

Mortality Reporting Form:

Company Name: _____

Contact Information: namep	phone	email
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	Mortality Location(s) (eg. growing area, parcel number, location descriptions, GPS coordinates)	Date First Observed	Approximate End Date	Species	Diploid/ Triploid	Age Class	Estimated % Loss or Total Loss
1							
2							
3							
4							
5							

Did you pursue any of the following options?

• Plankton Tow and ID? Y/N

Results:

• Water Quality assessment at or near the mortality event? Y/N

Results:

• Health Diagnostic/Histology Exam? Y/N

Results:

Additional Notes/Observations:

For questions or information regarding animal health testing please contact Dr. Ralph Elston at AquaTechnics Inc.; <u>Phone</u>: 360-681-3122; <u>Email</u>: ralph@aquatechnics.com; <u>Shipping address:</u> 455 West Bell Street Sequim, WA 98382