

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

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

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? _____