sounds Increased effort None of above		Beak: Abnormal Evidence of foraging None of above				
Left naris: Eroded Occluded None of the 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 hind limb L / R prefemoral region Vent/tail					Condition of skin lesion(s): N/A Active Inactive		Coelomic cavity palpation: No mass L / R Mass Not done				
Shell characteristics : Sunken scutes Whitish flaking Trauma None of above Other _____ (describe below)		Shell characteristics location: Carapace Plastron N/A		Condition of shell characteristics: N/A Active Inactive			If present, circumstances of skin/shell trauma: N/A Unknown Suspect predator Vehicle Other _____				
Sex: M F Unk	Body condition score: 1 2 3 4 5 6 7 8 9			Photos (take all): ___Label or datasheet ___Front face and body ___Left side face ___Right side face ___Carapace ___Plastron (take only if abnormal) ___Abnormalities ___Label or datasheet							

Draw, label, and describe abnormalities, trauma, anomalies, lesions, missing body parts, and identifying features (including gulars and head/limbs/tail if noteworthy).



Ticks: 0 1-10 >10		Choana: Not examined White Pink Red		Tongue and oral mucosa: Not examined White Pink Red Crust Ulcers Plaques Hypersalivation Impaction None of above		# oral swabs collected: _____	
Location: Soft tissue Seams Scutes Eyes Nares Beaks Collected? N/A Yes No Removed? N/A Yes No		Time of blood draw (24h): N/A		Total sample volume (blood and lymph) collected: _____(ml)		Total # hep tubes (number each tube): 0 1 2 3 4	
Indicate ml lymph(L) / ml total (tot) in tube 1: _____ml L/ _____ml tot 2: _____ml L/ _____ml tot 3: _____ml L/ _____ml tot 4: _____ml L/ _____ml tot		MCL: _____ (mm)	Width V3: _____ (mm)	Height V3: _____ (mm)			
Void during processing: None Urine/urates Feces		Post void weight: N/A _____(g)		Hydration method: N/A Soak Nasal-oral Epicoelomic Fluid type _____ Vol _____(ml)		Post fluid weight: N/A _____(g)	
Disposition: Wild capture location Same pen _____ New pen _____ Translocated _____ Other _____		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 number of tubes/vials collected: _____ Total saved: _____
Notes: