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IVIC	ortality Reporting Form:						
Cor	mpany Name:						
Contact Information: name		phone		email			
	Mortality Location(s) (eg. growing area, parcel number, location descriptions, GPS coordinates)	Date First Observed	Approximate End Date	Species	Diploid/ Triploid	Age Class	Estimate % Loss o Total Los
2							
3							
4							
5							
	 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: 						
Ado	litional Notes/Observations:						
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For questions or information regarding animal health testing please contact Dr. Ralph Elston at AquaTechnics Inc.; Phone: 360-681-3122; Email: ralph@aquatechnics.com; Shipping address: 455 West Bell Street Sequim, WA 98382