

KU DIVISION OF MAMMALOGY

ID / AGENT	Species: <u>Peromyscus leucopus</u>	ID by: <u>DIV</u>	ID confidence: <input type="checkbox"/> low <input type="checkbox"/> med <input checked="" type="checkbox"/> high
	GPS Waypoint ID: <u>Chn1K 007</u>	Trapline ID: <u>Pond</u>	BlueCard/Other#:
Collector(s), Coll#:	<u>MAG, JKR</u>	Coll Date:	<u>29 Jan 2025</u> DD Month YYYY
Preparator, Prep#:	<u>XBM</u>	Prep Date:	<u>4 Apr 2025</u> DD Month YYYY
		Tissue by, Date:	<u>BND</u> <u>29 Jan 2025</u> Initial DD Month YYYY

LOCALITY	Country/State: <u>USA/Kansas</u>	County: <u>Douglas</u>
	Locality: <u>KU Field Station, Fitch Pond</u>	Altitude (m): _____
	Lat: _____	Long: _____
Datum: _____	Source: _____	Locality same as FN#: _____

ATTRIBUTES	Measurements: <u>181</u> total (mm) <u>79</u> tail (mm) <u>22</u> hindfoot (mm) <u>17</u> ear (mm) <u>26.5</u> weight (g)	<u>DIV</u> Measured by	Bats: forearm (mm) tragus (mm)
	Age class: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Sub <input type="checkbox"/> Juv <input type="checkbox"/> Emb <input type="checkbox"/> Unk	Relationship: _____ of # _____	
<input checked="" type="checkbox"/> ♂ male External: <input checked="" type="checkbox"/> Scrotal / <input type="checkbox"/> Non-Scrotal Testes = <u>10</u> x <u>6</u> mm			
<input type="checkbox"/> ♀ female Vagina: <input type="checkbox"/> Open / <input type="checkbox"/> Closed Mamuae: <input type="checkbox"/> Enlarged / <input type="checkbox"/> Small Lactation: <input type="checkbox"/> Lactating / <input type="checkbox"/> Not lactating			
Placental scars(plsc): Y / N (<u> </u> R, <u> </u> L) Emb: Y / N (<u> </u> R, <u> </u> L), CR= _____ mm			
<input type="checkbox"/> sex unknown <input type="checkbox"/> sex not examined			
Ecto exam? <u>Y</u> / N Ecto found? Y / <u>N</u> By: <u>FEBB</u> Date: <u>29 Jan 2025</u> Method: <u>Visual</u>			
Endo exam? <u>Y</u> / N Endo found? Y / <u>N</u> By: <u>DML</u> Date: <u>29 JAN 25</u> Method: <u>MAG</u>			

PREPARATIONS / PARTS	Prep types(s): <input type="checkbox"/> Skin <input type="checkbox"/> Skull <input checked="" type="checkbox"/> Skull+skel <input type="checkbox"/> Whole org: <u>95%</u> <u>EtOH / fzr</u> <input type="checkbox"/> Tissue only <input type="checkbox"/> Other: _____							
	Coll: <input checked="" type="checkbox"/> Sherm. <input type="checkbox"/> Snap <input type="checkbox"/> Rat <input type="checkbox"/> Gphr <input type="checkbox"/> Pit <input type="checkbox"/> Net <input type="checkbox"/> Gun <input type="checkbox"/> Salvage <input type="checkbox"/> Toma. <input type="checkbox"/> Other: _____ DOA: <u>Y</u> / <u>N</u>							
Tissues	Pres. at time of tissuing	Barcode	Remarks		Parasites	Preserved	Barcode	Location in host / Remarks
Heart, Lung	<input type="checkbox"/> 20C <input checked="" type="checkbox"/> LN ₂ <input type="checkbox"/> 80C <input type="checkbox"/> RNL			Ectos	<u>Flea</u> <u>Mite</u> <u>Tick</u> <u>Lice</u>	<input type="checkbox"/> 70% <input type="checkbox"/> 95% <input type="checkbox"/> LN ₂ <input type="checkbox"/> Other		
Kidney, Spleen	<input type="checkbox"/> 20C <input checked="" type="checkbox"/> LN ₂ <input type="checkbox"/> 80C <input type="checkbox"/> RNL			Ectos	<u>Flea</u> <u>Mite</u> <u>Tick</u> <u>Lice</u>	<input type="checkbox"/> 70% <input type="checkbox"/> 95% <input type="checkbox"/> LN ₂ <input type="checkbox"/> Other		
Liver	<input type="checkbox"/> 20C <input checked="" type="checkbox"/> LN ₂ <input type="checkbox"/> 80C <input type="checkbox"/> RNL							
Muscle	<input type="checkbox"/> 20C <input type="checkbox"/> LN ₂ <input type="checkbox"/> 80C <input type="checkbox"/> RNL			Endos	<u>Nema</u> <u>Cest</u> <u>Trem</u> <u>Cyst</u>	<input type="checkbox"/> 70% <input type="checkbox"/> 95% <input type="checkbox"/> LN ₂ <input type="checkbox"/> Other		
GI	<input type="checkbox"/> 20C <input checked="" type="checkbox"/> LN ₂ <input type="checkbox"/> 80C <input type="checkbox"/> 95%		<u>LI+FE</u>	Endos	<u>Nema</u> <u>Cest</u> <u>Trem</u> <u>Cyst</u>	<input type="checkbox"/> 70% <input type="checkbox"/> 95% <input type="checkbox"/> LN ₂ <input type="checkbox"/> Other		
Blood	<input type="checkbox"/> LN ₂ <input type="checkbox"/> dry <input checked="" type="checkbox"/> nobuto				<u>Embryo(s)</u>	<input type="checkbox"/> 70% <input type="checkbox"/> 95% <input type="checkbox"/> LN ₂ <input type="checkbox"/> Other		
Tiss. Quality: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Time of death: <u>9:45</u> Time of tissue in LN ₂ : <u>9:52</u> Elapsed Time: _____ min.				For staff use only: dates of cold chain progression dry ice field LN ₂ -20C -40C -80C install LN ₂				

REMARKS e.g., body condition, injuries, molt, stomach contents, etc.

GI tube may be labeled 3942 → the REAL 3942 GI sample has *s on it