

# CALIFORNIA AMPHIBIAN DISEASE NOTIFICATION FORM

## Reporter's Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Affiliation:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Permits (if applicable):** California DFG Scientific Collecting Permit # \_\_\_\_\_  
 Federal permit #: \_\_\_\_\_ State MOU? (circle one) Yes No

## Disease Information

<b>Species Affected:</b>	<b>Common Name:</b>
<b>Co-occurring Species Which Could Be Affected:</b>	
1	4
2	5
3	6
<b>Disease/Pathogen Suspected:</b>	<b>Disease/Pathogen Diagnosed:</b>
<b>Diagnosis performed by:</b> (please provide the name of the person and/or lab and their contact information).	
<b>Date of Diagnosis:</b> _____	
<b>Methodology (circle one):</b> PCR histology gross examination tissue culture.	
→ <b>Other methodology (please fill in):</b> _____	
<b># specimens examined:</b> ___eggs___ larvae___ metamorphs___ juveniles___ adults	
<b># specimen positive for pathogen:</b> ___eggs___ larvae___ metamorphs___ juveniles___ adults	
<b>Specimen Vouchered?</b> Yes No	<b>Pathogen Vouchered?</b> Yes No
<b>Museum:</b>	<b>Museum:</b>

## Location Information

**Latitude:** \_\_\_\_\_ **Coordinates obtained via:** \_\_\_\_\_  
**Longitude:** \_\_\_\_\_ *(If GPS- what is the accuracy of your instrument?)* \_\_\_\_\_  
**UTM:** \_\_\_\_\_ **Datum:** NAD27 NAD83 WG584 OTHER \_\_\_\_\_  
**Quad:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_  
**Type of waterbody (circle one):** perennial pond vernal pool stockpond roadside ditch  
 perennial stream intermittent stream  
**Other (fill in):** \_\_\_\_\_  
**Land Ownership:** \_\_\_\_\_  
**Is the site being monitored?** Yes No **By Whom?** \_\_\_\_\_  
**How often?** \_\_\_\_\_